

# **QUINCY PUBLIC SCHOOL DISTRICT #172**

## **GUIDELINES FOR THE MANAGEMENT OF CHILDREN WITH LIFE THREATENING ALLERGIES**

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## Objectives

- ◇ To assure staff awareness of students with life-threatening allergies in the school.
- ◇ To assure staff awareness of the seriousness of Anaphylactic reactions.
- ◇ To decrease the potential for exposure to allergens.
- ◇ To assure staff awareness of the signs and symptoms of an anaphylactic reaction.
- ◇ To provide prompt and effective intervention in the event of an allergic reaction
- ◇ To minimize the adverse educational effects of allergies on the affected student and their classmates.
- ◇ To provide a safe and healthy environment for students.

## Allergy Overview

Students with severe, sometimes fatal, allergies attend Quincy Public Schools. Students spend a large part of their day at school, so we must be prepared to prevent exposure and treat reactions quickly if they occur. According to FARE, the prevalence of food allergies in children has increased by 50% from between 1997 and 2011. Milk, egg, wheat, peanut, tree nut, soy, fish, and shellfish are the 8 major food allergens that are responsible for most of the serious food allergy reactions (FARE). For a person with life-threatening food allergies immediate recognition and treatment is critical. Much attention is focused on those with known food allergies, but up to 25% of serious allergic reactions at school happen to those with no previous history of allergic reactions (Hogue, Muniz, Herrem, Silvia, & White, 2018). Immediate recognition and treatment are critical for these students as well.

Allergic reactions vary widely among students and range from mild to a life-threatening anaphylactic reaction. Some individuals are so sensitive that they may develop symptoms from touching or inhaling the allergen. The severity of a reaction is not predictable. There is a cumulative effect from past exposures so that the severity of a future exposure cannot be predicted.

While food allergies alone do not affect a student's ability to learn, it can affect their learning. Children with food allergies are more likely to report bullying (FARE). Children with food allergies are 2-4 times more likely to have other allergic conditions such as eczema and asthma. Food allergies along with asthma effects student's attendance and social engagement at school (Pham and Wang, 2018).

### Anaphylaxis

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis is commonly caused by food allergy, stinging insects, medications, and latex allergy. Anaphylaxis symptoms involve multiple body systems. These symptoms may include one or more of the following:

- ◇ Hives
- ◇ Vomiting
- ◇ Itching
- ◇ Diarrhea
- ◇ Swelling
- ◇ Stomach Cramps
- ◇ Red, watery eyes
- ◇ Change in voice
- ◇ Runny Nose
- ◇ Coughing
- ◇ Difficulty swallowing
- ◇ Wheezing
- ◇ Difficulty breathing, shortness of breath
- ◇ Throat tightness
- ◇ Sense of doom
- ◇ Itchy/scratchy lips, tongue, mouth and/or throat
- ◇ Fainting or loss of consciousness
- ◇ Dizziness, Change in Mental Status
- ◇ Flushed, pale skin, bluish lips and mouth area

The most dangerous symptoms include difficulty breathing and a drop in blood pressure.

An anaphylactic reaction can occur within minutes of the allergen exposure or up to 2 hours later. In the event of an anaphylactic reaction, epinephrine is the treatment of choice and should be given immediately. Some reactions improve after medication is given but come back within hours. This is called a bi-phasic reaction and can be extremely dangerous. It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency room, even if the symptoms have resolved. When in doubt, it is better to give epinephrine and seek medical attention. Fatalities occur when epinephrine is withheld. Fatal anaphylaxis is more common in children with food allergies who are asthmatic. Anaphylaxis appears to be more probable in children who have experienced a previous anaphylactic reaction.

## Prevention

Protecting a student from exposure to a specific allergen is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects and latex.

Ingestion of the food allergen is the usual route of exposure, however, it is possible for a student to react to tactile exposure or inhalation exposure. The amount of food needed to trigger a reaction is dependent on multiple factors. Each allergic person's level of sensitivity may fluctuate over time. Not every ingestion exposure results in anaphylaxis, but the potential is always present.

