

District 28

Resource Guide

for Supporting Children with
Life-Threatening Allergies



The purpose of this manual is to provide a guideline for supporting children with life-threatening allergies in school. This resource is to assist teams in developing individual plans for children.

Adopted July 2007

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Preface

PURPOSE AND GOAL

The Northbrook School District 28 cannot guarantee an allergen-free environment for students with life threatening allergies, or prevent harm to students in emergencies. The goal is to minimize the risk of exposure to food allergens that pose a threat to those students, educate the community, and maintain and regularly update a system-wide protocol for responding to the needs of children with allergies. **Primary to this goal is to educate students to eventually self-manage their allergies.** A system-wide effort requires the cooperation of all groups of people within the system. Children with allergies should be at the center taking on as much responsibility as age and maturity level allow.

ACKNOWLEDGEMENTS

We would like to acknowledge the following school districts, agencies, articles, and states we used as resources:

Arlington Public School District 25

Glencoe School District 35

Wilmette School District 39

School Guidelines for Managing Students with Food Allergies: American School Food Service Association; National Association of Elementary School Principals; National Association of School Nurses; National School Boards Association; and The Food Allergy & Anaphylaxis Network

General Overview of Allergies

The first part of this guide is intended to give the reader general information about allergies, the importance of prevention and general considerations when planning for children with life-threatening allergies (LTA).

Food Allergy Facts

Food allergies are presenting increasing challenges for schools. Because of the life-threatening nature of these allergies and the increasing prevalence, school districts and individual schools need to be ready to support the needs of students with food allergies.

Every food allergy reaction has the possibility of developing into a life threatening and potentially fatal anaphylactic reaction. A life threatening reaction can occur within minutes or occur hours after exposure to the allergen.

Allergic reactions to foods vary among students and can range from mild to severe life threatening anaphylactic reactions. Almost all serious reactions to food follow actual ingestion (eating) of the food. In very rare instances, some students, who are very sensitive, may react to just touching or inhaling the allergen. For other students, consumption of as little as one five-thousandth of a teaspoon of an allergenic food can cause death. The severity of a reaction is not predictable. Because there may be a cumulative effect from past exposures to an allergen, the severity of a future exposure cannot be predicted.

- **Eight foods (peanut, tree nut, milk, egg, soy, wheat, fish and shellfish) account for 90% of total food allergies.**
- **Peanut, tree nuts, fish, and shellfish account for 92% of severe and fatal reactions.**
- **A student with an undiagnosed food allergy may experience her/his first food allergy reaction at school.**

Bee/insect stings, as well as medications and latex, also have the potential of causing a life threatening allergic reaction. It must be noted that susceptibility to beestings, medications, and latex is not related to food allergy. In other words, the presence or absence of food allergy does not make bee sting, medication, or latex allergy any more or less likely.

Ingestion of the food allergen is the principle route of exposure; however, it is possible for a student to react to tactile (touch) exposure or, in exceptionally rare cases, inhalation exposure. The amount of food needed to trigger a reaction depends on multiple variables. Each food allergic person's level of sensitivity may fluctuate over time. The symptoms of a food allergy reaction are specific to each individual and should be diagnosed and monitored by a physician.

Many students with food allergies who have experienced a life threatening (anaphylactic) reaction may be aware of his or her own mortality. The emotional, as well as the physical, needs of the child must be respected. Children with food allergies are at-risk for eating disorders or teasing. School social workers are available to work with families when teasing and/or emotional concerns are indicated.

Anaphylaxis

Anaphylaxis is a potentially life threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties or shock that are potentially fatal.

Anaphylaxis can occur immediately, or up to two hours following allergen exposure. Most episodes of anaphylaxis, however, occur within 30 minutes. Anaphylaxis is often treated with the administration of epinephrine, a prescribed medication that immediately counteracts the life threatening symptoms. Epinephrine is administered by an injection that is easily administered.

