Making the difference

Caring for Students with Life-Threatening Allergies

New York State Department of Health
New York State Education Department
New York Statewide School Health Services Center

June 2008

Table of Contents

Introduction 7
Allergy and Anaphylaxis Overview
- Pathophysiology and Treatment Overview 8

The Importance of Prevention 14
Health History and Planning 15
Care Plan Considerations
- Nursing Care Plans – ECP, IHP 16
- School Plans – 504 Plans, IEP 17

Guidelines for the School Team:
- The Role of the Student 19
- Parent/Guardian Partnership 20
- School District Administration 21
- School Building Administrator 21
- School Nurse 22
- School Medical Director 23
- Teachers 24
- Food Service Personnel 26
- Coaches/Athletic Director and After-School Employees/ Volunteers 27
- Transportation Personnel 28

Classroom and School Environmental Concerns 29
Cafeteria Accommodations 32
Field Trip Issues 33
Steps to Take in the Event of a Reaction 34
Policy and Protocol Development 36

Resource Pages

Laws and Regulations 38
Glossary 41
Sample Anaphylaxis Policy 45
Sample Forms and Letters 47

- Food Allergy Action Plan/Epinephrine Administration Sheet 48
- School Nurse Action Item Checklist 50
- Sample Health History 51
- Sample Emergency Care Plan 52
- Sample Individualized Healthcare Plan 53
- Anaphylaxis Management Algorithm 55

Foreword

The Allergy and Anaphylaxis Management Act of 2007, specifically Public Health Law Section 2500-h effective January 3, 2007, requires the Commissioner of the New York State Department of Health, in consultation with the Commissioner of the New York State Education Department to establish an anaphylactic policy setting forth guidelines and procedures regarding anaphylaxis (see page 38 for a complete copy of Public Health Law Section 2500-h). The law further requires that each school board and charter school consider and take action in response to this resource document.

It is advisable that each local board of education develop a written anaphylactic policy, taking this resource document under consideration when doing so. This document is designed to offer the local board of education options and flexibility as to how they address the issue of anaphylaxis in their schools. For example school boards may choose to:

- develop a policy specific to severe allergies and anaphylaxis alone, or
- design a policy that more broadly encompasses any serious life threatening medical conditions, but which specifically incorporates severe allergies and anaphylaxis into a new or existing policy.

No matter how a local board of education chooses to incorporate anaphylaxis into policy, the New York State Department of Health and the New York State Education Department believe a policy should reference these five essential components:

A) a procedure and treatment plan, including responsibilities for school nurses and other appropriate school personnel, for responding to anaphylaxis and/or other serious medical conditions;

B) a training course for appropriate school personnel for preventing and responding to anaphylaxis and/or other serious medical conditions;

C) a procedure and appropriate guidelines for the development of an individualized emergency health care plan for children at risk for anaphylaxis, or other serious medical conditions;

D) a communication plan between the school building team and parent/guardian, the school nurse and the private health care provider, and the school nurse and building staff for intake and dissemination of information regarding children at risk for anaphylaxis or other serious medical conditions; and

E) strategies for the reduction of the risk within the school setting, such as reasonable efforts to control exposure to anaphylactic causative agents, including food and other allergens, or opportunities for management within the classroom, such as carrying medications or supplies and self-medicating or testing.

Foreword

The New York State Department of Health in consultation with the New York State Education Department, has developed the attached procedures and guidelines to assist school districts in the development and implementation of their local policy. This document is intended for guidance to be used by the Board of Education, Superintendents, and the building team, as well as the parent/guardian in providing a safe environment and reasonable care for students with life-threatening allergies. It does not constitute a mandate nor imply liability should the school choose other options for care. While this resource contains recommendations that represent best practice, the school district and health professionals must determine the appropriateness of care developed to each individual student in the unique situation in which they practice within the parameters of existing laws and regulation (see Laws and Regulations p. 38).

The New York State Department of Health, the New York State Education Department, and the New York Statewide School Health Services Center have made every attempt to ensure that the information and resources contained in this document reflect best practice in the field of school health.

