

SIXTEENTH CONGRESS OF THE REPUBLIC )  
OF THE PHILIPPINES )  
Third Regular Session )



16 JAN 28 P3 52

SENATE  
S. No. 3176

RECEIVED BY: *J.*

Introduced by Senator Miriam Defensor Santiago

AN ACT  
DIRECTING THE SECRETARY OF HEALTH, IN CONSULTATION WITH THE  
SECRETARY OF EDUCATION, TO DEVELOP GUIDELINES TO BE USED ON A  
VOLUNTARY BASIS TO DEVELOP PLANS TO MANAGE THE RISK OF FOOD  
ALLERGY AND ANAPHYLAXIS IN SCHOOLS

EXPLANATORY NOTE

Anaphylaxis is a severe allergic reaction which can be life-threatening. It occurs when a child's immune system overreacts to an allergen. The whole body is affected, usually within minutes. When the allergen is detected by the immune system, it triggers the release of massive amounts of histamine and other chemicals, and can cause the body to go into anaphylactic shock. This produces rapid and sometimes life-threatening symptoms. Allergies are unpredictable and some children who have only ever reacted mildly may go on to have the more serious symptom of breathing difficulty, or wheeziness.<sup>1</sup>

This bill seeks to develop uniform guidance on how to create appropriate management and emergency plans for children with food allergies. The bill will direct the Secretary of Health to develop a voluntary policy for schools to implement measures to prevent exposure to food allergens and to ensure a prompt response if a child suffers a potentially fatal anaphylactic reaction.<sup>2</sup>

*Miriam Defensor Santiago*  
MIRIAM DEFENSOR SANTIAGO  
at

<sup>1</sup> <http://www.babycentle.co.uk/babyhealth/anaphylaxis/>

<sup>2</sup> This bill was originally filed during the Fifteenth Congress, First Regular Session.

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*Be it enacted by the Senate and the House of Representatives of the Philippines in  
Congress assembled:*

1 SECTION 1. *Short Title.* – This Act shall be known as the "Food Allergy and  
2 Anaphylaxis Management Act".

3 SECTION 2. *Establishment of Voluntary Food Allergy and Anaphylaxis*  
4 *Management Guidelines.* – Not later than one year after the date of effectivity of this Act,  
5 the Secretary of the Department of Health (DOH), in consultation with the Secretary of  
6 the Department of Education (DepEd), shall:

7 (A) develop guidelines to be used on a voluntary basis to develop plans for  
8 individuals to manage the risk of food allergy and anaphylaxis in schools and early  
9 childhood education programs; and

10 (B) make such guidelines available to local educational agencies, schools, early  
11 childhood education programs, and other interested entities and individuals to be  
12 implemented on a voluntary basis only.

13 The voluntary guidelines developed by the DOH Secretary shall address each of  
14 the following, and may be updated as the Secretary determines necessary:

15 (1) Parental obligation to provide the school or early childhood  
16 education program, prior to the start of every school year, with:

1 (A) documentation from their child's physician or nurse –

2 (i) supporting a diagnosis of food allergy, and any risk of  
3 anaphylaxis, if applicable;

4 (ii) identifying any food to which the child is allergic;

5 (iii) describing, if appropriate, any prior history of  
6 anaphylaxis;

7 (iv) listing any medication prescribed for the child for the  
8 treatment of anaphylaxis;

9 (v) detailing emergency treatment procedures in the event of a  
10 reaction;

11 (vi) listing the signs and symptoms of a reaction; and

12 (vii) assessing the child's readiness for self-administration of  
13 prescription medication; and

14 (B) a list of substitute meals that may be offered to the child by  
15 school food service personnel.

16 (2) The creation and maintenance of an individual plan for food allergy  
17 management, in consultation with the parent, tailored to the needs of each child  
18 with a documented risk for anaphylaxis, including any procedures for the self-  
19 administration of medication by such children in instances where the children are  
20 capable of self-administering medication.

21 (3) Communication strategies between individual schools and providers of  
22 emergency medical services, including appropriate instructions for emergency  
23 medical response.

24 (4) Strategies to reduce the risk of exposure to anaphylactic causative  
25 agents in classrooms and common school areas such as cafeterias.

1 (5) The dissemination of general information on life-threatening food  
2 allergies to school staff, parents, and children.

3 (6) Food allergy management training of school personnel who regularly  
4 come into contact with children with life-threatening food allergies.

5 (7) The authorization and training of school personnel to administer  
6 epinephrine when the nurse is not immediately available.

7 (8) The timely accessibility of epinephrine by school or early childhood  
8 education program personnel when the nurse is not immediately available.

9 (9) The creation of a plan contained in each individual plan for food allergy  
10 management that addresses the appropriate response to an incident of anaphylaxis  
11 of a child while such child is engaged in extracurricular programs of a school or  
12 early childhood education program, such as non-academic outings and field trips,  
13 before and after school, and school-sponsored held on weekends.

14 (10) Maintenance of information for each administration of epinephrine to a  
15 child at risk for anaphylaxis and prompt notification to parents.

16 (11) Other elements the DOH Secretary determines necessary for the  
17 management of food allergies and anaphylaxis in schools and early childhood  
18 education programs.

19 SECTION 3. *Separability Clause.* – If any provision of this Act is held invalid or  
20 unconstitutional, the same shall not affect the validity and effectivity of the other  
21 provisions hereof.

22 SECTION 4. *Repealing Clause.* – All laws, decrees, orders, and issuances, or  
23 portions thereof, which are inconsistent with the provisions of this Act, are hereby  
24 repealed, amended or modified accordingly.

1           **SECTION 5. *Effectivity.*** – This Act shall take effect fifteen (15) days after its  
2 publication in the *Official Gazette* or in two (2) newspapers of general circulation.

Approved,

/clr3Dec2015