In about 25 – 30% of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two to twelve hours later. It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved. When in doubt, medical advice indicates that it is better to give the student's prescribed EpiPen or Twinject and seek medical attention. Fatalities occur when epinephrine is withheld or delayed.

Individual Planning

Two individualized plans will be developed for students with life threatening allergies (LTA):

An *Individual Allergy Management Plan* outlines the steps the school will take to minimize the risk of exposure. Prior to entry into school (or immediately after the diagnosis of a life-threatening allergic condition), the parent/guardian should confer with the school nurse to develop the Individual Allergy Management Plan. This plan will be updated each year to account for changes in the allergy and to promote the child's ability to self-manage their allergy.

An *Allergy Emergency Care Plan* details specifically what steps will be taken in the event of an emergency. This plan is completed by the physician and signed by the parent/guardian and reviewed by the school nurse. This plan needs to be updated annually.

General Guidelines

This next section serves as a guide to outline the range of responsibilities for the school, parents, students and staff in District 28 concerning a child with a life-threatening allergy (LTA). The school administrators, in concert with the school nurse, determine who will carry out the components of the student plan. This guide will help teams determine which accommodations are necessary for a given child.

Guidelines for Students with Life-Threatening Allergies

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

- It is important not to trade or share foods.
- Learn to recognize symptoms of an allergic reaction and notify an adult immediately if a reaction is suspected.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Develop a relationship with the building nurse and at least one other trusted adult in the school 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.
- For students that have an "Agreement to Carry Epinephrine Auto-injector," be responsible with the storage and handling of the medication.
- If a Medic Alert bracelet is provided by the parent, the child is responsible for wearing the ID at all times.
- Self-advocate in situations that you perceive as compromising your health.
- Say no to foods if you are uncomfortable or unsure.
- Frequent hand washing as needed may reduce the risk of accidental contamination.
- Discuss and agree with your parent(s) on where you will sit in the lunchroom. Honor the decision made.

Guidelines for Parents/Guardians

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

- Inform the school nurse of your child's allergies prior to the opening of school (or immediately after a diagnosis). In addition, provide:
 - a) Medication orders from a licensed provider
 - b) Up-to-date EpiPens (2) and other necessary medication(s)
 - c) Annual updates on your child's allergy status
 - d) A current picture of your child
 - e) If the child carries medication, periodically check for expiration dates and replace medication as needed.
 - f) A completed *Allergy Emergency Response Plan* signed by the physician.
- Provide a Medic Alert bracelet for your child.
- Participate with the school nurse in developing an *Individual Allergy Management*

Plan.

- Review the physician approved *Allergy Emergency Response Plan* with school nurse.
- Notify supervisors of before and after school activities (such as KidCare, Enrichment, sports, music, etc.), regarding your child's allergy and supply supervisors and/or coaches with EpiPen, inhaler, or other emergency medication.
- Introduce your child to the bus driver to explain your child's allergy.
- Provide your child with wipes if you would like them to frequently clean their hands to reduce risk of accidental contamination.
- While the school will not exclude an allergic student from a field trip, a parent may choose to do so. Be willing to go on your child's field trips if requested.
- Be available as a resource for parent education.
- Parents of children with allergies are responsible for providing alternate snacks and treats for their child.

Food at School:

- Provide classroom snacks that are safe for your own child.
- For special lunches or parties at school, call the PTO chair to find out the ingredients of all food and what it is cooked in. Provide an alternative for child if necessary.
- Help plan parties and events that include food. If necessary, provide safe alternatives for your child at these events.
- For the junior high cafeteria lunch, call the food service to find out about menus and provide an alternative lunch if necessary.
- Reinforce with your child where she/he will sit in the lunchroom according to the *Individual Allergy Management Plan*.