This document was developed in collaboration with the following work group participants:

New York State Department of Health

Marilyn A. Kacica, MD, MPH, FAAP	Medical Director, Family Health
Christopher Kus, MD, MPH, FAAP	Associate Medical Director, Family Health
Jennifer Mane, MSW	Program Manager, Coordinated School Health

New York State Education Department

Linda Gingold Seaman, MSEd	Associate in Education Improvement Services
Karen Hollowood, RN, BSN, MSEd	Associate in School Nursing

New York Statewide School Health Services Center

Sally Schoessler, RN, SNT, MSEd	Executive Director
Gail Wold, RN, BSN	Coordinator

Bronx-Lebanon Hospital Center

Yudy K. Persaud MD, MPH	Assistant Professor, Department of Pediatrics Division of Allergy/Immunology

American Academy of Pediatrics District II

Cynthia DiLaura Devore, MD, MA, MS, FAAP	Pediatrician Chair, Committee on School Health, AAP

Foreword

Additional review and input was received from:

Linda Bakst
Deputy Director for Policy Services
New York State School Board Association

Carol Beebe
Executive Director
School Nutrition Association

Amanda Bromberg
Advocate and Parent

Wendy Hord
Health and Safety Specialist
New York State United Teachers

William Klepack, MD
New York State Academy of Family Physicians

Joshua Lipsman, MD, JD, MPH
Commissioner of Health
Westchester County Department of Health
Medical Society of the State of New York

Julie Marlette
Governmental Relations Representative
New York State School Boards Association

Food Allergy & Anaphylaxis Network
Anne Munoz-Furlong
Chief Executive Officer
Chris Weiss
Director of Legislative and Regulation Research
Deb Scherrer
Director of Educational Programs

Jill Mindlin
Advocate and Parent

Rita Molloy, RN
Parent
President the of New York State Association of School Nurses

School Administrators Association of New York State
Don Nickson
Deputy Executive Director
Mark Turner
Elementary Principal
Rush-Henrietta Central School District
Past President

Laurene O' Brien, RN, MS
Nursing Associate to the Executive Secretary
Board for Nursing
Office of Professions
New York State Education Department

Frances O'Donnell
Coordinator
Child Nutrition Program Administration
New York State Education Department

Robert Pacenza
Executive Food Director
Food Allergy Initiative

Scott Sicherer, MD
Associate Professor, Pediatrics
Mt. Sinai School of Medicine

Introduction

Students come to school with diverse medical conditions; some serious and even life threatening; that can impact their learning and their health. For example, exposure to an allergen can create an emergent situation where the student faces life-threatening anaphylaxis within moments. It is vital for the school district and building team to form a partnership with parent(s)/guardian(s) to assist in the development of a comprehensive plan of care for the allergic student at school, as well as a strategy for keeping students with undiagnosed allergies safe.

Any student with a life threatening health issue, such as a severe allergy, requires a team approach to their management needs. The process begins with medical verification of a serious or life-threatening allergy by the private healthcare provider with specific information and medical orders for management during the school day. It continues with a cooperative exchange between the school nurse and the parent/guardian to document a thorough health history. Ultimately, the school's health professional team should coordinate care and training of school personnel to handle and respond to life-threatening allergies.

While this document contains information specific to students with life-threatening allergies, all students with serious health issues should have a comprehensive plan in place. A comprehensive plan of care should include emergency health care plans, environmental accommodations, and in-service education for staff. Collaboration among parent(s)/guardian(s) and all school departments; including school nursing personnel, teachers, administration, guidance, food service, transportation services, custodial staff, and after school personnel, is essential for a successful school experience for students with life-threatening allergies and other serious health issues.

Pathophysiology and Treatment Overview

Food Allergies

It is known that the incidence of severe allergic reactions has been rising at an alarming rate, especially food allergies, and research suggests that the prevalence has yet to peak. Any health issues in the general pediatric population, become health concerns for the school setting. Approximately five to six percent of the pediatric population has had an occurrence of food allergy, with eight foods accounting for 90% of allergic reactions. The most common foods that students are allergic to include peanuts, shellfish, fish, tree nuts (i.e. walnuts, cashews, pecans, etc.), eggs, milk, soy, and wheat (NASN, 2001). However, any food can cause a severe reaction. Currently there is no cure for food allergies and strict avoidance is the only way to prevent a reaction.

