

Guidelines for the Care of Students with Food Allergies at Risk for Anaphylaxis

**Guidance for school leaders when adopting and
administering a policy for the care of students with
diagnosed food allergies at risk for anaphylaxis**

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Table of Contents

Introduction.....	4
Acknowledgements	5
Background.....	6
Food Allergy and Anaphylaxis	8
Signs and Symptoms of an Allergic Reaction.....	10
Signs of an allergic reaction by body part	10
Treatment of Food Allergies	11
Treatment of Anaphylaxis	13
Food Allergy Management in the School Setting	14
Unassigned Epinephrine Policy	16
Establishing standing delegation orders and obtaining medication.....	16
Storage and Access Points for Epinephrine Delivery Systems	17
Campus Signage and Wayfinding	17
Policy Oversight and Quality Assurance	17
Coordination of Care for Students at Risk for Anaphylaxis	19
Parent/Guardian Roles and Responsibilities	19
Student Roles and Responsibilities.....	20
School Administrator Roles and Responsibilities	20
School Staff Roles and Responsibilities	21
School Health Advisory Council Roles and Responsibilities	22
Identification of Students with Food Allergies at Risk for Anaphylaxis	24
Emergency Care Plans, 504 Plans, and Individualized Health Care Plans..	26
Reducing Exposure Risk Through Environmental Controls	29
Training for School Staff on Food Allergies, Anaphylaxis, and Emergency Response	32
Review of Policy and Procedures after an Anaphylactic Reaction.....	34
Conclusion	36
Glossary	37
Legislative Guidelines	38
Federal Legislation	38
State Legislation.....	38

Resources	41
American Academy of Pediatrics.....	41
Centers for Disease Control and Prevention (CDC) Food Allergies	41
Department of State Health Services (DSHS)	41
DSHS Allergies and Anaphylaxis.....	41
Food Allergy & Anaphylaxis Connection Team (FAACT).....	41
Food Allergy Research and Education (FARE).....	41
Friday Beat Newsletter	42
Stock Epinephrine Advisory Committee	42
Texas School Health Advisory Committee	42
Texas School Health Program	42
References	43

Introduction

In response to the increase in students with diagnosed food allergies at risk for anaphylaxis, [Senate Bill 27](#) (82nd Legislature, Regular Session, 2011) amended Chapter 38 of the Texas Education Code (TEC) by adding [Section 38.0151](#). TEC, Section 38.0151 requires the board of trustees of each school district and the governing body, or appropriate officers of open-enrollment charter schools, to adopt and administer a policy for the care of students with diagnosed food allergies at risk for anaphylaxis. The policy must follow guidelines developed by the commissioner of DSHS in consultation with the Food Allergy Ad Hoc Committee. A school district or open-enrollment charter school should review and revise their policy, as necessary, to ensure it is consistent with the DSHS guidelines.

In consultation with the Food Allergy Ad Hoc Committee, the DSHS commissioner developed the *Guidelines for the Care of Students with Food Allergies at Risk for Anaphylaxis*. These guidelines are intended as a reference and illustrative guide for local school boards or charter school leadership. It can be used to help create and implement school district policies and administrative regulations. This document should not serve as treatment guidelines for healthcare practitioners. Any portion of this document may be reproduced for educational purposes or policy development.¹

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Background

A **food allergy** is an abnormal immune response typically triggered by a food protein (American Academy of Allergy, Asthma, and Immunology, 2025).

Symptoms of a food induced allergic reaction can range from mild to severe. Some allergic reactions can become life-threatening. Life-threatening allergic reactions to foods (IgE-mediated food allergies) have symptoms that may include urticaria (hives), angioedema (e.g., lip swelling), vomiting, wheezing, coughing, and/or hypotension (low blood pressure). These symptoms typically occur within minutes to two hours after the ingestion of the allergenic food. Each exposure to a food allergen and the severity of an allergic reaction is not predictable.

The Centers for Disease Control and Prevention (CDC) reported that food allergies are a growing food safety and public health concern. Between 1997 and 2011, the prevalence of children with food allergies increased by 50 percent (Jackson, Howie, & Akinbami, 2013). Current estimates state that one in 13 children, or about two students per classroom, are affected by food allergies (Gupta, et al., 2018). In addition, about 40 percent of children with food allergies are allergic to more than one food. More than 40 percent of children with food allergies have experienced a severe allergic reaction, such as anaphylaxis (CDC, 2024).

Data shows that up to 25 percent of first-time anaphylactic events in children occur on school grounds (Greenhawt, et al., 2018). Children spend about 19 percent, or 6.3 hours per school day, of their waking hours in school where they can encounter foods containing allergens (Hall & Nielson, 2020). Food allergies may resolve on their own over time but many food allergies, especially those to peanut, tree nuts, fish, shellfish, and sesame seed, may be lifelong (Anvari, Miller, Yeh, & Davis, 2018). There are no known therapies that reliably cause food allergy remission in all patients with food allergies. Strict avoidance of food allergens and early recognition and management of allergic reactions are important measures to prevent serious health consequences (CDC, 2024). Therefore, school personnel should be ready to effectively manage students with food allergies. They should learn to recognize allergic reaction symptoms in both diagnosed and undiagnosed students to respond to the students' emergency needs.



Caring for students with diagnosed food allergies at risk for anaphylaxis requires a collaborative partnership among students, parents, healthcare providers, and school staff.

School superintendents could designate a school staff member who is knowledgeable about food allergies to serve as the district's point of contact. This person would oversee the development, implementation, and monitoring of a school district's food allergy management plan. The staff member would coordinate the activities of the food allergy management team on each campus.

The school district should consider several key elements when developing the district's food allergy management plan. The goal is to promote the physical safety of children with diagnosed food allergies at risk for anaphylaxis and support their emotional needs.

Elements that are key to develop a comprehensive food allergy management plan for schools include:

- Identifying students with food allergies at risk for anaphylaxis.
- Developing, implementing, communicating, and monitoring emergency care plans, 504 Plans³, or Individualized Health Care Plans for students with food allergies at risk for anaphylaxis.
- Reducing exposure risk in the school setting.
- Training school staff to recognize anaphylaxis and respond promptly and appropriately.
- Reviewing school policy and procedures after an anaphylactic reaction has occurred.
- These guidelines can help a district to develop and administer a policy for the care of students with diagnosed food allergies at risk for anaphylaxis.

³ 504 Plans refer to Section 504 of the Rehabilitation Act of 1973 that protects qualified individuals from discriminations based on their disability. Section 504 requires that school districts provide a free appropriate public education to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities. For more information, see [Emergency Care Plans, 504 Plans, and Individualized Health Care Plans](#).