School may be a high-risk setting for accidental exposure to an allergen due to factors such as a large number of students, increased exposure of the allergic student to the allergen, and cross-contamination of tables, dishes, and other surfaces. Potential high-risk areas and activities for the student with food allergies include: the cafeteria; food sharing; hidden ingredients; craft, art, and science projects; bus transportation; fundraisers; bake sales; parties and holiday celebrations; field trips; and substitute teaching staff.

Success in managing food allergies depends upon allergen avoidance. Meticulous observation and interpretation of ingredient labels on every item with every purchase is necessary to prevent accidental exposure. This is difficult to achieve due to manufacturing processes. Accidental exposure occurs due to cross contamination of equipment, omission of ingredients from the ingredient statement, substitution of ingredients, scientific and technical terminology, non-specific food terminology and disregarding precautionary allergen statements such as "may contain".

## Multi-Disciplinary Team Approach

Quincy Public School District #172 will utilize a multi-disciplinary team approach to plan for the care of a student with a life-threatening allergic condition. The school nurse in collaboration with the school principal, student's physician, and parent/guardian will initiate the team. In addition to the above, the team may include, but is not limited to:

- |                                  |   |
|----------------------------------|---|
| ◇ Food Service director/staff    | ◇ Bus Drivers   |
| ◇ Teachers                       | ◇ Student with allergy (if age appropriate)   |
| ◇ School Counselor/Social Worker | ◇ Other school support staff based on the student's curriculum and extra activities |
| ◇ Coaches                        |   |
| ◇ Custodian                      |   |

The team should discuss the prevention and management of life-threatening allergies. The following guidelines/responsibilities should be considered and assigned for implementation.

- |   |   |
|---|---|
| ◇ Student with Allergy                    | ◇ Food Service Personnel  |
| ◇ Parent/Guardian of Student with Allergy | ◇ Transportation/Bus Driver   |
| ◇ School Nurse                            | ◇ Coaches and/or other on-site persons in charge of running school activities |
| ◇ School Administrator                    |   |
| ◇ Teacher (s)                             |   |

## **Guidelines for Students with a Life-Threatening Allergy**

The long-term goal is for the student with life-threatening allergies to be independent in the prevention, care and management of their allergy and reactions based on their developmental level. To this end, students with life-threatening allergies are asked to follow these guidelines.

- Take as much responsibility for your allergies as developmentally appropriate (refer to parent/guardian guidelines).
- Do not trade or share foods.
- Wash hands before and after eating.
- Learn to recognize symptoms of an allergic reaction.
- Notify an adult as soon as an accidental exposure occurs, a reaction is suspected, or symptoms appear.
- Develop a relationship with the school nurse to assist in identifying issues related to the management of the allergy in school.
- Do not eat anything with unknown ingredients or ingredients known to contain an allergen.
- Develop a habit of always reading ingredients before eating food.
- Be responsible for self-carrying medication appropriately, if medically prescribed.
- If a medic alert bracelet/necklace is provided by the parent, be responsible for wearing the ID at all times.
- Report teasing, bullying or threats to an adult in authority.

## **Guidelines for the Parent/Guardians of a Student With Life-Threatening Allergy**

Parents are asked to assist the school in the prevention, care, and management of their child's allergy and reactions. Parents are encouraged to foster independence on the part of their child, based upon her/his developmental level. To achieve this goal, parents are asked to follow these guidelines.