An allergic reaction begins with a predisposed individual ingesting a food (by eating, inhaling, or through contact with mucous membranes), causing the body to produce an antibody that initially attaches to the surfaces of cells. This initial process yields no symptoms and will go unnoticed. However, the next time the food is ingested, the proteins in the food attach to these antibodies and cause the cells to primarily release histamine which leads to the allergic reaction (Formanek, 2001). A reaction can occur within minutes to hours after ingestion. Symptoms can be mild to life-threatening. The specific symptoms that the student will experience depend on the location in the body in which the histamine is released. If the allergic reaction becomes severe it is then known as anaphylaxis, a life-threatening event. (Smith, 2005) Food allergies are the leading cause for anaphylaxis outside of the hospital setting. Other common causes of anaphylaxis include allergies to latex, medications, and insect stings.

Insect Sting Allergies

Insect allergy is an under reported event that occurs every year to many adults and children. Most stings are caused by yellow jackets, paper wasps, and hornets. For most, complications include pain and redness at the bite site. However, some people have true allergy to insect stings that can lead to life-threatening systemic reactions. In these cases, prompt identification of the insect and management of the reaction are needed in a timely manner.

Insect avoidance is advised for students and staff at risk for anaphylaxis. Some precautions schools should follow include: 1) insect nests should be removed on or near school property, 2) garbage should be properly stored in well-covered containers, and 3) eating areas should be restricted to inside school buildings for students and staff at risk.

Latex Allergies

Latex products are a common source of allergic type reactions. Two common types of reactions include contact dermatitis and immediate allergic reactions. Contact dermatitis can occur on any part of the body that has contact with latex products, usually after 12-36 hours. Immediate allergic reactions however, are potentially the most serious form of allergic reactions to latex products. Rarely, exposure can lead to anaphylaxis depending on the amount of latex allergen that they are exposed to and their degree of sensitivity.
Latex exposure should be avoided by students and staff at risk for anaphylaxis. Since the reactions caused by latex vary, each student at risk should be evaluated by a trained medical provider, preferably an allergist.

Signs and Symptoms

Allergies can affect almost any part of the body and cause various symptoms. Anaphylaxis includes the most dangerous symptoms; including but not limited to breathing difficulties, a drop in blood pressure, or shock, which are potentially fatal. Common signs and symptoms of allergic/anaphylactic reactions may include:

- Hives
- Itching (of any part of the body)
- Swelling (of any body parts)
- Red, watery eyes
- Runny nose
- Vomiting
- Diarrhea
- Stomach Cramps
- Change of voice
- Coughing
- Wheezing
- Throat tightness or closing
- Difficulty swallowing
- Difficulty breathing
- Sense of doom
- Dizziness
- Fainting or loss of consciousness
- Change of skin color

(*Source: Position Statement- American Academy of Asthma Allergy and Immunology)*
Accessed from http://www.aaaai.org/media/resources/academy_statements/position_statements/ps34.asp on 6/10/08

Allergy and Anaphylaxis Overview

Schools should be prepared to respond to a student who may experience an anaphylactic reaction. As we move forward in discussing allergies and anaphylaxis, it's important for school district employees to be prepared to provide care and an emergency response. These preparations need to be in place both for students who have been identified with an allergy (with medication and care plans in place), as well as address the needs of non-identified students that experience anaphylaxis without a history of having an allergic reaction.

Symptoms usually appear within minutes, and can occur within two hours after exposure to the food allergen. The student can also face a "rebound effect" of the symptoms. This means that they may respond initially to treatment, but experience a resurgence of symptoms hours later - this is called a biphasic reaction. It is vital to observe students who have been exposed to an allergen over a period of time to ensure their safety, in the event of a rebound. A recent study of adolescents showed that students with peanut and nut allergies who also have asthma may experience a more severe reaction to the allergen creating an additional challenge for the school nurse and/or other health care providers in the management of allergies at school (www.foodallergy.org). Thus, it is very important to know the student's full medical history.

Diagnosis

The diagnosis of food allergy with a risk assessment of anaphylaxis should be made by an appropriately trained healthcare provider on the basis of the family and/or student's history. Appropriate skin and/or blood tests should be done by medical providers or by a specialist, such as an allergist.