Food Allergy and Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction that usually takes place within a few minutes to several hours after exposure to an allergen (FARE, n.d.).

The federal Food Allergy Safety, Treatment, Education, and Research (FASTER) Act of 2021 lists nine foods as major food allergens. These foods must conform to the food-labeling requirements (S.578 - FASTER Act of 2021, 2021):

- [Eggs](#)
- [Milk](#)
- [Peanuts](#)
- [Tree nuts \(e.g., cashew, walnut\)](#)
- [Fish](#)
- [Shellfish](#)
- [Wheat](#)
- [Soy](#)
- Sesame

The first eight foods listed above account for about 90 percent of all reactions. Sesame is included in the list as an allergen of emerging concern in the United States. However, any food has the potential to cause a reaction. In addition, school settings may have non-food items, such as arts and crafts materials, that contain trace amounts of food allergens. Many products used in the school setting may contain food allergens. Cross contamination can occur when an allergen is transferred from one item (utensils, pots, pans, countertops, surfaces, etc.) to another. When preparing, handling, and serving food, it is critical to make sure that food preparation and serving utensils are not exposed to allergens. In some individuals, allergic reactions can occur with ingestion of very small amounts of food allergens. Early recognition and management of allergic reactions are important to the safety of children with food allergies at risk for anaphylaxis.

Other causes of anaphylaxis include latex, insect stings or bites, and medication. While these guidelines are specific to



food allergens, the treatment for suspected anaphylaxis is the same regardless of the trigger.

Anaphylaxis includes a wide range of symptoms that can occur in many combinations and is highly unpredictable. Children with food allergies are more likely to experience other allergies. Children diagnosed with asthma may be more likely to experience an anaphylactic reaction to foods and be at higher risk of death.

Deaths from food allergies are more likely to occur when the symptoms of anaphylaxis are not recognized, the severity is not noted, and there is a delay in life-saving treatment. The only life-saving treatment for anaphylaxis is epinephrine and it should be administered quickly if a child is showing signs or symptoms of anaphylaxis (Chooniedass, Temple, & Becker, 2017). Teenagers and young adults with food allergies are at the highest risk of fatal food-induced anaphylaxis.

Epinephrine is available through a licensed medical professional's prescription and is delivered through an epinephrine delivery system. An **epinephrine delivery system** is a medical delivery device approved by the United States Food and Drug Administration that delivers a dose of epinephrine intended for use to treat anaphylaxis, including an epinephrine auto-injector and an epinephrine nasal spray. More information about the treatment of anaphylaxis can be found in the [Treatment of Anaphylaxis](#) section. An epinephrine delivery system may also be available if the district has adopted an unassigned epinephrine policy; see [Unassigned Epinephrine Policy](#) section below.

The severity of one reaction does not predict the severity of subsequent reactions. Any exposure to an allergen should be treated based on the child's Food Allergy Action Plan, Emergency Action Plan, and Individualized Health Care Plan.

Currently, management of food allergies consists of educating children, parents, and care providers (including school personnel) on the importance of strict avoidance of the food allergen, recognizing the signs and symptoms of an allergic reaction, and initiating emergency treatment in case of unintended ingestion or exposure. To address the complexities of food allergy management in schools, it is important that students, parents, caregivers, and school personnel work cooperatively to create a safe and supportive learning environment.

Signs and Symptoms of an Allergic Reaction

Signs and symptoms of a life-threatening food allergy can involve multiple parts of the body (CDC, 2013). Areas affected can include the mouth, throat, nose, eyes, ears, lungs, stomach, skin, heart, and brain. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which is potentially fatal.

Signs of an allergic reaction by body part

Body Part	Sign or Symptom
Mouth	Tingling, itching, swelling of the tongue, lips, or mouth; blue/grey color of lips
Throat	Tightness of throat; tickling feeling in the back of the throat; hoarseness or change in voice
Nose/Eyes/Ears	Runny, itchy nose; redness and/or swelling of eyes; throbbing and/or itching in ears
Lung	Shortness of breath; repetitive shallow cough; wheezing
Stomach	Nausea; vomiting; diarrhea; abdominal cramps
Skin	Itchy rash; hives; swelling of face or extremities; facial flushing; pale/blue skin color
Heart	Thin weak pulse; rapid pulse; palpitations; fainting; blueness of face or nail beds; paleness
Mental or Emotional	Sense of "impending doom;" irritability; change in alertness/loss of consciousness; mood change; confusion

Children, especially very young ones, may show or describe their allergic reactions differently than older children or adults (FARE, n.d.). They may put their hands in their mouths, pull or scratch at their tongues, slur their words, or their voices may change (become hoarse or squeaky). A more comprehensive list of symptoms can be found on the [Asthma and Allergy Foundation of America webpage](#).

Treatment of Food Allergies

The best way to prevent an allergic reaction is to avoid food allergens. However, avoidance can be difficult since food is a part of everyday life. The following section addresses a few of the possible treatment therapies for food allergies. It is not meant to serve as treatment guidelines for healthcare practitioners.

Food allergies are generally classified into three categories (Sampath, Sindher, Zhang, & Nadeau, 2018): IgE-mediated, non-IgE-mediated, and mixed (IgE- and non-IgE-mediated). These classifications help direct treatment options.

An ***IgE-mediated food allergy*** occurs when the body's immune system mistakenly identifies a specific food as harmful. The immune system reacts quickly after the food is eaten, triggered by an antibody called immunoglobulin E (IgE). IgE-mediated allergic reactions typically occur after encountering proteins in foods such as peanuts, milk, eggs, wheat, fish, shellfish, sesame seed, soy or tree nuts. Symptoms typically appear soon after ingestion, usually within minutes to two hours after eating. Characteristic symptoms of an IgE-mediated allergic reaction include hives, swelling, vomiting, difficulty breathing, or low blood pressure. In some cases, the reaction progresses and leads to anaphylaxis. This severe and life-threatening response involves multiple body systems and requires immediate medical attention.

A ***non-IgE mediated food allergy*** happens when the immune system reacts to certain foods without involving IgE antibodies. Unlike IgE-mediated reactions, these responses are delayed, typically hours to days after eating, and primarily affect the digestive system with symptoms such as vomiting, diarrhea, or blood in the stool. This type of allergy includes conditions such as food protein-induced enterocolitis syndrome (FPIES) and eosinophilic esophagitis (EoE).

