

Allergy Management Policy

Board Policy JAA

The Wilton-Lyndeborough Cooperative School District is committed to providing a safe and nurturing environment for students. The School Board understands the increasing prevalence of life threatening allergies among school populations. Recognizing that the risk of accidental exposure to allergens can be reduced in the school setting, the Board is committed to working in cooperation with parents, students, and physicians, to minimize risk and provide a safe educational environment for all students. The focus of allergy management shall be on prevention, education, awareness, communication and emergency response.

The goals for allergy management include:

1. To define a formal process for identifying, managing, and ensuring continuity of care for students with life-threatening allergies across all transitions (PreK-12). This process shall be outlined in detail in the district's administrative procedures manual.
2. To maintain the health and protect the safety of children who have life-threatening allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
3. To ensure that interventions and individual health care plans for students with life-threatening allergies are based on medically accurate information and evidence-based practices.

In accordance with applicable law, it is the policy of the district to provide all students, through necessary accommodations where required, the opportunity to participate in all school programs and activities. Accordingly, the superintendent shall direct executive directors, district building administrators and staff, to act affirmatively and work closely with parents to assure that the needs of children with documented allergies are taken into consideration in planning for district programs.

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Second Reading: September 25, 2012

Final Adoption: October 9, 2012

Life-Threatening Allergy Guidelines

BACKGROUND

Allergic food reactions can span a wide range of severity of symptoms. The most severe and potentially life threatening reaction is anaphylaxis. This protocol is to be used for students who are at risk for anaphylaxis and in circumstances where a previously undiagnosed life-threatening allergic response occurs. When a physician assesses that a child's food allergy will result in anaphylaxis, the child's condition meets the definition of "disability" and is covered under the Federal Americans with Disability Act (ADA), Section 504 of the Rehabilitation Act of 1973, if the allergy management affects the student's ability to make educational progress.

The School District has stock epinephrine at each school. The epinephrine will be used in emergencies for students with unknown allergies who develop an anaphylactic response and for those students with known allergies when on rare occasions when their personal emergency medication is found to be flawed.

Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body, the most dangerous of which are breathing difficulties and a drop in blood pressure. Foods that most commonly cause anaphylaxis, a life threatening allergic reaction, are peanuts, tree nuts, shellfish, milk, wheat, soy, fish, and eggs. These severe allergic reactions can occur within minutes of ingestion or a reaction can be delayed for up to two hours. Some reactions are "biphasic" in nature with an initial period of symptoms, a symptom free period of 2-3 hours followed by severe shock-like symptoms. At present there is no cure for food allergies and strict avoidance is the key to preventing reactions. Exposure may occur by eating the food or food contact.

MEDICATIONS

The most commonly prescribed medications for the treatment of anaphylaxis are: Epinephrine – Brand names include, but are not limited to EpiPen®, EpiPen Jr®, Twinject® autoinjectors. Parents usually bring epinephrine to school in the form of an EpiPen® (0.3 mg), EpiPen Jr® (0.15 mg) or Twinject® (0.3 mg or 0.15 mg) auto injectors.

Note: The EpiPen® is a single dose auto-injector, while the Twinject® contains two doses of epinephrine – the first dose in an auto-injector and the second dose in the form of a traditional injection.

CARE PLAN CONSIDERATIONS/OPTIONS

There are a variety of student accommodation and care plans that are appropriate to use for students in our schools that experience health conditions that may impact a student's school day and academic program. The plans that are most often seen are:

Individual Healthcare Plan for Accommodations – A document developed by the nursing staff in collaboration with parents and the school team to identify reasonable accommodations for the child's needs throughout the school day.

Section 504 Plan- The intent of Section 504 of the Rehabilitation Act of 1973 is to provide students with disabilities equal access to educational programs, services, and activities. Students with disabilities may not be denied participation in school programs and activities solely on the basis of disability.

There are substantial differences across the country in legal interpretations and school district practices regarding Section 504, its definition of a qualified person with a disability, and the eligibility of students with life-threatening food allergies. Since the law provides that a team of knowledgeable persons must make eligibility determinations on a case-by-case basis, these guidelines cannot provide specific guidance on the eligibility question. Nevertheless, school districts have an obligation to provide reasonably safe environments for all students. Whether students with life-threatening food allergies are identified under Section 504 as disabled individuals or not, the School District will provide these students with individualized health care plans to address their health and safety needs.

Responsibilities of the Parent/Guardian of an Anaphylactic Student

Each parent/guardian of their child with a Life-Threatening Allergy shall have the following expectations:

1. Teach your child to:
 - a. Recognize the first symptoms of a food allergic/anaphylactic reaction.
 - b. Communicate with school staff as soon as he/she feels a reaction is starting.
 - c. Carry his/her own epinephrine auto-injector when appropriate.
 - d. Not share snacks, lunches, drinks or utensils.
 - e. Understand the importance of hand washing before and after eating.
 - f. Report teasing and/or bullying that may relate to the child's disability.
2. Take responsibility for his/her own safety. As children get older, teach them to:
 - a. Encourage self-advocacy of the seriousness of the allergy to adults and peers.
 - b. Communicate symptoms as soon as they appear to the school nurse and teacher.
 - c. Encourage education on label reading and ingredient safety.
 - d. Administer his/her own epinephrine auto-injector and be able to train others in its use.
 - e. Develop awareness of their environments, including allergy-controlled zones and to practice age appropriate behavior regarding health and safety.
3. Inform the school nurse of your child's allergies prior to the opening of school (or as soon as possible after diagnosis). **All food allergies must be verified by documentation from physician or physician's designated licensed extender (Nurse Practitioner (NP) or Physician Assistant (PA)).**
4. Work with the school team collaboratively to develop the Individual Health Plan for Accommodations, in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and provide an **Allergy Action Plan**. Medical information from the child's treating physician must be provided as needed to write the Plans. (A licensed physician is defined as a doctor of medicine (MD) or a doctor of osteopathy (DO) is recognized.)
5. The Plan should also promote increasing age-appropriate independence (ages 8 -18) as the student grows and matures. In determining age-appropriate independence the student's level of autonomy and their ability to function autonomously is considered.
6. Complete and submit all required medication forms.
7. Sign release for school personnel to consult with family physician/allergist and all medical providers.
8. Provide the school with current cell phone, pager numbers and maintain updated emergency contact numbers and medical information.
9. Provide the school nurse with up-to-date emergency medications (including Epinephrine) so they can be placed in all required locations for the current school year. Medications will comply with the district medication policy of proper labeling and expiration.
10. To consider providing a medical alert bracelet for your child. Nationally accepted bracelets may be found at: Medic Alert, 1-800-432-5378; 2323 Colorado Avenue, Turlock, CA 95382; www.medicalalert.org
11. Provide Epinephrine on field trips.
12. To go on your student's field trips if possible and if requested.
13. To provide "safe snacks for your student's classroom so there is always something your child can choose from during an unplanned special event.
14. Encourage child to wash hands before and after handling food. Encourage child to identify the allergy controlled zone when eating and to utilize easy access to soap in or near classrooms.
15. Inform the school of any changes in the child's Life-threatening Food Allergy status.
16. Provide the school with the physician's statement if the student no longer has food allergies.

EXPECTATIONS OF STUDENT

Each student with a Life-Threatening Allergy shall be expected for the following:

1. To develop a relationship with the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the food allergy in the school. (Trusted adults are people who respect your feelings will listen and help work out a solution to any problem you may have. Trusted adults will provide guidance and support).
2. Use proper hand washing before and after eating and throughout the school day.
3. To avoid sharing or trading of foods or eating utensils with others. Take responsibility for avoiding food allergens.
4. To not eat anything with unknown ingredients or known to contain any allergen.
5. To avoid putting anything in mouth such as writing utensils, fingers, or other foreign object.
6. To be proactive in the care and management of their food allergies and reactions based on their developmental level. Learn to recognize personal symptoms.
7. To notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
8. To notify an adult if they are being picked on or threatened by other students as it relates to their food allergy.
9. To keep emergency epinephrine with the student, in the nurse's office or in the classroom. If the student is authorized to carry the emergency medication with them at all times, he/she will demonstrate responsibility of this practice by completing the skills checklist with the school nurse (found in the appendix within the Epinephrine Self-Administration Authorization packet for Anaphylaxis).
10. To develop an awareness of their environment and their allergy-controlled zones.
11. Should know the overall Individual Healthcare Plan and understand the responsibilities of the plan.
12. To develop greater independence to keep themselves safe from anaphylactic reactions.

RESPONSIBILITIES OF SCHOOL ADMINISTRATOR

Wilton-Lyndeborough Cooperative School District's School Administrators shall ensure the following:

1. Follow all applicable federal laws and guidelines, including ADA, Section 504, FERPA, and USDA as well as all state laws and district policies/guidelines that may apply.
2. To have available the appropriate allergy forms to the parent and explain that the required forms must be returned and approved by the school nurse prior to the child attending school.
3. Meet with parents and listen to their needs and concerns.
4. The HIPAA Compliant Authorization for Exchange of Health & Education Information will be presented to parents for signature to provide needed communication between the supervising physician and school for effective implementation of the plan.
5. Establish a core team comprised of Parent, Principal, Teacher, Student, Nurse, Cafeteria Manager, and other personnel deemed necessary to make decisions about food allergies.
6. Create an emergency action plan for addressing life-threatening food based allergic reactions with consulting the school nurse, student's parent(s)/guardian(s), and physician.
7. Ensure district-wide mandatory in-service training and education on reducing life-threatening allergy risks, recognizing food allergy symptoms, and emergency procedures for appropriate staff to include, but not limited to the following topics:
 - a. A description/definition of severe allergies and a discussion of the most common foods causing allergic reactions.
 - b. The signs and symptoms of anaphylaxis.
 - c. The correct use of an Epinephrine.
 - d. Specific steps to follow in the event of an emergency.

In addition, parent/staff severe allergy educational meetings may be scheduled as medical personnel are available.