Treatment

Anaphylaxis is a potentially life-threatening condition, requiring immediate medical attention. Plans should be in place to accommodate students with diagnosed medical conditions that may require treatment at school under a ***direct patient specific order*** from the student's provider. Students can also be treated if experiencing anaphylaxis that has not been previously diagnosed via a ***non-patient specific order*** written by the school's authorized provider. Treatment is centered on treating the rapidly progressing effects of the histamine release in the body. Emergency medications should be given immediately upon concern that the student might be experiencing an anaphylactic allergic reaction. Most fatalities occur due to delay in delivery of the needed medication. Studies have shown that fatal and near-fatal reactions are sometimes associated with not giving

epinephrine in a timely manner. When in doubt it is better to give the epinephrine auto-injector and call the emergency medical services (EMS) for immediate transportation to the appropriate medical facility (Sampson, 1992 and Bock, 2001). All individuals receiving emergency epinephrine should immediately be transported to a hospital, preferably by ambulance, even if symptoms appear to have resolved. Based on their board of education policy, schools should have an established protocol to deal with anaphylactic episodes including biphasic reactions, and schools should be equipped with medications based on private medical provider's orders, or the medical director's orders for non-patient specific administration. Also, telephone numbers for ambulance service should be easily accessible.

Medications

Students with a known allergy who are at risk for anaphylaxis should have medication prescribed for use in school. Medication guidance is available in the New York State Education Department's document, "Administration of Medication in the School Setting".

New York does allow a school district medical director, a physician or certified nurse practitioner, to write a non-patient specific order for anaphylaxis treatment agents for a school nurse (a registered professional nurse) to administer in the event of an unanticipated anaphylactic episode. The medical director is legally required to provide protocols for the administration of this medication and must adhere to state regulatory guidance, board of education policy, as well as best practice information (8 NYCRR § 64.7).

The most commonly prescribed medications for the treatment of anaphylaxis are:

- **Epinephrine** – Brand names include, but are not limited to EpiPen®, EpiPen Jr®, and Twinject® auto-injectors.
    - Parent(s)/guardian(s) usually bring epinephrine to school in the form of an *EpiPen® (0.3 mg), EpiPen Jr® (0.15 mg), or *Twinject® (0.3 mg or 0.15 mg) auto injectors. The auto injector is designed for use by a lay individual, and the school nurse can train unlicensed school personnel to administer epinephrine by an auto-injector to a student with a patient specific order in an emergency (training devices are available for both the EpiPen® and Twinject®). Epinephrine may need to be given again after the initial effects wear off, potentially in fifteen to twenty minutes. Only licensed medical personnel may administer a second dose of epinephrine if needed. A school

nurse who does not work in an area where emergency medical services (EMS) can respond within that window of time, may need to have additional epinephrine available to use as needed. Many ambulances don't carry epinephrine – the school may need to request ***"Advanced Life Support"*** for EMS to respond with epinephrine.

**EpiPen® and EpiPen Jr®. are registered tradenames of DEY®*
**Twinject® is a registered trade name of Versus Pharmaceuticals*

- **Note:** The EpiPen® is a single dose auto-injector, while the Twinject® contains two doses of epinephrine – the first dose is an auto-injector and the second dose is in the form of a traditional injection. A second dose should be administered by a licensed individual only, not un-licensed school staff. The school nurse should be aware of the medication ordered for the student, and the delivery system that is utilized in order to inform or train staff appropriately.
- A school district medical director who is a licensed physician or a certified nurse practitioner may prescribe a non-patient specific order to have epinephrine available in the health office, for only the school nurse to administer to a student having an anaphylactic emergency who has not been previously diagnosed with an allergy, or does not have a patient specific order for anaphylaxis treatment. Appropriate policies and protocols must be developed to provide guidance to district nursing personnel.

- **Antihistamine** –

  Diphenhydramine hydrochloride - Brand name includes: Benadryl
  Cetirizine – Brand name includes: Zyrtec
  - May cause drowsiness, nausea, dryness of the mouth.

    (This information and more can be found at www.rxlist.com)
  - NOTE: Antihistamines should not be the only medication given in anaphylaxis since epinephrine is the drug of choice. There is no contraindication to give epinephrine for anaphylaxis along with an oral antihistamine. An unlicensed staff member may assist a self-directed student in taking oral anti-histamines.