A person can have both IgE mediated and non-IgE mediated food allergies. This type of allergy can present with both the immediate, IgE-mediated characteristic symptoms such as hives or swelling, and the delayed, non-IgE-mediated characteristic symptoms such as vomiting or diarrhea.

There are multiple food allergy therapies available to treat students with food allergies. There is growing research in oral, sublingual, and epicutaneous immunotherapy. As research continues to expand, new treatment options may be available to those with food allergies. Schools should consult their medical director or the student's physician for additional questions about the student's food allergies and allergy treatment.

Schools should be prepared to administer an epinephrine delivery system in emergency situations. If school staff suspect exposure, staff should administer

epinephrine when any signs of an allergic reaction appear. Staff should follow the district emergency protocol for student recovery and continuously observe and manage the student's airway until emergency medical services (EMS) arrive. For more information about medication administration, review the Texas School Health Program's [Guide to Medication Administration in the School Setting](#).

More information about food allergy reactions is available from the [American College of Allergy, Asthma, and Immunology](#); [American Academy of Allergy, Asthma, and Immunology](#); and [Food Allergy Research and Education](#).

Treatment of Anaphylaxis

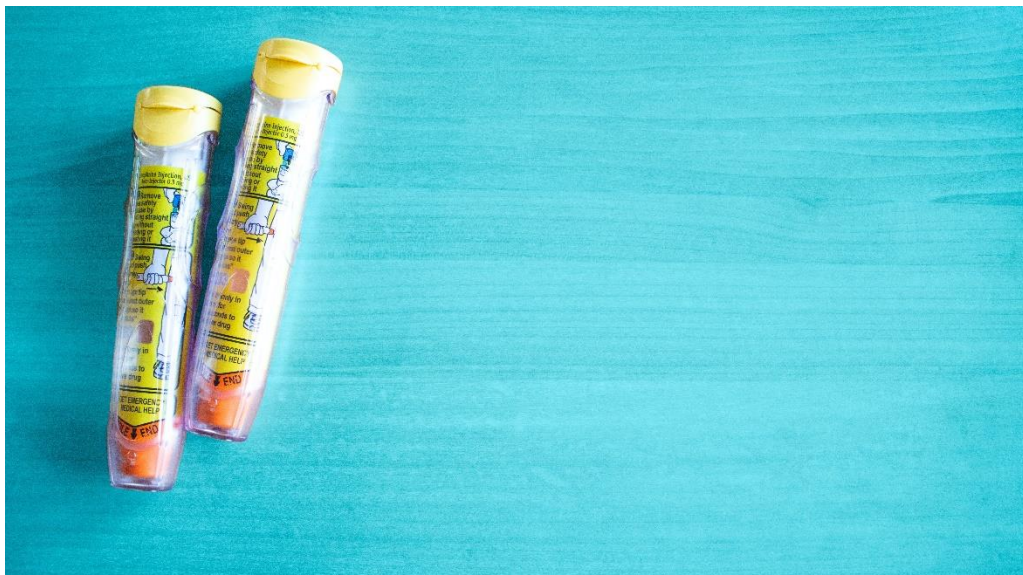
Epinephrine is a hormone produced by the body and is a medication used in first-line treatment for cases of anaphylaxis. Other medications do not prevent an allergic reaction from progressing to life-threatening symptoms. Epinephrine is generally prescribed as either an auto-injector device or a nasal inhalation device. Both devices are relatively simple to use. It is important to administer epinephrine when anaphylaxis is suspected or as directed in the student's emergency plan to prevent serious consequences (Sicherer, O'Leary, Pistiner, & Wang, 2025).

Anaphylaxis typically occurs immediately (within 30 minutes) but can occur for up to two hours following exposure to an allergen. A second wave of symptoms, known as a biphasic reaction, may appear within one to twenty-four hours after the initial symptoms resolve, though this is rare, and requires additional epinephrine in fewer than 5 percent of cases (Kraft, et al., 2020).

It is recommended that emergency medical services (EMS) should evaluate the student after giving epinephrine, even if the symptoms appear to have resolved.

For more information about notifying EMS, review the Texas School Health Program's [EMS Evaluation after Administering Epinephrine in Schools](#) document.

Because the risk of death or serious disability from anaphylaxis itself usually outweighs other concerns, existing studies clearly favor the benefit of epinephrine administration in most situations. There are no medical conditions that absolutely prohibit the use of epinephrine when anaphylaxis occurs (Boyce, et al., 2010).



Food Allergy Management in the School Setting

School districts and open-enrollment charter schools are required to develop and implement policies for supporting students with diagnosed food allergies who are at-risk for anaphylaxis. The school district's policy and administrative regulations should be comprehensive yet flexible. They should focus on different food allergens, varying ages and maturity levels of students, and the physical properties and organizational structures of schools and communities.

While policies may differ in detail, they should all address common evidence-based strategies in managing food allergies and anaphylaxis in the school setting. Policy



and administrative regulations should include:

- Identifying students with food allergies at risk for anaphylaxis.
- Developing, implementing, communicating, and monitoring of emergency care plans, 504 Plans, and/or Individualized Health Care Plans for students with food allergies at risk for anaphylaxis.
- Reducing exposure risk within

the school setting.

- Training school staff to recognize anaphylaxis and appropriate emergency response.
- Reviewing policy and procedures after an anaphylactic reaction.

To coordinate the management of food allergies within the school district, the superintendent may designate a school district (central office) employee who is knowledgeable about food allergies. An example of a designee could be the health services coordinator or lead nurse at the district level. The designee would serve as the point of contact for parents, healthcare providers, campus food allergy management team (if established by the campus), and other school staff.

The superintendent's designee can help facilitate the development, implementation, and monitoring of comprehensive and coordinated administrative regulations. The designee can convene a multi-disciplinary team to address the components listed previously in this section. This person should receive ongoing training on how to manage food allergies in the school setting, including how to administer epinephrine. The superintendent's designee may also work with the local School

Health Advisory Council (SHAC) to gain parent and community input to develop administrative regulations. They also can help to locate and coordinate resources necessary to fulfill the food allergy management strategies.



The creation of a food allergy management team can help achieve, coordinate, and monitor food allergy management on a campus. See the [CDC Food Allergies in Schools: Toolkit](#) for sample staff roles. Members of the food allergy management team may include, but are not limited to, a school nurse if available, the principal, food service staff, custodial staff, a

counselor, classroom teacher(s), and bus driver(s). The food allergy management team can work with parents to support students with food allergies on the campus. The team can also help campus staff to carry out administrative regulations and student specific strategies.