- Inform the school nurse of your child's allergy prior to the beginning of the school year, or as soon as possible after a diagnosis.
- Participate in team meeting or communicate with all staff members who will be in contact with your child (preferably before the beginning of the school year).
- Provide medication orders and a physician statement for food substitution form from the licensed provider.
- Provide an un-expired Epi-Pen and/or other necessary medication.
- Provide an annual update on your child's allergy status to the school nurse.
- Provide a Medic Alert ID bracelet or necklace for your child.
- Provide the school with multiple ways to reach you at all times (cell phone number, work number, etc.).
- Provide a list of foods and ingredients to avoid.
- Participate in developing an Individual Health Care Plan and Emergency Action Plan with the school nurse.
- Help decide upon an "Allergy safe" eating area in the classroom and/or cafeteria.
- Provide safe classroom snacks for your child.
- For lunch at school, check the menu and help your student make appropriate choices.
- Be willing to provide safe foods for special occasions.
- Be willing to go on your child's field trips if possible.
- Review student guidelines and action plans with your student periodically

## **Guidelines for the School Nurse**

The School Nurse will initiate the team meeting and coordinate the prevention and emergency care for children with life-threatening allergies. Nurses are encouraged to foster independence on the part of children based upon his/her developmental level. To achieve this goal, the school nurse is asked to follow these guidelines.

- Consult annually and PRN with parent/guardian and student to develop the Individual Health Care Plan (IHCP) and Allergy Action Plan (AAP), and/or a 504 plan.
- Educate teachers and other staff members who have contact with student on the IHCP and AAP on a need-to-know basis after receiving parent consent to do so. This may include school principal, classroom teacher, other teachers, food service personnel, para-educators, secretary, custodian, security officer, bus driver, etc. and educate new personnel as necessary
- Remind parent to review IHCP and AAP with their child.
- Conduct and document in-service training and education for appropriate staff regarding student's life-threatening allergy. (Treatment of Anaphylaxis Course, pg. 19-22)
- Emergency medications are kept in an unlocked emergency bag in the Nurse's Office.
- Routinely check medications for expiration dates and arrange for them to be current.
- If parent agrees, send letter home with classmates to inform families of allergy policy. (See sample letter – page 13 - 14)
- Present a lesson plan about allergy and anaphylaxis in age appropriate terms for the class with parent and student request.
- Collaborate with teacher to plan field trips. (See field trip guidelines – page 9)
- Obtain MD orders for medications, dietary orders, and other orders as needed.
- Obtain parent/guardian consent on orders, IHCP and AAP.
- Keep a list of trained personnel.



## **Guidelines for School Administrator of Student with Life-Threatening Allergy**

Administrators are asked to assist the school team in the prevention, care, and management of children with life-threatening allergies. To achieve this goal, the school administrator is asked to follow these guidelines.

- Be a supportive member of the school team providing input on the development and implementation of the Individual Health Care Plan (IHCP) and Allergy Action Plan (AAP).
- Arrange scheduling for designated staff and Complete Treatment of Anaphylaxis Course at the beginning of the school year or upon enrollment of student with a life-threatening allergy.
- Provide emergency communication devices for all school activities, including recess, field trips and transportation that involves a student with a life-threatening allergy.
- Ensure that all building staff know how to contact the school nurse and dial 9-1-1 from the building phones.
- If medically necessitated, arrange for an allergy safe area in the lunch room and/or provide an allergy safe lunch substitution.
- Develop schedule to allow students time to wash hands before and after eating.
- Make sure a contingency plan is in place in case of substitute teachers, nurse, or food service personnel.
- Ensure that substitute folders alert a substitute teacher that a child in the classroom has a life-threatening allergy.

## **Guidelines for the Teacher of a Student with Life-Threatening Allergy**

Teachers are asked to assist the school team in the prevention, care, and management of children with life-threatening allergies. Educators are encouraged to foster independence on the part of children, based on his/her developmental level. To achieve this goal, teachers are asked to follow these guidelines.

- Review the Allergy Action Plan (AAP) of any/all students in your class with a life-threatening allergy.
- Participate in a team meeting for the student with life-threatening allergy if requested.
- Complete GCN, complete the Treatment of Anaphylaxis course with nurse.
- Keep AAP accessible in classroom and/or with lesson plans.
- Leave information for substitute teachers in an organized, prominent and accessible format. Follow building guidelines for sub folders.
- Be aware of how the student with a life-threatening allergy is being treated; enforce school rules on bullying or teasing.
- Inform parents of any school events where food will be served for student with a life-threatening food allergy.
- Enforce hand washing before and after eating for each student in classroom.