All student-specific medication given at school requires a signed order from the private healthcare provider and signed permission from the parent/guardian. Medication should be delivered to the school by a responsible adult.

Epinephrine should be kept in easily accessible locations known to appropriate personnel. Students capable of self-administering epinephrine can be educated to carry their own kits. Medication storage should be handled carefully, based on the student's needs and the physical layout of the school. A student's epinephrine should be readily available to the student without delay but also should not be accessible to other students, especially in the elementary school setting. Each school and student situation should be handled on an individual basis, with attention to the state's laws, regulations, guidance, and to local school district policy.

Considerations in creating a plan for the student should include:

- Is the student mature and responsible enough to carry and self-administer their own medication? Is there a plan in place in the event that the student does not have the medication with them?
- Is the School Health Office centrally located to facilitate a quick response in the event of an allergic episode?
- What is the best plan of action for this student in all locations within the school?
- What arrangements will be made for field trips, after school activities, etc.?

References

Formanek, R. (2001). *Food Allergies: When Food Becomes the Enemy*. US Food and Drug Administration, accessed on November 16, 2005 from http://www.fda.gov/fdac/features/2001/401_food.html.

Smith, M., *Anaphylaxis: Severe Allergic Reaction.* Individualized Healthcare Plans for the School Nurse, SunRise River Press, MN, 2005.

*The Role of School Nurses in Allergy/Anaphylaxis Managemen*t, National Association of School Nurses, 2001.

Commonly Asked Questions about Anaphylaxis, accessed on November 30, 2005 from *http://www.foodallergy.org/anaphylaxis/index.html*

American Academy of Asthma, Allergy, and Immunology, accessed on 11/6/2007 from *http://www.aaaai.org/media/resources/academy_statements/postion_statements/ps34.asp*.

Sampson HA, Mendelson L, Rosen JP. *Fatal and near fatal reactions to food in children and adolescents*. N Engl J Med 1992; 327:380-4.

The Importance of Prevention

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Avoidance of exposure to allergens is the key to preventing a reaction. The risk of adverse events related to allergens for a student is reduced when the school personnel, medical provider and parent/guardian work together to develop a management plan for the student. Allergy information for a student should be noted by school and health staff on appropriate information records while respecting the student's right to confidentiality.

The risk of accidental exposure or cross-contamination is always present. However, arrangements should be made at school to reduce the risk of exposure for identified students with severe food allergies. Although medications, stinging insects, or latex can result in anaphylaxis, most anaphylactic reactions in schools are due to food allergies. School is a high-risk setting for accidental ingestion of a food allergen, due to such factors as the large number of students, increased exposure of the allergic student to food allergens, as well as cross-contamination of tables, desks, and other surfaces. High-risk areas and activities to be given attention are:

- The cafeteria;
- Food sharing;
- Hidden ingredients in art, science, and other projects;
- Bus transportation or other modes of transportation;
- Fund raisers /bake sales;
- Parties and holiday celebrations;
- Field trips;
- Before and after school hours, school sponsored events (co-curricular and after school programs); and
- Staff being unaware of the student with an allergy – all staff, including substitute staff, should be made aware of the allergy on a need to know basis.

Since many of these activities include a cross-section of the school community (including students without allergies and their parent(s)/guardian(s)), it would be appropriate to educate the school community on life-threatening allergic reactions.

Health History and Planning

The school usually becomes aware of a student with a significant food allergy when alerted by the parent/guardian before the beginning of the school year. All students with health issues that may impact the school day have a need to have any necessary medication and environmental protocols put in place in advance of the student entering school. The school needs to plan ahead and be prepared to immediately address medical, environmental, and educational concerns. Medical needs of students may not be the same from one student to the next, and individual needs must be accommodated.

The school nurse should obtain a health history from the parent/guardian as early as possible in the school entry process in order to be able to address the student's unique needs. The history is best obtained in a combination of review of student forms, parent/guardian interview, and student input, and consultation with the primary health care provider as needed. The health history should contain the following components:

- Name of the medical condition or allergen;
- Age of student at time of diagnosis;
- Usual symptoms experienced by student (though every reaction can differ);
- Number, frequency, and date of medical interventions or allergic reactions;
- History of hospitalizations;
- The student's awareness of symptoms;
- Any necessary medications; and
- The name of the primary health care provider.