Unassigned Epinephrine Policy

School boards, especially those with school campuses located in remote areas with limited access to EMS, may want to consider adopting an unassigned epinephrine policy. As described in [TEC, Section 38.208](#), an ***unassigned epinephrine policy*** is a ***voluntary*** policy that allows public school districts, open-enrollment charter schools, and private schools to have and use epinephrine delivery systems if a person is reasonably believed to be experiencing anaphylaxis on a school campus.

If adopted, the policy must align with [Texas Education Code \(TEC\), Chapter 38, Subchapter E](#) and [25 Texas Administrative Code \(TAC\), Part 1, Chapter 40, Subchapter E](#). The TEC and TAC describe the policy requirements, school personnel training requirements, storage and maintenance of the medication requirements, reporting requirements, and liability protection for schools.

The Texas Association of School Boards published [basic steps to developing and adopting school district policy](#) for school boards. School districts may use this as a resource.

The unassigned epinephrine policy may vary by school depending on school campus infrastructure and school needs. Below are a few items to consider when developing the policy:

Establishing standing delegation orders and obtaining medication

- Standing delegation orders give school personnel the authority to give unassigned epinephrine.
- The same physician must write both the standing delegation order and the prescription for unassigned epinephrine.
- Standing delegation orders are written by a physician or other approved prescriber in Texas and provide clear instructions about when and how to give the medications and include instructions on follow-up and emergency care.
- Schools can partner with hospitals, health systems, local health departments, and private clinics to obtain a prescription and a standing delegation order.
- The Texas Allergy Asthma & Immunology Society published a [list of physicians](#) that are willing to prescribe unassigned epinephrine to Texas schools.
- Schools may accept donations to implement the policy per [TEC, Section 38.213](#), and they also have access to programs such as the [EpiPen 4](#)

[Schools program](#) and [neffy in Schools program](#) provide free epinephrine to schools.

- Schools can also work with their district purchasing department to identify vendors to purchase epinephrine for use.

Storage and Access Points for Epinephrine Delivery Systems

- Storage and access points for epinephrine delivery systems must follow [Texas Education Code \(TEC\), Chapter 38, Subchapter E](#) and [25 Texas Administrative Code \(TAC\), Part 1, Chapter 40, Subchapter E](#)
- Consider the layout and needs of the school when storing unassigned epinephrine so that the epinephrine is accessible whenever it is needed (e.g. health office, main office, cafeteria/service areas, gym/athletics, and portable kits for field trips).
 - Each campus may consider maintaining a portable epinephrine delivery system kit. This kit could include epinephrine delivery systems, copy of the emergency action plan, gloves, and other materials needed for the response.
- For large/multi-floor school campuses, schools can maintain multiple access points to reduce response time.
- Ensure self-carry students have immediate access and staff know backup locations.

Campus Signage and Wayfinding

- Schools can reduce response time by posting discreet signage (e.g., “Emergency Epinephrine Location”) at adult eye level at each storage point.
- To reduce potential food allergen exposure, schools can place visual reminders near eating areas/classrooms (Examples: “No food sharing,” “Wash hands with soap and water”).
- Schools can create and maintain a campus map (digital and printed) marking epinephrine storage points and distribute them to trained school personnel.

Policy Oversight and Quality Assurance

- School personnel can check the physical components of the policy (secured storage container, signage, and medication) to ensure that they are policy compliant.
- The signage and campus map may be updated for accuracy/visibility and if the storage location changes.

- Schools must maintain training attendance logs and can consider conducting a drill per semester to refine policies.
- If a school system adopts a policy in accordance with [TEC, Section 38.208](#), the school must report the administration of epinephrine (student or stock) after every event and integrate findings into annual review.

To learn more about unassigned epinephrine policies, visit the [DSHS Allergies and Anaphylaxis website](#). **If you have questions about implementing an unassigned epinephrine policy, please** contact the DSHS School Health Program at SchoolHealth@dshs.texas.gov or (512) 776-7279.

Coordination of Care for Students at Risk for Anaphylaxis

Effective management of food allergies in schools requires coordination between everyone involved in the care of students at risk for anaphylaxis. Even though the school nurse is often the liaison, it is recommended that each individual/entity providing care for the student should be aware of their roles and responsibilities. While each individual/entity has certain roles and responsibilities, each should prioritize communication and collaboration with the other individuals providing care to the student. Below is a list of individuals/entities that are involved in the care of a student at risk for anaphylaxis, and recommendations on their roles and responsibilities. These recommendations are for school districts as they develop or update their school policies and contain examples that schools may use as appropriate.

Parent/Guardian Roles and Responsibilities

It is recommended that schools share the following information with parents/guardians, so they are aware of their required and recommended roles and responsibilities.

Roles and responsibilities required by law

- Complete and return the form or other documentation provided by the school disclosing the student's food allergy, the specific food that the student is allergic to, and the nature of the allergic reaction as stated in [TEC, Section 25.0022](#).
- Provide written and signed authorization to the school allowing the student to self-administer prescription medication while on school property or at a school-related event or activity, if developmentally appropriate, as stated in [TEC, Section 38.015](#).

Recommended roles and responsibilities

- Provide the school with emergency contact information that is accurate and updated as needed.
- Provide the school with complete and accurate medical information related to the student's allergies and anaphylaxis history.
- Collaborate with the school nurse or other school staff to develop the plan of care for the student at risk for anaphylaxis.

- Supply and maintain at least one non-expired epinephrine delivery system as ordered by the health care provider.
- Work with the school nurse and health care provider to obtain additional epinephrine delivery systems as needed.
- Monitor the proper storage and routinely check the expiration date of the epinephrine delivery systems for students who self-carry.

Student Roles and Responsibilities

It is recommended that schools share the following information with students, as developmentally appropriate, so that they are aware of their required and recommended roles and responsibilities.

Roles and responsibilities required by law

- Responsibly self-carry and self-administer medication when appropriate and in accordance with [TEC, Section 38.015](#).

Recommended roles and responsibilities

- Avoid known allergens and triggers.
- Inform school staff immediately in the event of symptoms after an exposure.
- Inform the school nurse or designated school staff in the event emergency medication is used according to the Individualized Healthcare Plan.
- The decision to allow self-carry or self-administration of the epinephrine delivery device is dependent on the developmental readiness of the student. Most children can begin to recognize symptoms and practice with a trainer by 9–11 years of age and may be able to self-carry and self-administer by approximately 12–14 years, depending on maturity and supervision. Even when a student is permitted to self-carry, **a trained adult remains ultimately responsible** for ensuring rapid access to and administration of epinephrine in the event of an emergency.

