**Plano Independent School District**

**School Health**

**Food Distribution in the Clinic Administrative Guideline**

**Purpose**

The purpose for this guideline for food distribution in the clinic is to provide a safe and healthy environment for all students.

Given that the nurse may see many students a day without the knowledge of severe allergy (anaphylaxis) potential, this guideline is an attempt to provide the safest environment possible, while allowing the nurse to provide a food product that may alleviate some types of physical discomforts.

According to the American Academy of Allergy, Asthma and Immunology, <http://www.aaaai.org/home.aspx> the most common allergens that produce anaphylaxis are peanuts, tree nuts, fish, shellfish, milk, eggs and preservatives.

According to the Texas Public School Nutrition Policy - <http://www.squaremeals.org>,

School nurses are exempt from adherence to the Foods of Minimal Nutritional Value policy, while working in the scope of providing health care to students.

Therefore, the following items are allowed to be distributed through the school clinic as determined by the principal and school nurse. All ingredient labels should be checked before distribution.

* + Saltine crackers
  + Oat Cheerios
  + Pretzels
  + Or any food item that is free of peanut, peanut oil, tree nuts, eggs, milks, fish/shellfish
  + Peppermints

An exception to this guideline is a food product that may be necessary to treat a specific condition such as hypoglycemia. The product kept will fall in alignment with suggested treatments for such conditions and only used as a backup to parent provided treatment in the case of an emergency.

**Definitions:**

* **Allergen:** any substance capable of inducing an allergy.
* **Allergic reaction -** sensitivity to substances called allergens that come into contact with the skin, nose, eyes, respiratory tract, and gastrointestinal tract. They can be breathed into the lungs, swallowed, or injected.
* **Anaphylaxis -** a rapidly progressing, life-threatening allergic reaction, in which the immune system responds to otherwise harmless substances from the environment.
* **Foods of minimal nutritional value (FMNV) –** soda water, water ices, chewing gum, certain candy, hard candy, jellies and gums, marshmallow candies, fondant, licorice, spun candy, and candy coated popcorn.

**Restrictions**

* A list of students that will not be allowed to eat any food distributed from the clinic will be kept with the food and in full view, such as students who have indicated that they may have a condition or sensitivity to the product offered in the clinic.
* It is the responsibility of the nurse in collaboration with the principal to determine the food items that will be present in the clinic.
* It is the responsibility of the nurse to read all labels for presence of the allergens listed above.
* No expired food items will be distributed from the clinic.

**Applicable documents**

A list of all students who will not be allowed to eat food distributed from the clinic.

**Person Responsible**

Registered Nurse

**Training**

The RN will instruct in proper distribution of food, the reading of labels, and the determination of need of the food item to those who may provide back-up help in the clinic when the nurse is not in the health office.

Procedural Guideline

1. Check package ingredients. If package ingredient indicates the presence or possible trace of peanuts, peanut oil, tree nuts, milk, eggs or fish/shellfish, discard.
2. Check for current date. Expired food will not be given in the clinic.
3. Identify student.
4. Determine need for food item.
5. Check list of students who may not have food from the clinic.
6. If it is determined that student is able to have provided by the clinic.
7. Wash hands.
8. Put on gloves.
9. Distribute 2-3 crackers, small amount of cheerios/pretzels, or mint to alleviate discomfort.
10. Remove gloves.
11. Wash hands.
12. Allow to remain in the clinic until food item is consumed.
13. If symptoms are relieved, student may return to class.
14. If student still experience symptoms, allow to rest.
15. Determine next option in treatment plan.
16. Document .

**Medical Director**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature/Plano ISD Medical Officer