It is important that children take increased responsibility for their allergies as they grow older and as they become developmentally ready. Teach your child to:

- Understand the seriousness and recognize the first symptoms of an allergic/anaphylactic reaction and notify an adult immediately.
- Carry his/her own EpiPen when appropriate (or know where the EpiPen is kept), and be trained in how to administer her/his own EpiPen, when this is an age-appropriate task.
- Recognize safe and unsafe foods and do not share snacks, lunches, or drinks.
- Read ingredient labels before eating food.
- Understand the importance of hand washing before and after eating.
- Report teasing, bullying, and threats to an adult authority.
- Inform others of his/her allergy and specific needs.
- Always wear his/her medical alert bracelet.

Guidelines for Building Administration

Administrators are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal, administrators are asked to consider the following:

- Ensure that the Health Office is staffed during regular school hours with a nurse and/or a health aide trained in recognizing anaphylaxis and epinephrine

administration.

- Send annual *Food Allergy Awareness* letter to school community (appendix pg.11).
- Be aware and familiar with the *Individual Allergy Management Plan* and the *Allergy Emergency Care Plan* for each individual child with life-threatening allergies.
- Provide training and education for staff regarding:
 - a) Allergies, insect stings, medications, latex, etc.
 - b) Emergency and risk reduction procedures
 - c) How to administer an EpiPen/Twinject for an emergency
 - d) Special training for lunch/recess monitors
- Provide emergency communication devices for all school activities, including gym, lunch recess and transportation that involve a student with life-threatening allergies.
- Have stickers attached to all building phones that instruct how to dial 9+911 (for district phone) and how to contact the school nurse.
- Arrange for an allergy safe table or section in the lunchroom.
- Have wipes available for student use in the lunchroom.
- Have the custodian wipe down doorknobs, tables, desks, and other potentially contaminated surfaces when cleaning the classroom, as needed.
- Plan for student transitions for the next school year.
- If the child has an allergy with a physician-documented history of anaphylaxis or anaphylaxis-related reactions to specific foods, work with a representative group appointed by the building principal to monitor food brought into the child's K-2 classroom (snacks and classroom celebrations). If the child is in grades K-2, a list of foods that cannot come into the child's classroom will be created and publicized. Foods on this list will be limited to foods that contain the allergen as a main ingredient or the allergen itself. Even in the classrooms where there are food limitations, parents of children with allergies are responsible for providing alternative snacks and treats for their child.
- Work with parents of students with allergies to educate the school community

Administrator Guidelines for Substitute Teachers

- If there is a student(s) with LTA in the classroom; food handling information and training in emergency procedures will be provided for the substitute.
- Substitute folders/plans will highlight the names and allergies of children with LTA.
- Substitute teachers can consult with school nurse for training if unfamiliar with EpiPen/Twinject use and symptoms of an anaphylactic allergic reaction.

Specific Guidelines for Business Manager and Buildings & Grounds Director

- Provide sound food handling practices to avoid cross-contamination with potential food allergens. (Food Allergy and Anaphylaxis Network video is available.)
- Provide training for custodians on proper cleaning and sanitation pertaining to food allergies.
- When cleaning the table or area where an allergic student eats, a fresh sponge/towel should be used to avoid cross-contamination

- For non-English speaking staff, provide in their native language a list of allergens and procedures necessary for keeping children safe so they can fully implement this procedure guide.

- When contracting with food vendor, review policies and procedures required for children with allergies.
- Food vendors will be required to use vinyl gloves rather than latex. Vinyl gloves will be procured for each building so they are available for use with students who have latex allergies.

Guidelines for the School Nurse & Health Aide

Nurses are asked to assist the school team in both prevention and emergency care of children with food allergies and reactions. Nurses are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal, nurses are asked to consider these guidelines when developing an Individual Allergy Management Plan for a student with a life-threatening allergy.