School Administrator Roles and Responsibilities

Roles and responsibilities required by law

- Request food allergy information from parents of students upon enrollment in the school as stated in [TEC, Section 25.0022](#).
- Maintain the confidentiality of the student's food allergy information and disclose only as permissible with district policy under [TEC, Section 38.009](#)

and the [Family Educational Rights and Privacy Act of 1974 \(20 U.S.C. Section 1232g\)](#).

Recommended roles and responsibilities

- Inform parents and students of the resources available and measures the school is taking to limit exposure to allergens.
- Ensure that school staff are trained and aware of food allergies, including how to recognize signs and symptoms of an allergic reaction and anaphylaxis, and to have an appropriate emergency response.
- Implement strategies to reduce bullying and harassment of students at risk for anaphylaxis.
- Consider developing and maintaining a voluntary unassigned epinephrine delivery systems policy as described in [TEC, Section 38.208](#) and **25 TAC, Chapter 40, Subchapter E**.
- If an unassigned epinephrine delivery systems policy is adopted by the school:
 - Identify and train school staff to maintain and administer an unassigned epinephrine delivery system, as stated in [TEC, Section 38.210](#) and [25 TAC, Rule 40.67](#).
 - Ensure that unassigned epinephrine delivery systems are properly maintained and stored as stated in [TEC, Section 38.208](#) and [25 TAC, Rule 40.65](#).
- Promote adherence to the parent/guardian and student roles and responsibilities.
- Responsible for correct signage and campus storage maps and oversight of audits and drills, if adopted.

School Staff Roles and Responsibilities

Roles and responsibilities required by law

- Maintain the confidentiality of the student's food allergy information and disclose only as permissible with district policy under [TEC, Section 38.009](#) and the [Family Educational Rights and Privacy Act of 1974 \(20 U.S.C. Section 1232g\)](#).

Recommended roles and responsibilities

- Follow school policies and guidance for handling food, communicating problems or concerns, bullying and harassment, and responding to a student with anaphylaxis.
- Participate in training as described in the [Training for School Staff on Food Allergies, Anaphylaxis, and Emergency Response](#) section.
- Participate in training to maintain and administer an unassigned epinephrine delivery system, if adopted, as described in the [Unassigned Epinephrine Policy](#) section.
- Work with school administrator(s) to provide information to parent/guardian about 504 plans and their applicability to students at risk for anaphylaxis.
- Contribute to school administration's strategies to reduce bullying and harassment of students at risk for anaphylaxis.
- Inform school administrator and school nurse that students at risk for anaphylaxis are participating in school-sponsored activities.
- Increase supervision during meal or snack times to limit food sharing or scattering food.

School Health Advisory Council Roles and Responsibilities

Roles and responsibilities required by law

- Encourage age-appropriate education for students to build understanding, empathy, and peer support.

Recommended roles and responsibilities

- Review and recommend policies that address food allergy prevention, recognition, and response in alignment with state and federal guidelines.
- Ensure inclusion of food allergy management in the district's school wellness policy.
- Support the adoption of safe food-handling procedures in cafeterias, classrooms, and during school events.
- Promote training for school staff and administrators on food allergy awareness, emergency response (including epinephrine administration), and inclusive practices.

- Provide resources for families and staff regarding allergy management and safe practices.
- Facilitate communication between parents, school staff, food service providers, and healthcare professionals to ensure coordinated care.
- Promote consistent protocols for sharing information about food allergies while maintaining student privacy.
- Encourage family engagement in decision-making regarding safe practices and accommodations.
- Support strategies for reducing risk of exposure in classrooms, cafeterias, school buses, and extracurricular activities.
- Encourage labeling and safe food practices during school events, fundraisers, and celebrations.
- Advocate for allergen-safe zones in schools as appropriate.
- Advise on the development and review of school-wide emergency action plans related to anaphylaxis.
- Promote staff training on recognizing allergic reactions and administering emergency medication (epinephrine).
- Support drills and preparedness activities to ensure timely and effective responses.
- Evaluate effectiveness of food allergy policies and recommend updates as needed.
- Monitor compliance with wellness and safety policies that address food allergies.

Identification of Students with Food Allergies at Risk for Anaphylaxis

Food allergies affect approximately one in 13 school-aged children and can lead to life-threatening anaphylaxis. Schools should provide clear guidance to help protect and support students at risk. It is important for parents to provide accurate and current health information when requested. This helps schools to take the following actions:

- Identify the child's food allergens.
- Specify the nature of the child's allergic reactions.
- Reduce the risk of exposure to food allergens.
- Provide emergency treatment to the student during the school day and at school-sponsored activities in case unintended exposure to a food allergen occurs.
- Help with communication between the school and the student's healthcare provider.

TEC, Section 25.0022, states that upon enrollment of a child in a public school, a school district must request, by providing a form or otherwise, that a parent or other person with legal control of the child under court order take the following actions:

- Disclose whether the child has a food allergy or a severe food allergy that, in the judgement of the parent or other person with legal control, should be disclosed to the district to enable the district to take necessary precautions regarding the child's safety.
- Specify the food to which the child is allergic and the nature of the allergic reaction.

In addition, the United States Department of Agriculture regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets (U.S. Department of Agriculture, 2017). When a physician assesses that food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability", and the school must provide substitutions prescribed by the physician. The school nutrition program must receive a signed statement by the physician that identifies the following:

- The child's disability
- An explanation of why the disability restricts the child's diet

- The major life activity affected by the disability
- The food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted

It is important to note that, because of the risk of anaphylaxis, school staff should also be trained to recognize the signs and symptoms of an allergic reaction. They should be able to provide emergency treatment and properly activate EMS for all children showing signs and symptoms of an anaphylactic reaction.

School districts should develop, implement, and monitor standardized procedures to obtain information about diagnosed food allergies from parents and the child's healthcare provider when they register for school. Parents or legal guardians must disclose, at the request



of the school district, whether the child has a food allergy and should report as soon as possible after a child is diagnosed with a food allergy that places them at risk for anaphylaxis. This information should be reviewed with families annually. For better communication across the districts, schools may want to use standardized forms to collect this information on an annual basis. [Visit the DSHS Allergies and Anaphylaxis webpage](#) for sample forms.

The identification process is essential. Information from the identification process allows schools to take the following actions:

- Follow-up more easily with parents, healthcare providers, and the campus food allergy management team (if established).
- Secure the Food Allergy Action Plan or Emergency Action Plan.
- Begin planning for the child's care through the development of a 504 Plan or Individualized Health Care Plan, where appropriate.