8. Reinforce a no-food and no-utensil trading /sharing best practice will be encouraged. A sign in each elementary school shall be posted informing students that they are expected to neither trade nor share food or utensils.
9. Ensure that the School Nurse in consultation with suggestions from student's parent(s)/guardian(s) and the physician or designated licensed extender will prepare the Individual Health Plan for accommodations. The physician will prepare and sign off on the Allergy Action Plan.
10. Establish allergy-safe zones (peanut/tree nut free tables) as needed in each school cafeteria. Zones will be designated by a universal symbol. These zones will be cleaned and sanitized as per district protocol (see Custodial Services Section).
11. Ensure the Individual Health Plan for Accommodations is available in the nurse's office and a student's homeroom at the elementary levels and in the nurse's office at the secondary schools.
12. Recommend that parents/guardians attach a photograph of their student with a Life-Threatening Food Allergy to their Individual Health Plan for Accommodations. When appropriate; student's photos will be placed in the kitchen only for kitchen staff to view as an extra protective measure. Pictures will be out of view of other students and carried out in accordance with patient confidentiality regulations.
13. When appropriate, make certain that students are allowed and encouraged to carry their Epinephrine on them, as allowed by the district's Administration of Medication Policy and Self-Administration Epinephrine Authorization Plan.
14. Ensure that information is in an organized, prominent and accessible format for a substitute teacher with the universal symbol displayed for ease of access. A bright colored label will be on the outside of sub folders (MEDICAL ALERT:). The medical issue will be filled in the blank specific to the student.
15. When appropriate, familiarize teachers with the Individual Health Plan for Accommodations of their students and any other staff member who has contact with student on a need-to-know basis.
16. Instruct and reinforce with facilities personnel to develop cleaning protocol to ensure that the threat of allergens is minimized.
17. Establish procedures to ensure letters to all parents of children assigned to a classroom where one of the students has been identified as having a Life-Threatening Allergy (K-5) and school- wide for secondary students. This will be carried out in accordance with patient confidentiality regulations. Address the topics of snacks and foods sent from home at holidays and celebrations.
18. The school's emergency protocol on Life-Threatening Allergies will be posted in appropriate locations, i.e. nurse office, main office and other areas as designated by the Building Principal. Communication will also be enclosed in the Back-to-School Newsletter and made available on the District's website.
19. Notify staff of the locations of Epinephrine's in the school.
20. A contingency plan will be in place using designated building staff and understood by all staff and students in the event the nurse is not in the office or in the building. Staff will call 911 in all instances of Epinephrine administration.

RESPONSIBILITIES OF SCHOOL HEALTH PROFESSIONALS

The school nurse is the primary coordinator of each student's life-threatening allergy plan.

Each school nurse will have the following responsibilities:

1. Meet with parent/guardian(s) of a student with a Life-Threatening Allergy to develop an Individual Health Plan for Accommodations for the student, which may include the use of MEDIC-ALERT bracelets and other methods of identification for students with Life-Threatening Allergies.
2. Maintain updated Individual Health Plan for Accommodations in the nurse's office, in the classroom when appropriate, and with Epinephrine's that are carried by identified students. The emergency action plans will also travel with the Epinephrine's on school sponsored field trips.
3. Assist the principal in providing information about students with Life-Threatening Allergies to staff where there is a need-to-know basis.
4. In conjunction with the principal, provide yearly in-service training and education for staff regarding Life-Threatening Allergies, symptoms, risk reduction procedures and emergency procedures including demonstration on how to use the Epinephrine. **The school nurse shall retain documentation of those personnel who have received training on a yearly basis.**
5. Familiarize teachers/substitutes with the Individual Health Plan for Accommodations of their students and any other staff member who has contact with student on need-to-know basis.
6. New Hampshire Statutes governing the administration of prescription medications, and school board policy will be followed in emergency situations. Nurses are responsible for following the regulations that permit registration of non-licensed personnel to be trained and to administer emergency medications such as Epinephrine.
7. Educate with parents the appropriate locations for storing the Epinephrine and the possibility of receiving more than one Epinephrine as necessary. Locations for storage will follow the manufacturer's guidelines for avoidance of light and extreme temperatures.
8. Inform the school principal and parent/guardian if any student experiences an allergic reaction that has not been previously diagnosed.
9. Contingency plan will be in place in the event the nurse is not in the building utilizing trained and identified back-up personnel.

RESPONSIBILITIES OF TEACHERS

Each teacher shall have the following responsibilities:

1. Knowledge of the signs and symptoms of severe allergic reaction as provided in the student's health care plan, and be aware of and implement the emergency plan if a reaction is suspected.
2. Review the Individual Health Plan for Accommodations in a setting with the nurse and parent(s)/guardian(s) of any student in your classroom with life-threatening allergies along with relevant staff members.
3. Participate in in-service training about students with life-threatening allergies including demonstration on how to use the Epinephrine.
4. In collaboration with the nurse and parent(s)/guardian(s) of the allergic child, will set a classroom protocol regarding the management of food in the classroom. This protocol will be communicated by the teacher to the students and parent(s)/guardian(s) of the affected class.
5. Participate in the planning of a student's re-entry into school after an anaphylactic reaction.
6. Notify parents by written communication of any school related activity that requires the use of food in advance of the project or activity (K-9). (Learning activities will be controlled as much as possible) Limit use of food for instructional lessons.

7. Collaborate with administration, nurse, and parents to send out letters to all parent(s)/guardian(s) of students in a class with an individual with a Life-Threatening Allergy announcing potential food use instructionally.
8. Reinforce appropriate classroom hygiene practices/hand washing before and after eating.
9. Respond immediately to reports of students being teased or bullied about their food allergies.
10. Follow Allergy Action Plan and call 911 when life-threatening allergy related symptoms occur.