### **Snacks/Lunchtime**

- Prohibit students from sharing and trading food.
- If contamination of foods is suspected, wipe down surfaces with soap and water.
- Encourage parents/guardians to send in a box of “safe” snacks for their child.
- Read food labels and/or consult with school nurse about foods in classroom.

### **Classroom Activities**

- Avoid use of foods for classroom activities, e.g. arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, etc.
- Consider non-food treats for class parties, special events and rewards (stickers, pencils, etc.).
- If an animal is present in the classroom, attention must be paid to other allergies, e.g. dander, and to the animal’s food (peanut, soy, milk, etc.).
- Display the allergy aware sign outside of classroom, visible before entering classroom

### **Field Trips**

- Collaborate with school nurse when planning field trips (See field trip guidelines – pg. 9).
- Ensure that at least one person on a field trip is trained in Treatment of Anaphylaxis Course. That person should be assigned the task of watching out for the student’s welfare and handling any emergency.
- Ensure that anaphylaxis medications are taken on field trips.
- Ensure that a functioning communication device is taken on all field trips.
- Consider eating situations on field trips and plan for prevention of exposure to the child with a life-threatening food allergy.
- Invite parent/guardian of student to accompany child on all field trips.
- Consider ways to wash hands before and after eating on a field trip.
- Review plans for field trips and avoid high risk places.
- Know where closest medical facilities are located and local 9-1-1 procedures when on a field trip.

## Field Trip Guidelines

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- Review plans for field trips and avoid high risk places.
- Know where closest medical facilities are located and local 9-1-1 procedures when on a field trip.

## **Guidelines for Food Service Personnel of a Student with a Life-Threatening Allergy**

Because food service cannot guarantee that food served in the general food programs are allergen free, parents and students may have access to food labels to identify the ingredients in the products used by a school's cafeteria. If medically necessitated, an allergy free lunch substitute will be available. It is the responsibility of the parent to determine if the child will receive a school meal or will be bringing a meal to school from home. Food service personnel are asked to follow these guidelines.

- Attend the team meeting if requested.
- Post Allergy Action Plan (AAP) with consent of parents.
- Read all food labels routinely for potential food allergens.
- Maintain contact information for manufacturers of food products.
- Review and follow sound food handling protocol to avoid cross contamination with potential food allergens.
- Create specific kitchen areas that will be allergen safe.
- Make appropriate substitutions or modifications for meals served to students with food allergies.
- Plan ahead to have safe meals for field trips.
- Thoroughly clean all tables, chairs and floors after each meal, avoiding cross contamination of areas.
- Avoid the use of latex gloves by using non-latex gloves.
- Make available advance copies of the menu to parent/guardian and notify parent/guardian when menu is changed.
- Take all complaints seriously from any student with a life-threatening allergy and contact the school nurse.

## **Guidelines for Transportation Department Personnel of a Student with a Life-Threatening Allergy**

Transportation personnel are asked to assist the school team in the prevention, care, and management of children with life-threatening allergies. To achieve this goal, transportation personnel are asked to follow these guidelines.

- Provide a representative to attend team meeting if requested.
- Provide drivers with a symptoms list and emergency procedures in the event of an allergic reaction on a bus.
- Maintain policy of “No food eating allowed on school busses”, unless medically necessary.
- Have functioning emergency communication device.
- Review Allergy Action Plan (AAP)

## **Guidelines for Coaches and Other On-Site Personnel who are in Charge of Conducting School Sponsored Activities**

Coaches and other on-site personnel of school sponsored activities are asked to assist the school team in the prevention, care and management of children with life-threatening allergies. To achieve this goal, coaches and other sponsors of school activities are asked to follow these guidelines.