Emergency Care Plans, 504 Plans, and Individualized Health Care Plans

There are several types of adverse reactions that can occur with food. Adverse reactions can range from “food intolerance” to a food allergy that puts a child at risk for anaphylaxis (Sicherer S. , 2011). Unlike food allergies, food intolerance does not involve the immune system and is not life-threatening. A food allergy diagnosis requires a careful medical history, and other diagnostic tests ordered by a licensed healthcare provider. The provider makes the medical diagnosis of a food allergy. After a medical diagnosis is made, the healthcare provider will develop a Food Allergy Action Plan or Emergency Action Plan (FAAP/EAP) in collaboration with the parents or legal guardians. The FAAP/EAP gives details about the child’s food allergy, outlines the care that the child will need to manage the food allergy, and states the actions to be taken in case of an allergic reaction. [Visit the DSHS Allergies and Anaphylaxis webpage](#) for sample **FAAP/EAP forms**.



To facilitate clear communication between parents, healthcare providers, school administrators, and/or the campus food allergy management team in the case that a student has an allergic reaction at school, the FAAP/EAP may outline the following:

- Name, date of birth, and grade level of the child
- A picture to easily identify the child
- List of the food(s) to which the child is allergic
- Indication if the child has asthma (there is a higher risk for severe reaction if the child has asthma)
- Description of past allergic reactions, including triggers and warning signs
- Clear instructions on what symptoms require the use of epinephrine immediately
- Clear instructions, including diagrams, on how epinephrine should be administered

- List of medications to use in an emergency, including the brand name, generic name, dosage to be given, and when to give an additional dose of emergency medications
- Instructions for monitoring the child and communicating to EMS the medications that were given, what time the medications were given, and how to position the child when they have had a severe reaction
- Place for a signature and date by the parent and the physician (or healthcare provider), school nurse, or another designated school representative or school administrator
- Place to list contact information for parents or guardians, healthcare providers, and other emergency contact information, including phone numbers

In schools that have a school nurse, the FAAP/EAP may be used to develop an Individualized Health Care Plan (IHP), which outlines day-to-day nursing care to manage the student's food allergy. The [National Association of School Nurses' position statement on IHPs](#) describes what IHPs are and how to use them in the school setting. The school nurse may aid the process of implementing the FAAP/EAP by working with the campus food allergy management team (if established) and the parents. It is recommended to review IHPs annually and after every allergic incident.

To ensure a safe learning environment for the student with life-threatening food allergies, the parents (and the student when age-appropriate) should meet with the campus food allergy management team (if established) to review the FAAP/EAP. The school may confirm that all consent forms are signed to administer medications, including self-administration. The school also can help develop the IHP if there is a school nurse assigned to the campus. The meeting should occur before the child attends school, when returning to school after an absence related to the diagnosis, and whenever there are changes to the student's FAAP/EAP. This meeting offers an opportunity to discuss how the campus will promote safety, minimize exposure, recognize signs and symptoms, and provide emergency treatment as outlined in the EAP.

In some instances, the school may also develop a 504 Plan to address the health and learning needs of a student. Students at risk for anaphylaxis may be considered to have a disability that requires services and program modifications. This can allow a student with food allergies at risk for anaphylaxis to safely participate in the learning environment.

Visit the [DSHS Texas Guide to School Health Services, Special Health Care Needs webpage](#) for resources and more information on Section 504 in schools.

Reducing Exposure Risk Through Environmental Controls

Protecting students with a food allergy from exposure to allergens is the most effective way to prevent life-threatening anaphylaxis. Current management of food allergies relies on strict avoidance of the food allergen, early recognition of symptoms, and prompt treatment when an allergic reaction occurs due to unintended exposure to the food. For children, dietary management in schools can be difficult because of allergens in classroom activities, such as arts and crafts, teaching tools, science projects, parties, holidays and celebrations, cooking, food sharing, or school projects.



To promote safety, policies and administrative regulations should outline district-wide, campus-wide, classroom-wide, and individual strategies used to manage children with food allergies at risk for anaphylaxis. Even though ingestion is the most common food allergy trigger, consideration should be given to promoting safety in the

following areas, including (but not limited to) the cafeteria, all classrooms, hallways, common areas in the school, the bus, and during all school-sponsored activities (for example, field trips, athletic events, on- and off-campus, and before and after school activities, etc.).

Food allergens may appear in areas where some may not expect. Some classroom materials and experiments may contain or generate food allergens (e.g., paste, modeling dough, finger paints, animal feed, cooking vapors). Schools should review all art, science, and cooking projects for allergen content and provide safe substitutes. Particular attention should be given to younger or developmentally challenged students who may have more hand-mouth transfer habits. In addition, schools should use non-food items (e.g., stickers, pencils, small toys) or pre-approved safe foods provided by families during celebrations and other “breaks from routine” to limit exposure. When food is included, verify ingredients in advance and maintain separation between allergenic and non-allergenic foods.

The superintendent's designee serves as the point of contact and works with the campus food allergy management team (if established). The designee and parents may help to develop individual campus strategies to support students with food allergies at risk for anaphylaxis.

Implementing appropriate environmental controls can help minimize risk of exposure to food allergens. Environmental controls include consideration of the following strategies:

- Identify high-risk areas in the school and implement strategies to limit exposure to food allergens. Likewise, implement general risk reduction strategies throughout the school and at school-sponsored activities. Children at risk for anaphylaxis should not be excluded from classroom activities based on their food allergies.
- Limit, reduce, or eliminate food from classroom(s) and other learning environments used by children with food allergies at risk for anaphylaxis.
- Consider the individual needs of students with food allergies and 504 accommodation that may require a food restriction.
- Develop procedures to manage parent-provided classroom snacks, as allowed by Texas statute, to ensure that students with food allergies at risk for anaphylaxis are considered.
- Implement appropriate cleaning protocols in the school and ensure that special attention is given to identified high-risk areas.
- Train the school food service department to reduce the risk of cross-contamination during food preparation and food service, as well as minimize foods served in the cafeteria that may contain food allergens.
- Train teachers, staff, and parents on food allergy awareness.
- Post visual reminders promoting food allergy awareness.
- Educate children to not trade or share food, snacks, drinks, or utensils.
- Have handwashing protocols before and after meals. Handwashing should be done with soap and water since hand sanitizers are not sufficient for removing allergens.
- Assign staff trained in the administration of epinephrine as monitors in the food service area, as appropriate.
- Provide ready access to unassigned epinephrine in an accessible, unlocked, secure location that is consistent with state law and district policy.