RESPONSIBILITIES OF NUTRITION SERVICES

The nutrition services department shall:

1. Provide in-service to nutritional service employees regarding safe food handling practices to avoid cross contamination with potential food allergens.
2. Food service employees will wear non-latex gloves. Gloves will be changed during extended use to avoid cross contamination with potential food allergens.
3. Maintain a list of students with food allergies within the food service area with a photo of the student wherever possible. (Not for public viewing)
4. Eliminate the purchase and use of all peanuts and tree nuts or associated products in cafeteria.
5. Provide allergen-safe zones at schools identified with universal symbols where students with applicable food allergies are in attendance
6. Participate in in-service training for students with life-threatening allergies including demonstration of Epinephrine use.
7. With parental approval, set up reasonable procedures for cafeteria regarding food allergic students, including entering student's allergy into computerized database. Information will remain confidential and shared on a need-to-know basis in compliance with federal privacy regulations.
8. Respond appropriately to all complaints/concerns from any student with a life-threatening allergy, including allowing student to see school nurse if complaining of any potential symptoms. A response to complaints/concerns would also include any type of hazing or inappropriate behavior on the part of other students.

RESPONSIBILITIES OF CUSTODIAL SERVICES

The custodial service department shall under the direction of the Building Principal:

1. Use a separate wash bucket and cloth with district-approved cleaning agents solely for the cleaning of allergen-safe zones. This will include disinfecting solution and all-purpose soap as effective cleaning solutions.
2. Receive training on allergen zone maintenance areas.
3. Participate in in-service training for students with life-threatening allergies including demonstration of Epinephrine use.

RESPONSIBILITIES OF THE TRANSPORTATION DEPARTMENT

All school bus drivers shall be informed when he/she is transporting a child with a Life-Threatening Allergy. The school bus drivers shall:

1. Have functioning emergency communication devices (e.g., cell phones, two-way radios, etc.) on each bus.

2. Maintain and reinforce policy of no food eating on the bus except for those medically documented needs, i.e., diabetics. In cases of medically documented needs, those students must bring allergen safe foods for eating on the bus.
3. Students with life-threatening allergies should sit immediately behind and to the right side of the bus driver when transporting to/from school.
4. Bus drivers will not hand out food treats even on special occasions.
5. Provide all students using district transportation with the transportation health concerns form and maintain a list of students with identified health concerns including anaphylactic risk.
6. Participate in in-service training for students with life-threatening allergies including demonstration of how to use the Epinephrine.

RESPONSIBILITIES OF PERSONS IN CHARGE OF CONDUCTING AFTER-SCHOOL ACTIVITIES

Person(s) in charge of extracurricular programs shall have the following responsibilities:

1. The Allergy Action Plan will be available for parents to copy and give to others who assume responsibility for their child. Personnel may include:
 - a. Before or after school activity instructors
 - b. Coaches
 - c. Overnight tournament sponsors or district chaperones
 - d. Clubs, programs, or sports will maintain a list of students with severe life-threatening allergies. These individual programs will be responsible for obtaining this information from parent(s)/guardian(s).
2. District employees will participate in in-service training about students with life-threatening allergies including demonstration of Epinephrine use at least annually. The training will be documented and kept on file.

RESPONSIBILITIES DURING RECESS AND PHYSICAL EDUCATION CLASSES

During recess and physical education classes for a student with a Life-Threatening Allergy, the school shall have the following responsibilities:

1. Children will be under the supervision of at least one adult. Epinephrine Packet will be taken outside if specified in the child's Allergy Action Plan/Individual Health Plan for Accommodations. The epinephrine will be carried by a designated district employee or by the student with a completed Epinephrine Self-Administration Packet for Anaphylaxis.
2. Emergency communication device (walkie-talkie, cell phone) will be accessible and functional.

RESPONSIBILITIES ON FIELD TRIPS

The school shall have the following responsibilities when a student with Life-Threatening Food Allergy attends field trips:

1. On field trips consideration given for avoiding food allergen exposure, and parental attendance is encouraged.
2. Meals of children with food allergies should be stored separately to minimize cross contamination.
3. An in-serviced trained district employee such as the classroom teacher will accompany the class on the field trip and will maintain each applicable student's Epinephrine and will follow the child's Allergy Action Plan/IHCP.
4. Copies of student's Allergy Action Plan will be carried on all field trips.
5. Staff will call 911 in all instances of Epinephrine use. Parent(s)/Legal Guardian(s) will be notified.

KEY POINTS FOR PARENTS, STUDENTS AND STAFF

- **You are never alone.** It takes a team to ensure the best for our students. Help is usually a phone call away.
- **Educate, Educate, Educate.** This is an ongoing process that changes with the students' needs and as the staff changes. Food bans do not work because it creates a false sense of security. Today, processed foods contain trace amounts of food items that are not always identified on the food label. The best plan is to educate our school community about the issues that face students with life threatening allergies.
- **Special events/Non-routine days.** The greatest risk for a life threatening allergic reaction exists when the normal routine is broken. Examples are classroom parties, field trips, a substitute teacher, and after school events. **Be Prepared.** Always have the Allergy Action Plan (AAP) available and think ahead to prevent possible exposures to a food allergen.
- **Symptoms vary greatly. Call 911** when uncontrolled anaphylactic symptoms occur or if ingestion is strongly suspected. Use emergency medication (i.e. Epinephrine) if needed and follow the AAP
- **Be safe, not sorry!** Take all complaints from children with food allergies very, very seriously. It is important to respect the needs and rights of each student.
- A child with a life threatening food allergy should **NEVER eat unexamined food.**
- In the event a student has an allergic reaction at school, **call 911 and administer emergency medication** (i.e. antihistamine and Epinephrine) as ordered by the student's physician. Key staff members should be trained to use emergency medications and know the location of those medications at school and on any special function. **If epinephrine (Epinephrine) is used, the student should be taken to the hospital for evaluation even if the allergic reaction symptoms subside.** The school principal, nurse and parent/guardian should be notified as soon as feasible. 911 should be called for all suspected food allergy reactions. No one can predict how a reaction will progress. A mild reaction can blossom into a full blown anaphylactic reaction very quickly or over several hours. A reaction can also appear to subside or even appear to be under control and can blossom again into a more severe reaction.
- **Cross contamination.** It only takes a trace amount of the food protein to cause an allergic reaction. To prevent exposure to an allergen, **hand washing** and **washing of surfaces** (tables, chairs, mixing bowls, etc.) where an allergen has been used is necessary. Soap and warm water are most effective for cleaning surfaces.