- Schedule a meeting/phone conference to develop or review the Individual Allergy Management Plan and the Allergy Emergency Care Plan.
- Distribute information about students with LTA to appropriate staff.
- Conduct and track attendance of allergy in-service training for key staff in the contents of the *Allergy Emergency Care Plan* on an annual basis.
- In the nurse's office, post and label location of plans and emergency medication, e.g., EpiPen.
- For EpiPens stored in the health office, periodically check medications for expiration dates and notify parents for replacements as needed.
- Make sure there is a contingency plan in place in the case of a substitute nurse and/or health aide.
- Be able to communicate with playground staff and Physical Education teacher via communication device.
- Make one-page allergy list with photos and allergy information for quick reference use in the school.
- Provide emergency medications and *Allergy Emergency Response Plan* to accompany students on field trips.
- Send *Allergy Alert* letter to parents of children in Grades K-2, and Special Education classrooms where there are students with life threatening allergies. Classroom letters will be sent out at these lower grades as these students may not yet have reached the developmental level or have the maturity to self-manage their allergy. (appendix pg.13)
- Send *Food Allergy Awareness for Grades 3-5* letter to parents of children in Grades 3-5, and Special Education classrooms where there are students with life threatening allergies. (appendix pg.12)

Guidelines for the Classroom Teacher

Teachers are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal, teachers are asked to consider these guidelines as they work with their team to develop an Individual Allergy Management Plan for a student with a life-threatening allergy:

- Prior to the start of school, teachers will receive from the nurse, information on any student(s) in the classroom with life-threatening allergies.
- Participate in any team meetings for the student with life-threatening allergies and in-service training.

- Keep the student's Individual Allergy Management Plan accessible (which includes Emergency Action Plan) with photo in classroom and in sub folder.
- Be sure both student teacher and classroom aides are informed of the student's food allergies. (Seek training and information from nurse when notified.).
- Leave information for substitute teachers in an organized, prominent, and accessible format. Follow building guidelines for subfolders.
- Reinforce school guidelines on bullying and teasing to avoid stigmatizing, or harassing students with food allergies.
- Never question or hesitate to immediately initiate Emergency Action Plan if a student reports symptoms of an allergic reaction.
- Encourage hand washing or hand wipes for students after eating as needed.
- If food is to be used for learning activities, the teacher will notify the parents to work out a safe plan for that activity or event. (e.g. food substitutions, food avoidance, parental supervision)

Snacks

- Parent will provide snacks that are safe for their child.
- For student in Grades K-2, if the child has an allergy with a physician-documented history of anaphylaxis or anaphylaxis-related reactions to specific foods, the teacher will monitor food coming into the classroom.
- Children with LTA will be reminded by their parents and teachers to eat only food that they know to be safe.

Classroom Activities

- Consider the presence of allergenic foods in classroom activities (e.g., arts and crafts, science projects, and celebrations, or other projects). Modify class materials as needed.
- If food has been served in classroom where there is a child with a life-threatening contact or inhalation allergy, wipe down counter surfaces or get building to staff to appropriately clean up.
- If food is to be used as part of learning activities, the teacher will notify parents to work out a safe plan for that activity. (e.g. food substitution, food avoidance, parental supervision)
- Encourage the use of stickers, pencils, praise, or other non-food items as rewards and celebrations instead of food.
- If an animal is invited to the classroom, special attention must be paid to other allergies children may have (e.g. dander) and to the animal's food (peanuts, soy milk).

Field Trips

- Consider the student when planning a field trip due to a risk of allergen exposure.
- Collaborate with the building nurse prior to planning a field trip. Ensure EpiPen and Allergy Emergency Care Plan are taken on field trips.

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- Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- Invite parents of student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone(s). However, the parent's presence at a field trip is not required.

- Consider ways to wash hands before and after eating (e.g. provision of hand wipes, etc.)
- Identify one staff member who will be assigned the task of watching out for the student's welfare and handling any emergency.
- Plan for the availability of a cell phone for communication.
- Ensure that children with Life-threatening Allergies are in groups on field trips with District 28 staff who have been trained in Emergency Allergy Response Plans or with their own parent.

Guidelines for Recess/Lunch Personnel

Teachers and staff responsible for lunch and/or recess should be trained to recognize and respond to a severe allergic reaction or anaphylaxis.

- Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the building nurse or instituting emergency procedures.
- Thoroughly clean all tables and chairs after lunch. (Custodians also)
- Reinforce that only children with "safe lunches" eat at the allergy-free tables and/or sections.
- A Medic Alert bracelet should not be removed but may be covered.
- Adult supervisors may be asked to hold an EpiPen for a child.
- Children with LTA will be reminded by their parents and lunchroom supervisors to eat only food that they know to be safe.

Guidelines for the School Bus Driver

- Monitor for teasing or bullying.
- In the event of a severe allergic reaction, recognize the situation and take appropriate action (call dispatch to call 911).

Guidelines for Supervisors and Coaches of School Funded Activities

- It is the responsibility of participants' parents to notify and supply coaches/supervisors with EpiPen, inhalers, or other emergency medication and information.
- Make certain that emergency communication device (e.g. walkie-talkie, intercom, cell phone, etc.) is always present.
- Call 911 if an allergic reaction is suspected.
- Supervisors and/or coaches who have been notified and supplied will clearly identify who is responsible for keeping the EpiPen and emergency medication and where it will be kept.
- Medic Alert identifications may be covered or taped but must not be removed for activities.
- Consider the presence of allergenic foods in activities (e.g., arts and crafts, and celebrations, or other projects). Modify class materials as needed.

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NORTHBROOK
ELEMENTARY SCHOOL DISTRICT 28

Larry A Hewitt, Ed.D.
 SUPERINTENDENT OF SCHOOLS



FOOD ALLERGY AWARENESS

(Beginning of school community letter)

August 2007

Dear Families,

At the beginning of this school year we wish all of you a warm welcome back, with hopes for the safest and healthiest year possible!

We would like to remind you of a particular health concern. More and more children are being diagnosed with severe food allergies. Studies of children show that most reactions happen from accidental ingestion (eating a food that was thought to be safe), that most of the reactions occurred at school, and that peanut products were most often involved. For some children skin contact alone can trigger a reaction. Students with severe food allergies are at risk for anaphylaxis, which is LIFE-THREATENING and requires swift emergency treatment. While most allergic reactions to foods are limited to a rash, anaphylactic reaction can be extreme and may cause such symptoms as wheezing, cough, swollen throat, vomiting, low blood pressure, and death.

As a district community we all share the responsibility for keeping all children safe. Thus, it is our responsibility to decrease the risk for our students with anaphylactic allergies. The only way to prevent reactions is by strict avoidance of the allergens (especially peanuts and nut products). The district is not advocating a “ban” on any food but we believe that we can greatly reduce the risk of exposure in allergic children and have taken measures to do so. There are several things that we ask you to do to help us with this goal:

- Consider using non-food items (pencils, stickers, etc.) to celebrate in the classroom as an alternative to food
- Reinforce with your child not to share any foods at school
- Encourage your child to read ingredient lists to recognize if they should enjoy their food away from others who may have allergies
- Teach your child to accept that all children are different and some cannot eat certain foods
- Teach your children the practice of regular hand washing before and after eating

Our ultimate goal is to ensure the health and safety of all our students. For a copy of our *Resource Guide for Supporting Children with Life-Threatening Allergies*, go to our website, www.northbrook28.net under the heading of Nurses Office. We look forward to working together with you in achieving this goal. We wish to express our sincere appreciation for your support and understanding. Thank you in advance.

Sincerely,
District 28 Administrators and Nurses

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NORTHBROOK
ELEMENTARY SCHOOL DISTRICT 28

Larry A Hewitt, Ed.D.
SUPERINTENDENT OF SCHOOLS



FOOD ALLERGY AWARENESS

(For Grades 3-5)



August 2007

Dear Families,

There is a student in your child's classroom this year with a life-threatening food allergy. This child is allergic to _____. We recognize that as children get older they become better at self-managing their food allergies. However, we are asking for your cooperation in helping us to reduce the risk for this child by avoiding sending foods that contain _____ into the classroom for snacks. We also ask that you help us by following these guidelines:

- Teach your child not to share any foods at school.
- Teach your child to accept that all children are different and some cannot eat certain foods.
- Please talk to your child at the beginning of the year about their responsibility in keeping everyone safe.
- Consider using non-food items (pencils, stickers, etc.) to celebrate in the classroom as an alternative to food
- Consider providing your child with hand wipes to use before and after eating.