- Implement risk reduction strategies for the school bus, during extracurricular activities, on field trips, during, before, and after school activities, and at sporting events. The CDC recommends schools prohibit eating on the bus except for medical reasons such as diabetes (CDC, 2013).
- Reinforce rules and expectations regarding bullying, including bullying of students with food allergies.

Visit the [**DSHS Allergies and Anaphylaxis webpage**](#) for resources and more information.

Training for School Staff on Food Allergies, Anaphylaxis, and Emergency Response

Education is key in identifying and supporting students with life-threatening food allergies in the school setting. Schools must establish a training schedule in accordance with [TEC §38.210](#) and [TAC 25 §40.67](#) to ensure that all staff are prepared to recognize and manage a life-threatening anaphylactic reaction. A tiered approach to training can prepare all staff in identifying and providing emergency care to students with a life-threatening anaphylactic reaction. The tiered approach includes an awareness training for all school staff and more comprehensive training for other staff. Both awareness and comprehensive trainings should be conducted annually. Resources and information about free and fee-based training can be accessed through the [DSHS Allergies and Anaphylaxis webpage](#).

Awareness training gives all staff an overview of food allergies and anaphylaxis, including the signs and symptoms of an allergic reaction, as well as information on the treatment of anaphylaxis. Training should include information about the most common food allergens, hazards on using food for instructional purposes, and the importance of environmental controls to protect the health of students at risk for food allergy related anaphylaxis. The training should provide guidance on how to respond when a child shows signs and symptoms of an allergic reaction to food, implement the Food Allergy Action Plan or Emergency Action Plan (including needed skills to administer epinephrine), and notify the local EMS using the school's emergency response policy and procedures. This awareness training gives basic instructions on how to identify and take emergency action if an allergic reaction occurs.

Comprehensive training may be conducted with the campus food allergy management team (if established), interested parents, and other school staff responsible for the care of individual students. This training is more detailed and

may include, but is not limited to:

- Identifying students at risk for anaphylaxis and planning for students that do not have epinephrine at school.
- Maintaining the confidential record of students with food allergies as it relates to Texas statutes and the Family



Educational Rights and Privacy Act.

- Reviewing signs and symptoms of anaphylaxis.
- Implementing Food Allergy Action Plan or Emergency Action Plan, including training to administer and store epinephrine.
- Developing and implementing Individualized Health Care Plans and 504 Plans.
- Identifying communication procedures for initiating emergency protocols, including substitute staff.
- Identifying environmental control measures to reduce the risk of exposure to food allergens, including safe food handling, handwashing, and cleaning procedures.
- Working with local EMS.
- Positioning the student (e.g., laying flat or on their side) during a severe reaction.
- Debriefing after an anaphylactic reaction and continued monitoring of the food allergy management plans on the campus.
- Locating epinephrine and understanding signage/wayfinding; practice retrieving devices rapidly from all campus storage points.
- Recognizing proper storage conditions, inspecting devices, and reporting expired or compromised units.
- Participating in building-specific drills on recognition, retrieval, administration, and EMS activation.

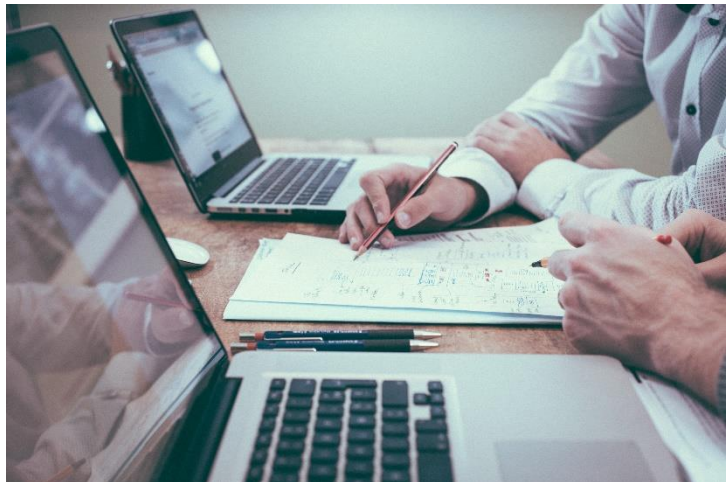
Review of Policy and Procedures after an Anaphylactic Reaction

To stay current with managing food allergies in the school setting, schools should review and update policies and administrative regulations at least annually. The review may include looking at the following information:

- Current science on managing food allergies in school settings
- School district's annual incident report summaries
- Current policies and administrative procedures
- Recommendations from the campus food allergy management team (if established) or the local SHAC

Reviewing policies and procedures for alignment with current statutes, rules, and evidence-based practice can help ensure that the most current information is used to care for students with food allergies.

For students who have experienced an allergic reaction at school, additional review will help promote safety when the child returns to school. The approach taken by the school depends on the severity of the reaction, the student's age, and whether their classmates witnessed the event. If a child who has had a moderate to severe reaction is preparing to



return to school, the superintendent's designee, the campus food allergy management team (if established), or both may want to work with the student's parents to collect and review information. They can carry out the following activities to prepare for the child's return to the classroom:

- Identify, if possible, the source of allergen exposure and take steps to prevent future reactions.
- Review accurate and updated information on the allergic reaction, including any new medication(s) which would require new consent forms to be signed by the parents.

- Identify and interview those who were involved in the emergency care of the student and those who witnessed the event.
- Meet with school staff to dispel rumors and review administrative regulations.
- Provide factual information to parents of other classroom students that complies with the Family Educational Rights and Privacy Act (FERPA) and does not identify the individual student.
- If the allergic reaction is thought to have been caused from food provided by the school food service, work with the school food service department to determine what potential food item was served, consumed, or both. Also determine how to reduce risk in the cafeteria by reviewing food labels, minimizing cross-contamination, and other strategies.
- Review the Food Allergy Action Plan or Emergency Action Plan, Individualized Health Care Plan the 504 Plan, or all three, and amend to address any changes that were made by the student's healthcare provider.
- Ensure that if an epinephrine delivery system was used during the reaction, it is replaced with a new one.

In the rare but plausible event of a fatal reaction, the school should implement its crisis plan for dealing with the death of a student. Mental health professionals and healthcare providers with knowledge about food allergies should be on hand to answer questions that may arise.

Conclusion

Food allergies require long-term, often lifelong vigilance to prevent reactions and promote symptom management. Health professionals and nurses play a key role in sharing information about food allergies in schools to parents, peers, and staff (Moen, Opheim, & Trollvik, 2019).