Be prepared! Know your plan!

RESOURCES

The Food Allergy and Anaphylaxis Network (FAAN). FAN is a great resource for current research, informational newsletter, support groups, and information of food products. Their phone number is 800-929-4040, and the Web address is: www.foodallergy.org

American Academy of Allergy, Asthma and Immunology. (AAAAI). <http://www.aaaai.org>

National Association of School Nurses. <http://www.nasn.org>

Asthma & Allergy Foundation of America. <http://www.aafa.org>

- **The Food Allergy & Anaphylaxis Network (FAAN)**

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- **Allergy, Asthma Information Association of Canada (AAIA)**

- **American Academy of Allergy, Asthma & Immunology (AAAAI)**

- **National Association of School Nurses (NASN)**

- **Asthma & Allergy Foundation of America (AAFA)**

- **Food & Drug Administration's Website**

- **Food Anaphylaxis Education's Website**

FORMS:

- Epinephrine Fact Sheet
- Sample Parent Letter
- Food Allergy and Epinephrine Training In-Service Sheet
- Epinephrine Self-Administration Authorization Packet for Anaphylaxis
- Food Allergy Action Plan
- Epinephrine/Twinject Medication Self-Administration Form
- Epinephrine/Twinject Student Skills Checklist
- Transportation/Food Services Letter to Parents
- Substitute Notice
- Allergen-Safe zone sign
- No Food or Utensil Sharing sign
- Dailey Substitute Form

(On building letterhead)

Date

Dear Parents,

This year at name of school we have many students with food allergies and a few students who have a life-threatening peanut allergy. Students have been provided with a pamphlet entitled “Be a PAL” that provides information on food allergies and ways they can keep their friends safe at school. Classroom teachers and staff have been provided a foods to avoid list. name of school staff is working hard to control allergen exposure in the classroom as much as possible so please check with teachers prior to sending in snacks and always include the packaging.

In addition, where practicable, our cafeterias will have a designated allergy-controlled zone. Any student may sit at that table provided they are not eating peanut butter or a nut product. Our schools’ hot lunch program has discontinued the purchase of any food item containing peanuts or tree nuts or that has been prepared in facilities or with equipment that may have been used to process peanuts or tree nuts.

Please do not send homemade treats to school. If your child has a specific food need you may send snacks that are safe for your child to eat. These snacks however, must be stored with the classroom teacher or his/her designee such as a substitute. Your child can access these snacks when treats are eaten in class.

If you child has any special food need and you have not made the school aware please call our school nurse, nurse name and phone number. Thank you in advance for your cooperation, as we work together to keep our school safe for all students.

Sincerely,

Principal Name and Title

Nurse Name and Credentials

Food Allergy and Epinephrine Training In-Service

Date: _____

Name (Print): _____ Bldg.: _____

*I have received information regarding food allergies, signs, and symptoms of an allergic reaction and possible allergy triggers.

*I have received a list of safe foods/allergy-controlled foods and understand it is my responsibility to check all foods/ingredients prior to classroom consumption.

*I have received information on how to clean possible contaminated surfaces.

*I have demonstrated how to administer an Epinephrine.

Signature: _____

Cc: personnel file

Epinephrine Self-Administration Authorization Packet for Anaphylaxis

(A new packet must be completed yearly)

Packet Contents:

1. Anaphylaxis Medication Self-Administration Form (requires physician and parent/guardian signature)
2. Anaphylaxis Student Skills Checklist
3. Severe Allergy Action Plan (requires physician and parent/guardian signature)
4. New Hampshire Revised Statutes.

Food Allergy Action Plan

Student's Name: _____ D.O.B: _____

Teacher: _____ ALLERGY TO: _____

Asthmatic Yes No *Higher risk for severe reaction



+ STEP 1: TREATMENT +

Symptoms:

If a food allergen has been ingested, but *no symptoms*:

- | | |
|--------|---|
| Mouth | Itching, tingling, or swelling of lips, tongue, mouth |
| Skin | Hives, itchy rash, swelling of the face or extremities |
| Gut | Nausea, abdominal cramps, vomiting, diarrhea |
| Throat | Tightening of throat, hoarseness, hacking cough |
| Lungs | Shortness of breath, repetitive coughing, wheezing |
| Heart | Thready pulse, low blood pressure, fainting, pale, blueness |
| Other | _____ |

Give Checked Medication:**

(To be determined by physician authorizing treatment)

- | | |
|-------------|---------------|
| Epinephrine | Antihistamine |

If reaction is progressing (several of the above areas affected), give

The severity of symptoms can quickly change. **potentially** life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) Epi Pen® Epi Pen® Jr. TwinjectH¹0.3 mg TwinjectH¹0.15 mg
(See reverse side for instructions)

Antihistamine: give _____
Medication/Route

Other: give _____
Medication/Route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

+ STEP 2: EMERGENCY CALLS +

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____ at _____

3. Parents _____ Phone Number(s) _____

4. Emergency contacts:

Name/Relationship Phone Number(s)

a. _____ 1.) _____ 2.) _____

b. _____ 1.) _____ 2.) _____

NOTE: IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____

Date _____

Doctor's Signature _____
(Required)

Date _____

TRAINED STAFF MEMBERS

- | | |
|----------|------------|
| 1. _____ | Room _____ |
| 2. _____ | Room _____ |
| 3. _____ | Room _____ |

EpiPen® and EpiPen® Jr. Directions

- **P u l l** off gray activation cap.
- **H o l d** back tip near outer thigh (Always apply to thigh).
- **S w i n g** and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



- **P u l l** off green end cap, then red end cap.
- **P u t** gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.

SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- **U n s c r e w** gray cap and pull syringe from barrel by holding blue collar at needle base.
- **S l i d e** yellow or orange collar off plunger.
- **P u t** needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

"Medication checklist adapted from the Authorization of Emergency Treatment form developed by The Mount Sinai School of Medicine. Used with permission.

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EPINEPHRINE/TWINJECT MEDICATION SELF-ADMINISTRATION FORM

Student Name: _____ Grade: _____ School Year: _____

The New Hampshire Revised Statutes RSA 200:42 through RSA 200:47 provides for students to carry and self-administer life-saving medications when the following criteria are met:

- (1) A licensed physician prescribed or ordered the medication for use by the child and instructed such child in the correct and responsible use of the medication.
- (2) The child has demonstrated to the child's licensed physician or the licensed physician's designee, and the school nurse, if available, the skill level necessary to use the medication and any device necessary to administer such medication prescribed or ordered.
- (3) The child's physician has approved and signed a written treatment plan for managing asthma or anaphylaxis episodes of the child and for medication for use by the child. Such plan shall include a statement that the child is capable of self-administering the medication under the treatment plan.
- (4) The child's parent or guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan required in (3) above and the liability statement required in (5) below.
- (5) The child's parent or guardian has signed a statement acknowledging that the school district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the child or the administration of such medication by school staff. Such statement shall not be construed to release the school district and its employees or agents from liability for negligence.

MEDICATION NAME _____ Dose _____ Time or Interval _____

Route/Inhalation device _____ Instructions _____

MEDICATION NAME _____ Dose _____ Time or Interval _____

Route/Inhalation device _____ Instructions _____

ALLERGIES: List known allergies to medications, foods, or air-borne substances _____

I, the parent or legal guardian of the student listed above, give permission for this child to carry and self-administer the above listed medications. I have instructed my child to notify the school staff anytime this device is used. I understand that, absent any negligence, the school shall incur no liability as a result of any injury arising from the self-administration of medication by my child.

Signature of parent or legal guardian _____ Date _____

Parent/Guardian:

Name: _____ Home phone: _____

Address: _____ Work and cell phones: _____

Name: _____ Home phone: _____

Address: _____ Work and cell phones: _____

Emergency Contact:

Name: _____ Phone #'s: _____

I, a licensed physician or nurse practitioner, certify that this child has a medical history of severe allergic reactions, has been trained in the use of the listed medication, and is judged to be capable of carrying and self-administering the listed medication(s). The child should notify school staff anytime the medication/injector is used. This child understands the hazards of sharing medications with others and has agreed to refrain from this practice.

Signature of Health Care Provider _____ Date: _____

Name of Health Care Provider _____ Phone: _____ Fax: _____

Address: _____ City: _____ Zip: _____

School Nurse Signature _____ Date: _____

Epinephrine Pen Trainer Skills Checklist:

_____ Requires Supervision

_____ Performs Independently

1. CONFIRM THAT LABEL STATES TRAININGDEVICE. Remove the gray safety cap.
2. Firmly hold the Epi-Pen with the black tip near the outer aspect of the thigh.
3. Swing and jab firmly into outer thigh and hold the Epi-Pen against the thigh for 10 seconds.
4. Remove the Epi-pen unit and massage injection area for 10 seconds.
5. Replace the gray cap.
6. You may practice again.
7. Verbalize that you will tell the school nurse whenever you use the Epinephrine. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.

Twinject Trainer Skills Checklist:

_____ Requires Supervision

_____ Performs Independently

1. Pull off green end cap, then red end cap.
2. Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.
3. Verbalize that you will tell the school nurse whenever you use the Twinject. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.
4. Second dose administration:
 - $\frac{3}{4}$ After you have found the appropriate personnel and if your symptoms don't improve after 10 minutes, administer second dose:
 - Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
 - Slide yellow or orange collar off plunger.
 - Put needle into thigh through skin, push plunger down all the way, and remove.

This technical advisory is intended to help clarify issues related to delegation of medications during the school day.

Actual Text - Ed 311.02 Medication During School Day

- (a) For the purpose of this rule “school day” means any time during the day, afternoon, or evening when a child is attending school or other school related activity.
- (b) Any pupil, who is required to take during the school day a medication prescribed by a licensed physician, advanced registered nurse practitioner, licensed physician's assistant or dentist, shall have a school nurse either assist the student to take the medication or administer the medication.
- (c) This duty may also be undertaken by a RN or LPN under the direction of the school nurse.
- (d) The school nurse may delegate the administration of medications, if appropriate to others pursuant to RSA 326-B Nurse Practice Act and Nur 404.
- (e) Asthma inhalers and epinephrine auto injectors may be possessed by a student and self administered in accordance with RSA 200:42 through RSA 200:47.
- (f) If the school nurse is not available the building principal or designee is permitted to assist students in taking required medications by:
 - (1) Making such medications available to the student as needed; and
 - (2) Observing the student as he/she takes or does not take his/her medication; and
 - (3) Recording whether the student did or did not take his/her medication.
- (g) Upon receiving a request from the parent, guardian, or physician relative to a particular student's need for medication during school hours, the school nurse may contact the parent, or guardian to discuss whether the student should remain at home, or whether the medication should be taken before, during, and/or after school. The nurse may also inquire about any other medical conditions requiring medications and any special side effects, contraindications and adverse reactions to be observed.
- (h) Each local school board, with the advice of the school nurse(s) and school physician if available shall establish specific policy and procedures to give protection and controls to the matter of medications in schools.