Please use this opportunity to teach your child how they can make a positive difference in the lives of others. Our ultimate goal is to ensure the health and safety of all our students. For a copy of our *Resource Guide for Supporting Children with Life-Threatening Allergies*, go to our website, www.northbrook28.net under the heading of Nurses Office. We look forward to working together with you in achieving this goal. We wish to express our sincere appreciation for your support and understanding. Thank you in advance.

Sincerely,

District 28 Administrators and Nurses

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**NORTHBROOK
ELEMENTARY SCHOOL DISTRICT 28**

Larry A Hewitt, Ed..D.
SUPERINTENDENT OF SCHOOLS

ALLERGY ALERT

(For Grades K-2)

August 2007

Dear Families,

There is a student in your child's classroom this year with a LIFE-THREATENING food allergy. This child is allergic to _____. Our goal is to reduce the risk for this child by eliminating exposure to the specific food allergen. Due to this LIFE-THREATENING condition, we need to follow specific safety guidelines:

- **Please do not send foods containing _____ into your child's classroom.**
- Teach your child not to share any foods at school.
- Teach your child to accept that all children are different and some cannot eat certain foods.
- Please talk to your child at the beginning of the year about their responsibility in keeping everyone safe.
- Consider using non-food items (pencils, stickers, etc.) to celebrate in the classroom as an alternative to food.
- Consider providing your child with hand wipes to use before and after eating.

Your child may be disappointed that he/she may not be able to bring certain foods into the classroom. Please use this opportunity to teach your child how they can make a positive difference in the lives of others.

Our ultimate goal is to ensure the health and safety of all our students. For a copy of our *Resource Guide for Supporting Children with Life-Threatening Allergies*, go to our website, www.northbrook28.net under the heading of Nurses Office. We look forward to working together with you in achieving this goal. We wish to express our sincere appreciation for your support and understanding. Thank you in advance.

Sincerely,

District 28 Administrators and Nurses

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ALLERGY EMERGENCY CARE PLAN

Student Name _____ D.O.B. _____ Teacher: _____

LIFE-THREATENING ALLERGIES: _____

OTHER ALLERGIES: _____

PLACE
CHILD'S
PICTURE
HERE

Asthmatic

Yes*

No

*Higher risk for severe reaction

◆STEP 1: TREATMENT - To be completed by physician

Symptoms

Give Checked Medication**

** (To be determined by physician authorizing treatment)

- If a food allergen has been ingested, **but no symptoms:** Epinephrine Antihistamine
- Mouth Itching, tingling or swelling of lips, tongue, mouth Epinephrine Antihistamine
- Skin Hives, itchy rash, swelling of the face or extremities Epinephrine Antihistamine
- Gut Nausea, abdominal cramps, vomiting, diarrhea Epinephrine Antihistamine
- Throat Tightening of throat, hoarseness, hacking cough Epinephrine Antihistamine
- Lung Shortness of breath, repetitive coughing, wheezing Epinephrine Antihistamine
- Heart Thready pulse, low blood pressure, fainting, pale, blueness Epinephrine Antihistamine
- Other _____ Epinephrine Antihistamine
- If reaction is progressing (several of the above areas affected) give Epinephrine Antihistamine

The severity of symptoms can quickly change and symptoms can potentially progress to a life threatening situation.