Given the constant presence of food and the potential for allergic reactions in the school setting, schools play a critical role in keeping children with food allergies safe. Schools can implement policies and administrative regulations that promote the physical and emotional health of children with diagnosed food allergies at risk for anaphylaxis. There are many resources available to help schools develop policies and regulations that help promote safety for all children. The [DSHS Allergies and Anaphylaxis webpage](#) has additional resources. Note: These resources are intended to serve as samples and are not required to be implemented by school boards or school districts.

School boards should consider local policies, practices, and available resources when developing policy and administrative regulations related to children with food allergies at risk for anaphylaxis. School districts should consult with their attorney when developing district policies and administrative regulations.



Glossary

Allergen: A substance that causes an allergic reaction.

Anaphylaxis: A life-threatening allergic reaction that usually takes place within a few minutes to several hours after exposure to an allergen.

EMS: Emergency Medical Services, is a system of individuals and entities that respond to emergencies, typically trained medical personnel transporting individuals via ambulance to the emergency department.

Epinephrine: A hormone produced by the body and is a medication used in first-line treatment in cases of anaphylaxis.

Epinephrine Delivery System: A medical delivery device approved by the United States Food and Drug Administration that delivers a dose of epinephrine intended for use to treat anaphylaxis, including an epinephrine auto-injector and an epinephrine nasal spray.

Food Allergy: An abnormal immune response typically triggered by a food protein.

Unassigned Epinephrine Policy: A voluntary policy that allows public school districts, open-enrollment charter schools, and private schools to have and use epinephrine delivery systems if a person is reasonably believed to be experiencing anaphylaxis on a school campus.

Legislative Guidelines

The following federal and state legislation and administrative rules should be considered by school districts when developing or updating school policy and administrative regulations related to children with diagnosed food allergies at risk for anaphylaxis. It should be noted that a life-threatening food allergy is recognized as a disability by the United States Department of Education and United States Department of Agriculture.



Note: This is not an exhaustive list and is subject to change as legislation changes.

Federal Legislation

- [Section 504 of the Rehabilitation Act of 1973](#)
- [Americans with Disabilities Act Amendments of 2008](#)
- [Individuals with Disabilities Education Act](#)
- [Healthy, Hunger-Free Kids Act of 2010 \(Public Law 111-296\)](#)
- [Family Educational Rights and Privacy \(FERPA\) Act of 1974 \(20 U.S.C. 1232g\)](#)
- [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\) Privacy and Security Rules](#)
- [Food Allergy Safety, Treatment, Education and Research \(FASTER\) Act of 2021](#)
- [Food Allergen Labeling and Consumer Protection Act \(FALCPA\) of 2004](#)

State Legislation

Texas Education Code

- [Section 22.052 - Administration of Medication by School District Employees or Volunteer Professionals; Immunity from Liability](#)
- [Section 25.0022 - Food Allergy Information Requested Upon Enrollment](#)

- [Section 38.015 - Self-Administration of Prescription Asthma or Anaphylaxis Medicine by Students](#)
- [Section 38.0151 - Policies for Care of Certain Students at Risk for Anaphylaxis](#)
- [Section 38.017 - Availability of Automated External Defibrillator](#)
- [Section 38.018 - Procedures Regarding Response to Cardiac Arrest](#)
- [Section 38.051 - Establishment of School-Based Health Centers](#)
- [Chapter 38, Subchapter E- Maintenance, Administration, and Disposal of Epinephrine Auto-Injectors and Asthma Medicine](#)

Texas Family Code

- [Section 32.001 – Consent by Non-Parent](#)
- [Section 32.002 – Consent Form](#)
- [Section 32.003 – Consent to Treatment by Child](#)

Texas Administrative Code

- [4 Texas Administrative Code, Part 1, Chapter 26, Subchapter A - Texas School Nutrition Policies](#)
- [25 Texas Administrative Code, Part 1, Chapter 40, Subchapter E - Epinephrine Auto-Injector Policies in Schools](#)

Policies listed below are not required elements of a food allergy policy. However, school boards or charter school leadership may want to review the following local policies, if applicable, as there are opportunities to include provisions for children with food allergies at risk for anaphylaxis:

- Bullying Policy
- Consent to Medical Treatment Policy
- Emergency Response Policy
- Food Allergy Information Policy
- Medication Administration Policy
- Self-Administration of Asthma or Anaphylaxis Medication Policy
- Unassigned Epinephrine Policy
- Unassigned Medications for Respiratory Distress Policy

The [Texas Education Agency](#) has more information on caring for children with health issues in the school setting.

Resources

American Academy of Pediatrics

aaaai.org/tools-for-the-public/school-tools/anaphylaxis-food-allergy/stock-epinephrine

Provides guidance, recommendations, and resources on preparing the school campus for allergy emergencies and obtaining stock epinephrine.

Centers for Disease Control and Prevention (CDC) Food Allergies

cdc.gov/school-health-conditions/food-allergies/index.html

Provides guidelines, research, and resources for schools on management and prevention of food allergies and anaphylaxis.

Department of State Health Services (DSHS)

dshs.texas.gov

Improves the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions.

DSHS Allergies and Anaphylaxis

dshs.texas.gov/texas-school-health/allergies-anaphylaxis

Provides research, resources, and tools for schools and other entities on management of allergies and anaphylaxis.

Food Allergy & Anaphylaxis Connection Team (FAACT)

foodallergyawareness.org

Provides education and resources for parents, schools, and school personnel to address food allergies in schools.

Food Allergy Research and Education (FARE)

foodallergy.org/

Supports individuals with food allergies with educational resources and advocacy to improve awareness around food allergies and treatment.

Friday Beat Newsletter

dshs.texas.gov/texas-school-health/friday-beat

The *Friday Beat* is a weekly e-newsletter that connects those interested in school health to training, funding sources, and resources.

Stock Epinephrine Advisory Committee

dshs.texas.gov/texas-school-health/health-conditions-texas-school-health/allergies-anaphylaxis/stock-epinephrine-advisory-committee

In response to [Senate Bill 66](#), 84th Legislature, Regular Session, 2015, the Stock Epinephrine Advisory Committee (SEAC) was formed to examine and review the administration of epinephrine to a person experiencing an anaphylactic reaction on a school campus.

Texas School Health Advisory Committee

dshs.texas.gov/texas-school-health/texas-school-health-advisory-committee

Provides assistance in establishing a leadership role for DSHS in the support for and delivery of coordinated school health programs and school health services.

Texas School Health Program

dshs.texas.gov/texas-school-health

The Texas School Health Program envisions a Texas where all children are healthy, ready to learn and prepared to make healthy lifelong choices.

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DSHS School Health Program

dshs.texas.gov/texas-school-health