- Participate in a team meeting for the student with a life-threatening allergy if requested.
- Review Allergy Action Plan (AAP) with school nurse and keep a copy, with consent of parent.
- Conduct activities in accordance with school policies and procedures regarding life-threatening allergies.
- Make certain that an emergency communication device is always present.
- Medic Alert identifications may be covered or taped but must not be removed for activities.
- Consider the presence of allergenic foods in activities (arts, crafts, etc.). Modify materials as needed.

## **Sample Food Allergy Letter for Classmates and Parents**

- ◇ Food allergies are a confidential health condition. If the parent of the allergic student agrees, a letter should be sent home with classmates to inform families of the schools life-threatening allergy policy
- ◇ The letter should be written on school letterhead stationary by the school nurse, principal and/or teacher. A sample letter is included on the following page.
- ◇ The school nurse, principal and/or teacher should sign the letter

Date

Dear Parents:

This letter is to inform you that a student in your child's classroom has a life-threatening allergy to peanuts/nuts. If exposed to peanuts/nuts the student may develop a life-threatening allergic reaction that requires emergency medical treatment. We are asking your help to provide the safest learning environment possible for all students.

Please help by following these procedures:

- ◇ Do not send any products to school with your child that contain peanuts/nuts.
- ◇ If your child has eaten products that contain peanuts/nuts prior to coming to school, please be sure your child's hands have been washed before coming to school. It is important that peanut residue is not on your child's hands when they handle common items at school.
- ◇ Do not send containers that have contained nuts or nut products to school.
- ◇ Do not send birthday treats or party snacks that contain peanuts or any other nut products.
- ◇ Talk with your child about not trading or sharing food with other students.

Thank you for your help and cooperation. If you have any questions or concerns, please don't hesitate to contact us.

Wishing you and your family a safe and healthy school year.

Sincerely,

School Principal

School Nurse

Teacher



## References and Resources

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Voluntary Guidelines for Managing Food Allergies in School and Early Care and Education Programs. Retrieved from [www.nasn.org](http://www.nasn.org)

<https://www.cdc.gov/healthyschools/foodallergies/index.htm>

[www.Foodallergy.org](http://www.Foodallergy.org)

[www.thrivingwithallergies.blogspot.com](http://www.thrivingwithallergies.blogspot.com)

**QUINCY PUBLIC SCHOOL DISTRICT 172  
ALLERGY ACTION PLAN**

Place  
Student  
Picture  
Here

**PART I TO BE COMPLETED BY PARENT**

Student \_\_\_\_\_ ID # \_\_\_\_\_ D.O.B. \_\_\_\_\_ School \_\_\_\_\_

**ALLERGY TO** \_\_\_\_\_ **Teacher/Grade** \_\_\_\_\_

**Emergency Contacts:**

<b>Name/Relationship</b>	<b>Phone Number(s)</b>
1). _____	1). _____ 2). _____
2). _____	1). _____ 2). _____

**Asthmatic**       Yes\*     No    \*Higher risk for Severe Reaction

**PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER**

**FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS:**



**Lung**

Shortness of  
Breath, wheezing  
repetitive cough



**Heart**

Pale or bluish  
skin, faintness,  
weak pulse, dizziness



**Throat**

Tight or hoarse  
throat, trouble  
breathing or  
swallowing



**Mouth**

Significant  
swelling of the  
tongue or lips



**Skin**

Many hives over  
Body, widespread  
redness



**Gut**

Repetitive  
vomiting, severe  
diarrhea



**Other**

Feeling  
something bad is  
about to happen,  
anxiety, confusion

**Or a  
Combination**

of symptoms  
from different  
body areas

1. INJECT EPINEPHRINE IMMEDIATELY.
2. Call 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - Antihistamine
    - Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS**



**Nose**

Itchy or  
Runny nose  
Sneezing



**Mouth**

Itchy Mouth



**Skin**

A few hives  
mild itch



**Gut**

Mild  
nausea or  
discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine—Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM     0.15 mg IM     0.3 mg IM

**Student May Self Carry**     Yes     No

Antihistamine—Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g. inhaler-bronchodilator if wheezing):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Licensed Health Care Provider**  
(Print)