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- (i) In order for prescription medications to be given at the school, the following shall occur:
 - (1) The school nurse shall ensure that a written statement from the licensed prescriber containing the following be in the student's health record:
 - a. The student's name;
 - b. The name and signature of the licensed prescriber and contact numbers;
 - c. The name, route and dosage of medication;
 - d. The frequency and time of medication administration or assistance;
 - e. The date of the order; and
 - f. A diagnosis, if not a violation of confidentiality;
 - (2) The school nurse shall ensure that there is written authorization by the parent and/or guardian which contains:
 - a. The parent and/or guardian's printed name and signature;
 - b. A list of all medications the student is currently receiving, if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medication be documented; and
 - c. Approval to have the school nurse or designee administer the medication, the student to possess and self-administer and/or the principal or his designee assist the student with taking the medication; and
 - (3) The school nurse shall ensure the authorization or other accessible documentation contains:
 - a. The parent and/or guardian's home and emergency phone number(s); and
 - b. The names of persons to be notified in case of a medication emergency in addition to the parent or guardian and licensed prescriber.
- (j) The school nurse shall develop a system of documenting and communicating significant observations relating to prescriptions, medication's adverse reactions, and other harmful effects, to the child's parent or guardian and/or licensed prescriber.
- (k) The school nurse shall develop and implement procedures regarding receipt and safe storage of prescription medications.
- (l) A parent, guardian or a parent/guardian-designated, responsible adult shall deliver all medication to be administered by school personnel to the school nurse or other responsible person designated by the school nurse as follows:

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- (1) The prescription medication shall be in a pharmacy or manufacturer labeled container;
 - (2) The school nurse or other responsible person receiving the prescription medication shall document the quantity of the prescription medication delivered; and
 - (3) The medication may be delivered by other adult(s), provided, that the nurse is notified in advance by the parent or guardian of the delivery and the quantity of prescription medication being delivered to school is specified.
- (m) All medications shall be stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and prevent loss of efficacy. A single dose of medication may be transferred from this container to a newly labeled container for the purposes of field trips or school sponsored activities.
- (n) All medication to be administered by the school nurse shall be kept in a securely-locked cabinet which is kept locked except when opened to obtain medications. Medications requiring refrigeration shall be stored in a locked box in a refrigerator maintained at temperatures of 38 degrees to 42 degrees. Emergency medications may be secured in other locations readily accessible only to those with authorization.
- (o) No more than a 30-school day supply of the prescription for a student shall be stored at the school.
- (p) Non-prescription medication shall be given only with the written authorization of the parent and/or guardian and if this is in accordance with school policy.

Related Laws and Rules for Consideration

RSA 326-B: 29 prohibits anyone from coercing an RN or LPN into delegating any task if the nurse determines the delegation to be inappropriate. Additionally, this law protects nurses who appropriately delegate tasks according to the nurse practice act from disciplinary action because of the performance of the delegatee:

<http://www.gencourt.state.nh.us/rsa/html/XXX/326-B/326-B-29.htm>

Nur 404 outlines the circumstances, obligations, and limitations of delegating a nursing task:

<http://gencourt.state.nh.us/rules/nur.html>

Nur 101 provides definitions of Competency, Delegation, Stable Client, and Unlicensed Assistive Personnel: <http://gencourt.state.nh.us/rules/nur.html>

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RSA 318:42 allows for the possession and administration of epinephrine for the emergency treatment of anaphylaxis by licensed practical nurses or registered nurses employed or contracted by public school systems without the need for explicit written parental authorization: <http://www.gencourt.state.nh.us/rsa/html/XXX/318/318-42.htm>

RSA 200:42 – RSA 200:47 describe what needs to be in place to allow students to carry and self-administer inhalers and epinephrine: <http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XV-200.htm>

RSA 200:40 – RSA 200:41 allow a school nurse to administer oxygen to a pupil in a medical emergency as needed: <http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XV-200.htm>

Department Discussion

Any prescription medication to be taken by a public school student during the school day requires the involvement of a school nurse regardless of the route of administration. The school nurse must verify the prescription, parental authorization, and accuracy of emergency contact information. The school nurse must also have in place a system to document adverse reactions to the medication and to safely store the medication.

After the above requirements are met, the principal or designee may assist students with their prescriptions if the nurse is unavailable. This assistance consists of providing the medication to the student then observing and documenting that the student took the medication. However, if the medication requires administration, that is, the student cannot take the medication by themselves with the assistance described; only the school nurse or an appropriate delegate may administer the prescription.

A school nurse alone has the authority to delegate medication administration and may delegate only if appropriate under the Nurse Practice Act. Parents may not delegate medication administration directly in the public school setting. Ideally, the school nurse will work with the parent and/or guardian to identify appropriate delegates since parental approval and authorization is required.