DOSAGE

Epinephrine: inject intramuscularly **EpiPenEpiPen Jr. Twinject 0.3 mgTwinject 0.15 mg**

If no relief of symptoms within 10 – 15 minutes, should second epinephrine be administered: _____

Antihistamine: give _____
medication/dose/route

Doctor's Signature (REQUIRED) _____ Date _____

◆STEP 2: EMERGENCY CALLS - To be completed by parent/guardian

1. Call 911 State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Parent's Name _____ home phone _____ work phone _____ cell phone _____

Parent's Name _____ home phone _____ work phone _____ cell phone _____

3. **Emergency contacts:** (List phone numbers in order they should be called)

Name/Relationship **Phone Numbers**

a. _____ home phone _____ work phone _____ cell phone _____

b. _____ home phone _____ work phone _____ cell phone _____

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

Parent/Guardian Signature _____ Date _____

**AUTO-INJECTOR INSTRUCTIONS
(To be included with the Allergy Emergency Care Plan)**

TRAINED STAFF MEMBERS

1. _____
2. _____
3. _____

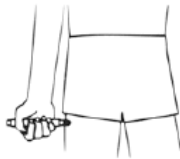
- Room _____
- Room _____
- Room _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing 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



- Pull off green end cap, then red end cap.
- Put 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:

- 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.



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.*

INDIVIDUAL ALLERGY MANAGEMENT PLAN

(For students at risk for life threatening allergies)

Student _____

Date _____

Teacher _____

Grade _____ Room _____

In Attendance at planning meeting:

History of emergency care required (include dates, age of child, allergen, symptoms, and treatment):

Prevention strategies: (Review each item at team meeting and check those that apply)

Required:

- _____ Allergy Emergency Care Plan (AECPP) and Medication Administration Request form completed and signed by physician
- _____ AECPP copy given to classroom teacher
- _____ Up-to-date EpiPens provided. Number of pens provided: _____
- _____ EpiPens will be located in:
 - ___ Health Office
 - ___ Classroom (elementary schools only)
 - ___ Recess/Lunch/Fanny pack
 - ___ With Student (complete appropriate forms)
 - ___ Outdoor PE (bee sting only)
- _____ Student food allergy information and photo to appropriate staff.
- _____ Parent-provided safe snacks and alternatives for birthday and classroom celebrations.
- _____ Parent awareness of responsibility to inform after-school program supervisors/coaches of Allergy Emergency Care Plan.

Optional:

- _____ Allergy safe lunch table or section in lunchroom
- _____ Classroom discussion about allergies
- _____ Student acquaintance with Health Office
- _____ Personal student introduction to special area teachers and appropriate staff
- _____ Parent-provided hand wipes for before and after eating
- _____ Use of Medic Alert bracelet
- _____ Student photo and allergy information posted in lunchroom
- _____ Class allergy letter for documented contact or inhalation allergy

Additional strategies:

I have read and understand the Resource Guide For Supporting Children with Life Threatening Allergies.

Parent Signature: _____

Date: _____

Typical Allergy Symptoms

Skin	Gut	Respiratory	Cardiovascular	Neurological
Hives	Cramps	Itchy, watery eyes	Reduced blood pressure	Feeling of Impending doom
Swelling	Nausea	Runny nose	Increased heart rate	Weakness
Itchy red rash	Vomiting	Stuffy nose	Fainting	Headache
	Diarrhea	Sneezing	Shock	Ear ringing
	Gas	Cough		Seizures
		Itching or swelling Of lips, tongue, throat		
		Change in voice		
		Difficulty swallowing		
		Tightness of chest		
		Wheezing		
		Shortness of breath		
		Repetitive throat clearing		

Glossary

Acute	Symptoms that occur suddenly and have a short and fairly severe course.
Adrenaline	Synonym for epinephrine.
Adverse Reaction	An allergic-like reaction that may be IgE mediated or may be caused by another biochemical event.
Allergen	A substance that can cause an allergic reaction. These substances may include any foods, bee/insect stings, as well as medication and latex
Allergic Reaction	An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When exposed to an allergen, the allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock) Each person with a allergy reacts to the allergy differently. Each reaction by a allergic student may differ in symptoms.
Allergy Emergency Response Plan	A specific protocol which explains exactly what steps are taken if the child has an allergic reaction. It usually has the student's recent photograph on the plan.
Allergy Warning Label	A bright colored label placed on the substitute teacher's folder in the classroom alerting the substitute to look for information in the folder regarding the food allergic student.
Anaphylactic Reaction	Synonym for Anaphylaxis
Anaphylaxis	It is an immediate potentially life threatening allergic reaction. The most dangerous symptoms include breathing difficulties, and a drop in blood pressure or shock, which can be fatal. Asthmatic students are at an increased risk for anaphylaxis. Anaphylaxis often involves various areas of the body at once such as the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). The drug to immediately use to abate anaphylaxis is Epinephrine (contained in an EpiPen or EpiPen Jr.)

