

GUIDELINES FOR MANAGING LIFE-THREATENING ALLERGIES IN THE FORT LEAVENWORTH SCHOOL DISTRICT

Introduction

The number of students with life-threatening allergies, especially food allergies, continues to increase. The banning of allergy related substances such as milk, peanuts, eggs, etc. from the entire school is not practical or enforceable. In order to minimize risks and provide these students with a safe school environment, communication and cooperation between the school and the family is required.

Allergic reactions vary among students and can range from mild (itching, hives or rashes) to severe life-threatening anaphylactic reactions. Anaphylaxis is a potentially life-threatening medical condition which occurs when an allergic individual is exposed to their specific allergens.

Symptoms include:

- **Hives**
- **Vomiting**
- **Itching**
- **Diarrhea**
- **Swelling**
- **Stomach Cramps**
- **Red, watery eyes**
- **Change of voice**
- **Runny nose**
- **Coughing**
- **Difficulty swallowing**
- **Wheezing**
- **Difficulty breathing, shortness of breath**
- **Throat tightness or closing**
- **Sense of doom**
- **Itchy scratchy lips, tongue, mouth and or throat**
- **Fainting or loss of consciousness**
- **Dizziness, change in mental status**
- **Flushed, pale skin**
- **Cyanotic (bluish) lips and mouth area**

Foods, stinging insects, medications, and latex rubber are the most common causes of severe allergic reactions. Anaphylaxis requires quick on-site treatment and rapid transfer to a medical facility. Epinephrine (Epi-pens) are often used as a first treatment.

Dealing with students with severe allergies requires planning. The planning must address all aspects of the student's day through a multi-disciplinary approach. All students with identified allergies should have an Allergy Health Care Plan. The schools need to develop preventative measures as well as emergency plans for dealing with exposure. In some cases students with severe allergies may qualify for 504 plans or an IEP. The school district will conduct evaluations for a 504 plan or an IEP when appropriate.

In order to assure that an allergic child has access to the school setting, the following guidelines will be utilized in the development of individual plans.

1. Meet with the parents to review the medical information submitted by parents and physicians related to the student's allergy and to develop an Allergy Health Care Plan. Required medications must be supported by a doctor's order. The plan will include the identification of personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws. The plans should include clear procedures for dealing with an actual allergy related reaction. The nurses will be responsible for coordinating the Allergy Health Care Plan.
2. Include the student in school activities. Develop ways to notify families of other students in the classroom of the presence of a severely allergic child and the need to avoid the sending of snacks or other products containing the allergen.
3. Work with the parents and a core team of school personnel such as the principal, classroom teacher, nurse, and food service director to develop a prevention plan and an emergency plan in order to manage the exposure that the student might incur. Emergency plans should include:
 - (a) **Recognition of symptoms and immediate notification of the school nurse.**
 - (b) **Identification of staff that can administer the epi-pen. (if required)**
 - (c) **Identification of an individual to call 911.**
 - (d) **Supervision of the student until emergency responders arrive.**
 - (e) **Notification of emergency contacts.**
4. Provide information and training as needed to all staff who interact regularly with the student on symptoms of the allergy, actions to take in case of an emergency, and ways to eliminate contact with food allergens in the allergic student's meals, educational tools, school arts and crafts projects, or additional activities. Examine all areas of the school day including field trips and bus transportation.
5. Establish allergen free tables in the cafeteria to minimize exposure.
6. Establish routines to clean exposed surfaces in the classrooms and cafeterias.
7. Take threats of harassment against the allergic child seriously.
8. Maintain contact with the family and notify them of any allergic reactions occurring in the school setting.

Planning Guide for Developing an Allergy Health Care Plan

A. The school nurse will:

- Initiate the development of an Allergy Health Care Plan (AHP) based on the information provided by the parent as well as the nurse's assessment. The plan shall include the student's name, a method of identifying the student (photo if possible), specific offending allergens, warning signs of reactions and emergency treatment including medications and names of those who are trained to administer the medications. This plan should be signed by the parent, school nurse, and if possible by the student's physician. The plan should include, but not limited to, risk reduction and emergency response at the following times: a) travel to and from school, b) the school day, and c) before and after school sponsored programs and field trips.
- Complete a medication care plan, which should include who is trained in administering the EpiPen, plans for field trips or short-term special events, where the EpiPens shall be stored (including back-up storage) and how the EpiPens should be monitored for currency.
- Assess the student for his/her ability to self-administer epinephrine. Criteria may include the student's capabilities and the safety of other students. (It is important that students assume more responsibility for their food allergies as they grow older and are more developmentally ready.)
- Determine the appropriateness for the student to carry his/her epinephrine.
- Discuss how the student's allergic condition will be identified school wide:
 - e-mail
 - Med-Alert bracelets; Med-Alert necklaces
 - Other