If, in conjunction with medication administration, the student requires a comprehensive nursing assessment and/or evaluation, this must be done by an RN and cannot be delegated. Supervision will be provided on a continual or intermittent basis as per the Board of Nursing Administrative Rules. The nurse shall develop a system to ensure the delegatee will follow a care plan or an emergency care plan, especially if the school nurse will not be available for

consultation or assistance at the time the medication will be administered. The established plan must take into consideration the individual student needs and the context when the medication may be needed (e.g., location, activities, availability of EMS, availability of parent or guardian). It may include instructions for calling 911 and/or the parent as appropriate as well as ensuring immediate and adequate first aid if needed.

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The NH Board of Nursing has a Frequently Asked Question document related to the role of the School Nurse. This document is under review and will be updated in the near future at www.state.nh.us/nursing under the FAQ section.

Here are some additional recommended resources to consult before delegating:

1) NH Nurses Association Online Delegation program:

http://www.nhnurses.org/pdf/doc/Delegation_course.doc

2) National Association of School Nurses Position Statements Regarding Using Assistive Personnel and Delegation: <http://www.nasn.org/Default.aspx?tabid=201> (Please note that this position statement will soon be revised) and <http://www.nasn.org/Default.aspx?tabid=349>

3) National Council of State Boards of Nursing position paper emphasizes that supervision, monitoring, evaluation and follow-up by the nurse are crucial components of delegation:

<https://www.ncsbn.org/323.htm>

RSA 200:42 – RSA 200:47 allows students to carry and self-administer prescription epi pens and inhalers provided that all conditions described in the statute have been satisfied. For other prescription drugs students normally self-administer, the school nurse may delegate administration to the student themselves if the prescriber and parent/guardian provides written authorization and if school policy supports the practice. Ideally, students should self-administer their medications in a comfortable and clean location either in class or in a nearby location to minimize disruption to their academic day. The school nurse should provide supervision as needed.

School nurses have the authority to possess and administer oxygen and epinephrine as per the legislation above but schools are not required to stock these drugs. This decision is best left up to the individual districts with the advice of the school nurse and MD, if available.

For more information on this technical advisory, contact:

Katherine Rannie, RN MSc, KRannie@ed.state.nh.us, 271-3891

School Health Services Consultant, Division of Instruction

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Date: _____

To: Parents/Guardians

From: Superintendent of Schools

There are students in Wilton-Lyndeborough Cooperative School District who have severe life-threatening allergies. If these children are exposed to any peanut, nut products, or designated food allergen it could be life threatening. We are working on educating all staff, children and families about ways to reduce the risks to these children.

We are informing you so that you will help us to provide a safe environment on the bus. Washing hands and faces, particularly if peanut or nut products have been eaten for breakfast, will help ensure a safe bus ride for these students. Peanut and nut oils can remain on the hands and face and need to be washed off well with soap and water.

There will be absolutely NO EATING on the school buses to and from school each day. For your information, we have set up "allergy-controlled" zones in the school cafeterias where this is necessary. Only children who do not have nut products or designated food allergens in their lunch may sit in the "allergy-controlled" zone.

If you have any transportation questions please feel free to call _____. For questions regarding the cafeteria please call _____.

You may also call the school nurse at your child's school to discuss any of your questions or concerns.

Thank you for your help and support in keeping our schools and buses healthy and a safe environment for all of us.

Notice to All Substitutes

*****IMPORTANT*****

Our building has several students who have severe, LIFE-THREATENING food allergies. For these students, eating or touching any nuts or products containing nuts or other food allergens such as dairy or shellfish could result in a potentially fatal allergic reaction.

As you begin today, immediately check with the office professionals or person to who you report to learn about life-threatening allergies or students with other health concerns with whom you will work. If you are a substitute, check the appropriate sub folder for further information. All health information is CONFIDENTIAL.

Our staff is trained in how to respond to students with food allergies in the event of an accidental exposure, but prevention is the most important action we can all take. To help reduce the risk of exposure for students with severe allergies, please:

1. Wash your hands after eating or touching any foods.
2. Do not eat or bring any food items into classrooms or specials classrooms without first checking with the teacher of that room.
3. Observe the signs posted outside ALL rooms or areas that indicate that no nuts or other allergens are allowed in those areas.
4. Do not offer food to any student.
5. Children should not engage in sharing of food.
6. Do not let students take food out to the playground.

Thank you for your cooperation in this important matter.

Questions? Contact school nurse: _____ Pager: _____

**Wilton-Lyndeborough Cooperative School District-SAU 63
Wilton, New Hampshire 03086**

DAILY SUBSTITUTE FORM

Substitute Name: _____

Teacher Subbing For: _____

Grade: _____

I have read the teacher's daily lesson plan, fire drill procedure, end of day dismissal procedure (**Parent's Notes to the Office**), and am aware of students with allergies in this classroom.

Please sign this form and return it to the Office by 10:00 AM.

Thank you.

Signature: _____

Date: _____

Please initial each statement as true about this school year:

*I have received information regarding food allergies, signs and symptoms of an allergic reaction and possibly allergy triggers. _____

*I have received information on how to clean possible contaminated surfaces. _____

*I have demonstrated how to administer an EpiPen. _____

If you cannot initial each statement, please contact the nurse at this site to be trained immediately.

NOOD OR UTENSIL SHARING





This is an
**ALLERGY-
CONTROLLED
ZONE**





This is an
ALLERGY-
CONTROLLED
CLASSROOM