\_\_\_\_\_  
**Licensed Health Care Provider**  
(Signature)

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**History and Current Status**

1. How many times has student had a reaction?  Never  Once, Age \_\_\_\_  More than once, explain:  
\_\_\_\_\_
2. Explain their past reaction: \_\_\_\_\_
3. Symptoms: \_\_\_\_\_
4. What are the **early** signs and symptoms of your student's allergic reaction? (Be specific; include things the student might say) \_\_\_\_\_  
\_\_\_\_\_

**Treatment**

1. Has your student previously used treatment or medication for their allergy?  No  Yes, Age \_\_\_\_\_  
Treatment/medication used \_\_\_\_\_
2. How effective was the student's response to previous treatment? \_\_\_\_\_
3. Was there an emergency room visit?  No  Yes, explain \_\_\_\_\_
4. Was the student admitted to the hospital?  No  Yes, explain \_\_\_\_\_
5. Please describe any side effects or problems your child had in using the suggested treatment: \_\_\_\_\_

**Self Care**

1. Is your student able to monitor and prevent their own exposures?  No  Yes
2. Does your student:
  - a. Know what foods to avoid  No  Yes
  - b. Ask about food ingredients  No  Yes
  - c. Read and understand food labels  No  Yes
  - d. Tell an adult immediately after an exposure  No  Yes
  - e. Wear a medical alert bracelet, necklace, watchband  No  Yes
  - f. Tell peers and adults about the allergy  No  Yes
  - g. Firmly refuses a problem food  No  Yes
3. Does your child know how to use emergency medication?  No  Yes
4. Has your child ever administered their own emergency medication?  No  Yes

Explain any of the above: \_\_\_\_\_  
\_\_\_\_\_

**Parental Permission for Student to Self-Carry Epinephrine**  No  Yes

If yes, I hereby acknowledge that I am the parent and/or legal guardian of the above referenced student and that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so, I hereby authorize the School District to allow my child to self-administer his or her lawfully prescribed Asthma Inhaler/Epinephrine medication during the following: (1) while in school; (2) while at a school-sponsored activity; (3) while under the supervision of school personnel; and (4) before or after normal school activities.

I further acknowledge and agree that the School District and its employees and agents are to incur no liability, except for willful and wanton conduct by any of the said parties, as a result of any injury arising from my child's self-administration of asthma medication. I further acknowledge and agree that, in absence of willful and wanton conduct on the part of the School District and its employees and agents, I waive any claims that I might have against said parties arising out of my child's self-administration of said medication. In addition, I agree to indemnify and hold harmless the School District and its employees and agents, either jointly or severally, except claims based on willful and wanton conduct on behalf of said parties, from and against any and all claims, damages, causes of action or injuries incurred or resulting from my child's self-administration of said medication.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

# EPI-PEN TRAINING COURSE

## - Objectives -

- A). Trainee will exhibit an understanding of the QPS procedure for the treatment of Anaphylaxis for staff and students.
- B). Trainee will be able to identify possible causes of anaphylaxis.
- C). Trainee will be able to differentiate between mild allergic reactions and anaphylaxis.
- D). Trainee will be able to list a minimum of five (5) signs and symptoms that indicate anaphylaxis.
- E). Trainee will be able to demonstrate the correct procedure for administering the Epi-Pen or Epi-Pen, Jr.