Planning Guide for Developing an Allergy Health Care Plan (continued)

B. The parents shall provide:

- Documentation of the food allergy. (e.g. to milk, tree nuts, etc.)
- A licensed provider order for epinephrine by auto-injector as well as other medication needed. Medication orders must be renewed annually.
- Parent/guardian's signed consent to administer all medications.
- Parent/guardian's signed consent to share information with other school staff.
- It is recommended that a minimum of two up-to-date Epi-Pens be provided. (More may be necessary based on student's activities and travel during the school day.)
- A description of the student's past allergic reactions, including triggers and warning signs.
- A description of the student's emotional response to the condition and need for support.
- Name/telephone number of the student's primary care provider and allergist.
- A method to reach parent/parent designee should an emergency occur (e.g., telephone, cell phone, beeper).
- Age-appropriate ways to include a student in planning for care and implementing the plan.
- An assessment for self-administration (It is important that students take more responsibility for their food allergies as they grow older and are developmentally ready to accept responsibility.)
- Parent/guardian's interest in participating in the training/orientation in the student's classroom.

Sample Plan

Check if considered
life threatening
RED X

USD 207 ALLERGY HEALTH CARE PLAN

Please have physician sign and return this form to your school nurse ASAP

Student Name _____ D.O.B. _____ Grade/Teacher _____

Allergic to _____ Date of most recent reaction _____
Age allergy diagnosed _____ List the symptoms your child manifests when exposed to the allergen _____

Does your child have an Epi-pen? _____ Will you keep an Epi-pen at school? _____ Does your child know how to use an Epi-pen? _____ Have you ever needed to use an Epi-pen and how many times? _____

USD 207 protocol:

1. If a student exhibits symptoms or an exposure is suspected, student will be sent to the nurse and treatment initiated.

◇ **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
- Lung † Shortness of breath, repetitive coughing, wheezing
- Heart † Thready pulse, low blood pressure, fainting, pale, blueness
- Other † _____
- If reaction is progressing (Several of the above areas affected), give:

Give Checked Medication:**

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |





The severity of symptoms can quickly change †Potentially life-threatening

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™0.3 mg Twinject™0.15 mg

Antihistamine: give _____

How to give EpiPen® or EpiPen® Jr.

 <p>1 Form fist around EpiPen® and pull off grey cap</p>	 <p>2 Place black end against outer mid-thigh. Support the child</p>	 <p>3 Push down HARD until a click is heard or felt and hold in place for 10 seconds</p>	 <p>4 Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds</p>
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◇ 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. _____ at _____
3. Emergency Contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

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

ALLERGY MEDICAL ACTION PLAN ADDITIONAL CONSIDERATIONS

Medications for Allergy

For children requiring rescue medication, the medication is required to be at school at all times while child is in care. For students who self-medicate and carry their own medications, medication must be with the student at all times. Additional medication may be stored in the nurse's office.

Field Trip Procedures

Rescue medications should accompany child during any off-site school sponsored activities.

- The student should remain with staff or parent/guardian during the entire field trip. Yes No
- Staff members on field trip must be trained regarding rescue medication use and this health care plan.
- This plan must accompany the child on the field trip
- Other: _____

Self Medication for Student

- YES** Student can self-medicate. I have instructed _____ in the proper way to use his/her medication. It is my professional opinion that he/she SHOULD be allowed to carry and self-administer his/her medication. Student has been instructed not to share medications and should the student violate these restrictions, the privilege of self-medication will be revoked and the student's parents notified. Student's parents are required to notify staff when carrying medication.
- NO** It is my professional opinion that _____ SHOULD NOT carry or self-administer his/her medication.

Bus Transportation Should be Alerted to Student's Condition

- This student carries rescue medications on the bus. Yes No
- Rescue medications can be found in: Backpack Waist Pack On Person Other: _____
- Student will sit at the front of the bus. Yes No
- Other: (specify) _____

I give permission for this information to be shared with adults on a need to know basis. This health care plan will be in effect for the current school year. I understand that it is my responsibility to notify the school nurse whenever there is a change in my child's health status or care.