After the history has been obtained, the school can begin planning needed accommodations for the student to attend school. It is best, when able, to plan as a team that includes:

- School administration
- School health professionals
- Paraprofessionals
- Transportation Director
- Teacher(s)
- Parent/Guardian/Student
- School Medical Director
- Custodial Staff
- Food Service Director
- Guidance Counselors
- Other school professionals as needed

Planning should focus on student needs in all areas of the school that they will be exposed to. Schools might consider sending parent(s)/guardian(s) periodic reminders during the school year to reinforce the importance of notifying the school of changes in their student's medical condition. Medic alert bracelets may prove to be helpful to identify a student with a life-threatening allergy.

Care Plan Considerations

There are a variety of student accommodations and care plans that are appropriate to use for students in our schools who experience health issues that impact the school day and instructional program. While these plans may not be legally required for each student, they should be considered on an individual basis to enhance care given at school. The four plans that are most often seen are:

- **Emergency Care Plan (ECP)** – a plan initiated by the school nurse that is based on board of education policy, designed for use by both nursing and school personnel for those with life-threatening conditions. It outlines the care that a student might need in an emergency situation, and is written in lay language for any school personnel to understand and use as a guide to respond to a student who is experiencing a potentially critical situation. (See Resources for sample ECP, p. 52)
    - The ECP should be written in lay language and stress what action a school employee should take in the event of an emergent situation. It should be basic and often takes the form of "If you see this . . . do this". The plan should be easy to read, clear, concise and contain the steps to follow to initiate emergency care for a student. (See Resources for sample ECP, p. 52)
    - It is best to attach the student's picture to the plan in the event it needs to be used by a substitute who may not know the student well.
    - Both the parent/guardian and the medical provider should review the plan to be sure that it is in accordance with the prescribed medical emergency plan for that student. The plan should contain a statement saying that the parent/guardian signature on the form indicates their permission to share the information on the plan with staff/volunteers on a "need to know" basis.
    - The plan can be distributed to teachers, field trip staff, cafeteria workers, and transportation staff; on a need to know basis.
    - The plan should include emergency contact information for the parent(s)/guardian(s) and the student's medical provider.

Care Plan Considerations

- **Individualized Healthcare Plan (IHP)** – A nursing document based on nursing diagnosis, nursing interventions, and expected student outcomes. This document is usually written in nursing language and outlines the plan of care that the school nurse writes in response to a medical diagnosis by the student's private healthcare provider.
    - The IHP is a longer document than the ECP. It includes an outline of the plan of care for the student at school, including patient teaching and development of needed protocols addressing medication and nursing care concerns. It is usually based on nursing diagnosis and discusses interventions or action items that the school nurse is planning to put in place for the student with a health need.
    - IHPs are considered a standard of nursing practice, and the school nurse can determine which students would benefit from having an IHP.

- **Section 504 Plan** – A legal document that refers to Section 504 of the Rehabilitation Act of 1973 and protects individuals with disabilities; that is a physical or mental impairment that substantially limits one or more major life activities. A 504 Plan can be a useful tool to address accommodations that may be needed in the school setting for students with specific health needs/disabilities.
    - The 504 Plan addresses required environmental modifications and faculty training, as well as food service for a student who has a disability or medical condition.. It may include an emergency plan (ECP).
    - A 504 Plan is legally binding. The plan must be developed by the appropriate school personnel in accordance with federal laws.

Care Plan Considerations

Individualized Education Plan (IEP) – This plan is developed by a school district's Committee on Special Education (CSE) and the parent/guardian to meet the unique educational needs of a student with a disability. A student with a disability is a person who is entitled to attend public schools and who, because of mental, physical, or emotional reasons, has been identified as having a disability and who requires special services and programs approved by the State Education Department. A student with allergies is not often considered a student with a disability and therefore an IEP is not developed for the student. However, in cases where the CSE and the parent/guardian feel that the allergy is severe enough to cause acute health problems that affect the student's educational performance, an IEP may be appropriate. Additionally, when a student has other disabilities that require special education services, the CSE and parent/guardian might find it helpful to address the allergy in the IEP.