## COURSE OUTLINE

- 1). Distribute materials for courses including:
  - A). Quincy Public Schools procedure
  - B). Potential symptoms of anaphylaxis
  - C). List of students in your school with allergies
- 2). Show video “*Anaphylaxis – When Seconds Count...*” (The student should view video with the nurse so that questions can be answered at the time. The discussion will be more meaningful if it is held as soon as the video is viewed.)
- 3). Review and discuss signs and symptoms of anaphylaxis.
- 4). Review and discuss each line of procedure for treatment of anaphylaxis.
- 5). Review procedure for calling 911. Stress importance of this being the primary step.
- 6). Review adult Epi-Pen and Epi-Pen, Jr. **Emphasize dosage difference.** Review Epi-Pen trainer.
  - A). Contents of container that holds Epi-Pen
  - B). Definition and explanation of Epinephrine
  - C). Demonstration of administration of Epi-Pen trainer by nurse – (Hold in place to count of 20). Can be administered through clothing
  - D). Return demonstration of Epi-Pen trainer by each student
  - E). Discuss fact that two (2) Epi-Pen Jr.’s can be administered to patient over sixty-six (66) pounds and would equal same dose as adult Epi-Pen.
  - F). **DO NOT** administer by mistake in fingers, toes or nose – Can cause permanent damage.
- 7). Diphenhydramine
  - A). Definition
  - B). Demonstrate measurement
  - C). Discuss dosages per procedure
  - D). Stress that it would be given only if patient is fully conscious
- 8). Discuss calling ER physician for order to repeat dose of Epi-Pen if patient does NOT respond before ambulance arrives.
- 9). Discuss where Epi –Pen and Diphenhydramine are stored. Discuss types of Epi-Pens in building (Adult or Jr or both). Provide key for accessibility to Epi-Pen and Diphenhydramine.
- 10). Discuss students in your school with allergic reactions.
- 11). Suggest that newly trained person keep a copy of procedure and a list of students with allergies in accessible location.
- 12). Encourage parents to provide medic alert identification for their children.

# **POTENTIAL SYMPTOM COMPLEX OF ANAPHYLAXIS**

Allergic reaction triggered by bee or insect sting, food or drug allergy

<b><u>Target Organ</u></b>	<b><u>Mild</u></b>	<b><u>Moderate</u></b>	<b><u>Severe</u></b>
<b>General Status</b>	Generalized ill feeling	Greater generalized ill feeling	Strong sense of illness
<b>Skin</b>	Hives; redness; tingling; warm sensation; itching	Generalized raised red itchy rash; flushing; generalized itching; swelling around eyes	Bluish gray color; paleness
<b>Upper Respiratory Tract</b>	Nasal congestion; sneezing; watery discharge from nose; inflammation of eyes	Profuse congestion and discharge from nose	Swelling around eyes; obligatory mouth breathing
<b>Upper Airway</b>	Fullness in mouth or throat	Swelling of tongue, larynx, and pharynx hoarseness	High pitched, harsh breathing; completely occluded airway
<b>Lower Airway</b>	Cough	Tightening of breathing tube; difficulty breathing; cough; wheezing; air trapping	Severe difficulty breathing; oxygen deficiency; respiratory arrest
<b>Gastrointestinal tract</b>	Cramping	Nausea; vomiting; increased abdominal cramping	Difficulty with swallowing; intense abdominal cramping; diarrhea
<b>Cardiovascular system</b>	Rapid Heart Rate	Low blood pressure; fainting	Coronary insufficiency; abnormal heart rhythm; shock; circulatory collapse
<b>Central Nervous System</b>	Anxiety	Intense Anxiety; confusion	Seizures; coma

**STUDENTS WITH SEVERE ALLERGIC REACTIONS  
SHOULD HAVE AN EPI-PEN AT SCHOOL**

# Epi-Pen Skills Checklist

Trainee's Name \_\_\_\_\_

Instructor Name \_\_\_\_\_

Explanation/Return Demonstration	Demo Date	Date	Date	Date	Date	Date
1. Obtains EpiPen from designated area.						
2. Pulls off gray safety cap (Do not remove cap before you are ready to use).						
3. Places black tip on thigh, at right angle to leg.						
4. Presses hard into thigh until the Auto-Injector mechanism functions.						
5. Hold in place 10 seconds then removes.						
6. Disposes of EpiPen in sharps container.						
7. Massages the injection site for 10 seconds.						
8. States three signs/symptoms of anaphylaxis.						
9. States two precautions for the EpiPen.						

\_\_\_\_\_  
**Signature of Trainee**

\_\_\_\_\_  
**Signature of Instructor**