Printed Name of Parent/Guardian	Parent/Guardian Signature	Date (YYYYMMDD)
Printed Name of Student (if self carry medication)	Student Signature	Date (YYYYMMDD)
Stamp of Health Care Professional	Health Care Professional Signature	Date (YYYYMMDD)
Printed Name of School Nurse	School Nurse Signature	Date (YYYYMMDD)

Allergy Health Care Plan – Parent Interview Worksheet

Student's Name: _____ Grade: _____ Date: _____

School: _____ Classroom Teacher: _____

This worksheet is to be completed when history of severe allergy from **inhalation and/or skin contact** is present and with other limited severe allergy situations (e.g. preschool age or learning disabled child with ingestion allergy developmentally not yet capable of self-restricting behavior). The school nurse will suggest options for the parents to consider. Parents are then asked to review and provide feedback. The school principal will arrange for a meeting to finalize the plan.

1. Training and Emergency Preparation

2. Foods including Lunch

Fort Leavenworth District Schools will work with parents and students to create a safe environment for students while trying to minimize social isolation. Students with a severe food allergy are encouraged to self-advocate by refusing all food offered by others including food utilized as a classroom reward.

Lunchroom

Snack and Party Treats

Allergy Health Care Plan – Parent Interview Worksheet (cont.)

3. Classroom

Communication/training to classmates and parents of classmates

Classroom environment control

4. Special Classes

ART

MUSIC

COMPUTER LAB

Allergy Health Care Plan – Parent Interview Worksheet (cont.)

PHYSICAL EDUCATION

LIBRARY

OTHER:

5. Recess

Foods are not regularly eaten on the playground during the school day. However, school playgrounds are often utilized by the public after school hours and thus, a level of risk with skin contact potentially exists.

6. Field Trip Considerations

On every field trip, including walking field trips, all prescribed emergency medications and the individualized Allergy Health Care Plan must be sent with the teacher along with a cell phone or other means of communication to call 911 or school.

7. Signage *(If determined that signage is needed.)*

Responsibilities of the student with allergies/ anaphylaxis

- _____ Take as much responsibility as possible for avoiding allergens.
- _____ Do not trade or share foods.
- _____ Wash hands before and after eating.
- _____ Learn to recognize symptoms of an allergic reaction.
- _____ Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- _____ Take more responsibility for your allergies as you get older (refer to parents responsibilities outline.)
- _____ 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 allergy in school.

Responsibilities of the parents/guardians of a student with allergies.

_____ Inform the school nurse of your child's allergies prior to opening of school (or as soon as possible after a diagnosis).

_____ Provide the school with a way to reach you (cell phone, beeper, etc.).

_____ Provide a list of foods and ingredients to avoid.

_____ Consider providing a medical alert bracelet for your child.

_____ Provide the school nurse with medication orders from the licensed provider.

_____ Participate in developing an Allergy Health Care Plan with the school nurse.

_____ Provide the school nurse with at least annual updates on your child's allergy status. (e.g. medicine order)

_____ Provide the school with up-to-date epinephrine auto-injectors.

_____ Discuss with the school nurse the possibility of keeping the epinephrine auto-injector in the classroom with instructions (this can also be taken on field trips).

_____ Decide if additional epinephrine auto-injectors will be kept in the school, aside from the one in the nurse's office, and if so, where.

_____ Provide the school nurse with the licensed provider's statement if student no longer has allergies.

Participate in team meetings or communicate with all staff members who will be in contact with the child (preferably before the opening of school) to:

_____ Discuss implementation of AHCP.

_____ Work with school personnel to develop a prevention plan.

_____ Periodically (halfway through the year) review prevention and emergency action plans with the team.

_____ Help decide upon an "allergy-free" eating area in the classroom and/or cafeteria.

_____ Leave a bag of "safe snacks" in your child's classroom so there is always something your child can choose from during an unplanned special event.

_____ Be willing to provide safe foods for special occasions (e.g. bring in a treat for the entire class so that your child can participate).

_____ Be willing to go on your child's field trips if possible and if requested.

_____ Alert bus driver to your child's allergy.

Responsibilities of the parents/guardians of a student with allergies.
(continued)

Periodically teach your child to:

- _____ Recognize the first symptoms of an allergic/anaphylactic reaction.
- _____ Know where the epinephrine auto-injector is kept and who has access to the epinephrine.
- _____ Communicate clearly as soon as he/she feels a reaction is starting.
- _____ Carry his/her own epinephrine auto-injector when appropriate.
- _____ Not share snacks, lunches, or drinks.
- _____ Understand the importance of hand-washing before and after eating.
- _____ Report teasing, bullying and threats to an adult authority.
- _____ Take as much responsibility as possible for his/her own safety.