Antihistamine	A drug that stops histamine from being released in the body during an allergic reaction. Benadryl is an example of an antihistamine.
Asthma	A disease of the lungs in which there is widespread narrowing of airways. The airways become clogged with mucus. Students with asthma and food allergy appear to be at an increased risk for fatal anaphylaxis. Epinephrine is the first-line of defense for an anaphylactic reaction even with a child with asthma medicine.
Chronic Symptoms	Symptoms that occur frequently or last a long time.
Consumer Hotline	Major food distributors toll-free numbers usually found on packaging. Can be used to check for additional information on ingredients in a food or the foods processing procedures. (e.g., cross-contamination)
Cross-Contamination	When food comes into contact with another food, the proteins mix. As a result, each food now contains small amounts of the other food that is often invisible to us. Food can also become contaminated if it comes in contact with a pan, container, or utensil that was used with unsafe food.
EpiPen	By prescription only. It is a device that, once activated, will automatically inject one measured dose of epinephrine when jabbed into the thigh. Always call for emergency personnel when epinephrine is given.
EpiPen Jr.	It operates the same as the EpiPen. It has the same medicine as in the EpiPen but at a lower dose for lighter weight children. Like the EpiPen, it delivers one dose only. Always call for emergency personnel when epinephrine is given.
Epinephrine	It is synonymous with adrenaline. The medicine contained in the EpiPen and EpiPen Jr. The drug of choice for anaphylaxis. It is the first medicine that should be used in the emergency management of a child having a potentially life-threatening allergic reaction. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction. Always call for emergency personnel when epinephrine is given.
FAAN	Acronym for the Food Allergy and Anaphylaxis Network that has educational material on food allergies. Each school nurse has FAAN's <i>School Food Allergy Program</i> . The website is: www.foodallergy.org

Food Allergy	An immune system response to a certain food. Upon ingestion, contact, and/or inhalation, the body creates antibodies to that food. When the antibodies react with the food, histamine and other chemicals are released from cells. The release of those chemicals may cause hives, difficulty breathing, or other symptoms of an allergic reaction. See Allergic Reaction, above.
Food Intolerance	An adverse food-induced reaction that does not involve the immune system. For example, a person with lactose intolerance lacks an enzyme that is needed to digest milk sugar. When the person eats milk products, symptoms such as gas, bloating, and abdominal pain may occur.
Histamine	A chemical released by the body during an allergic reaction. It causes the symptoms listed above in Allergic Reaction.
Hives	Itchy, red, mosquito-like bumps that may appear anywhere on the skin. Often a symptom of an allergic reaction. It may last minutes, hours, or several days.
Individual Allergy Management Plan	Outlines the steps the school will take to minimize the risk of exposure.
Latex	A synthetic rubber. It is an allergen for some people. It is commonly found in rubber gloves and balloons.
Life Threatening Allergy	Students with allergies have over-reactive immune systems. The immune system produces chemicals and histamine which cause the severe symptoms in the body (e.g., swelling, breathing difficulty or shock). See Allergic Reaction, above. Epinephrine found in the EpiPen is the recommended treatment.
Medic Alert Bracelet/ Necklace	A necklace or bracelet worn by an allergic student that states the allergens and may give additional information such as telephone number.
Twin-Ject	A device similar to the EpiPen, which when activated, automatically injects a measured dose of epinephrine. In addition, the device contains a second dose of epinephrine that may be administered if needed.