It is important that children take on more responsibility for their food allergies as they grow older and are developmentally ready. Consider teaching them to:

- _____ Communicate the seriousness of the allergy.
- _____ Communicate symptoms as they appear.
- _____ Read labels.
- _____ Carry their own epinephrine auto-injector.
- _____ Administer their own epinephrine auto-injector and be able to train others in its use.

Appendix: Reading Food Labels

Terms that indicate the presence of cow's MILK protein

Artificial butter flavor
Butter, butter fat, butter oil
Buttermilk
Casein
Caseinates (ammonium, calcium, magnesium, potassium, sodium)
Cheese
Cream
Cottage cheese
Curds
Custard
Ghee
Half & Half®
Hydrolysates (casein, milk protein, protein, whey, whey protein)
Lactalbumin, lactalbumin phosphate
Lactoglobulin
Lactose
Lactulose
Milk (derivative, powder, protein, solids, malted, condensed, evaporated, dry, whole, low-fat, non-fat, skimmed and goat's milk)
Nougat
Pudding
Rennet casein
Sour cream, sour cream solids
Sour milk solids
Whey (in all forms, including sweet, delactosed, protein concentrate)
Yogurt

The letter "D" on the front label of a product indicates the product may contain cow's milk protein.

Terms that **may** indicate the presence of MILK protein

Chocolate
High protein flour
Luncheon meat, hot dogs, sausages
Margarine
Natural and artificial flavoring: Simplese®

Terms that indicate the presence of EGG protein

Albumin	Macaroni
Egg (white, yolk, dried, powdered, solids)	Mayonnaise
Egg nog	Meringue
Egg substitutes	Ovalbumin
Globulin	Ovomucin
Livetin	Ovomucoid
Lysozyme (used in Europe)	Simplese®
	Surimi

Terms that indicate the presence of PEANUT protein

Beer nuts	Nu-Nuts®
Cold pressed, expelled, or extruded peanut oil	Nut pieces
Ground nuts	Peanuts
Mixed nuts	Peanut butter
Monkey nuts	Peanut Flour

Terms that **may** indicate the presence of PEANUT protein

African, Asian, Indonesian, Mexican, Thai and Vietnamese dishes	Hydrolyzed plant protein Hydrolyzed vegetable protein
Baked goods (cookies, pastries)	Marzipan
Candy	Natural and artificial flavoring
Chocolate (candies, candy bars)	Nougat
Egg rolls	Sunflower seeds

Terms that indicate the presence of SOYBEAN protein

Edamame	Soy Sauce
Hydrolyzed soy protein	Soybean (granules, curds)
Miso	Tamari
Shoyu Sauce	Tempeh
Soy (albumin, flour, grits, milk, nuts, sprouts)	Textured vegetable protein (TVP)
Soy Protein (concentrate, isolate)	Tofu

Terms that may indicate the presence of SOYBEAN protein

Asian cuisine flavoring	Vegetable gum
Hydrolyzed protein	Vegetable broth
Natural and artificial flavoring	Vegetable starch
Surimi	

Terms that indicate the presence of WHEAT protein

Bran	Gluten
Bread crumbs	Seitan
Bulgur	Semolina
Cereal extract	Spelt
Couscous	Vital gluten
Cracker meal	Wheat (bran, germ, gluten, malt, sprout, starch)
Durum, durum flour	Whole wheat berries
Farina	Whole wheat flour
Flour (all purpose, enriched, graham, high gluten, high protein, pastry, soft wheat)	

Terms that may indicate the presence of WHEAT protein

Gelatinized starch	Soy sauce
Hydrolyzed vegetable protein	Starch
Modified food starch	Vegetable gum
Modified starch	Vegetable starch
Natural and artificial flavoring	

d

Terms that indicate the presence of SHELLFISH protein

Abalone	Octopus
Clams (cherrystone, littleneck, pismo, quahog)	Oysters
Cockle (periwinkle, sea urchin)	Prawns
Crab	Scallops
Crawfish (crayfish, ecrevisse)	Shrimp (crevette)
Lobster (langouste, langousine, scamp, coral, tomalley)	Snails (escargot)
Mollusks	Squid
Mussels	

Terms that may indicate the presence of SHELLFISH protein

Bouillabaisse
Fish stock
Natural and artificial flavoring
Seafood flavoring (such as crab or clam extract)
Surimi

Terms that indicate the presence of CORN protein

Baking powder	Corn sweetener
Corn	Corn syrup solids
Corn alcohol	Grits
Corn flour	Hominy
Cornmeal	Maize
Cornstarch	

Terms that may indicate the presence of CORN protein

Food starch	Vegetable Gum
Modified food starch	Vegetable starch