The Role of the Student

The role of students with life-threatening allergies will change and increase as they become older. The level of independence in the care and management of an allergic condition is based on the student's developmental level.
With this in mind, students should be able to:

- Take as much responsibility as possible, based on developmental level, for avoiding allergens.
- Learn to recognize symptoms of an allergic reaction and alert an adult immediately if a reaction is suspected or symptoms appear.
- Avoid allergen exposure as much as possible.

Advise the student to:

- **Food:**
  - Not trade or share food with anyone;
  - Tell your school nurse and teachers that you have a food allergy
  - Wash hands before and after eating;
  - Not eat any food with unknown ingredients; and
  - Learn to read food labels.
- **Insect stings:**
  - Avoid wearing brightly colored clothing, perfume, hair spray, or any heavily scented soaps/shampoos;
  - Tell your school nurse and teachers that you have an insect sting allergy;
  - Wear closed-toed shoes; and wear clothing that inhibits insect bites.
  - When eating outdoors, keep food covered until eaten since scent of food attracts bees, and stay away from garbage cans.
- **Latex:**
  - Avoid contact with latex gloves and other products;
  - Tell your school nurse and teachers that you have a latex allergy so they can replace products with non-latex substitutes; and
  - Avoid areas where there is a possibility to inhale powder from latex gloves worn by others.

- Develop a relationship with the school nurse and/or another trusted adult in the school to assist in the successful management of the allergy while in school.
- Develop trusting relationships with peers who understand the importance of avoiding allergens.
- Report any teasing or harassment to a school employee.

Guidelines for the School Team:

Parent/Guardian Partnerships

A team approach to communicating with parent(s)/guardian(s) of students with life-threatening allergies is an important facet in developing a comprehensive and cohesive plan of care. The team can include but is not limited to: administrators, school nurse, medical director, teachers, and support staff. One of the most vital participants in the care of the student with a severe allergy is the parent/guardian . Most parent(s)/guardian(s) have had to work tirelessly to ensure that every new situation is not a potentially fatal experience for their child. Understandably, many parent(s)/guardian(s) of students with severe allergies experience a high level of anxiety in new situations. Reliable school allergy management and a cooperative approach can help alleviate this.

The first step in caring for a student with allergies is to listen to the parent/guardian. Ideally the appropriate school personnel should meet with the parent/guardian a few weeks before the student enters school in order to have any necessary accommodations in place, care plans written, and appropriate school personnel training completed. It's important for the parent/guardian to bring the student to the school nurse and the school principal to introduce the student, and give the school the opportunity to begin developing a trusting relationship with the student. In advance of the student entering school, the school nurse should collaborate with the parent/guardian to facilitate completion of the following familial responsibilities:

- Health history (see sample "Health History" in Resources, p.51);
- Medications (obtain necessary signed medication permission forms following New York State Education Department's guidance documents and local school district policy);
- Delivery of medications to school in appropriate original pharmacy containers; and
- Emergency Care Plan (have the parent/guardian sign the plan, giving written permission to share the student's health information with the staff on a "need to know" basis).

The level of trust that parent(s)/guardian(s) have for the school's ability to care for their child is enhanced by the school's ability to involve the parent/guardian, and as the parent/guardian's comfort level increases, both the parent/guardian and the student become more comfortable with the student's transition to a new setting.

Guidelines for the School Team:
School District Administration

- Include in the school district's emergency response plan a written plan outlining emergency procedures for the management of life-threatening allergic reactions. Procedures should be developed to assist elementary, middle, and high schools. Plans should be modified to meet special needs of individual students.
- Provide special training for food service personnel.
- Provide emergency communication devices for all school activities, including transportation, that involve students with life-threatening allergies.
- Ideally a full-time school nurse is available in every school with students with life-threatening allergies.
- Have a plan in place if there is no school nurse available.
- Monitor strategies for notification and training of staff as needed, including substitute teachers, nurses, and food service personnel.
- Provide guidance on district-wide issues, such as transportation that involves students with life threatening allergies.

Guidelines for the School Team:
School Building Administrator

- Assist the school team in prevention, care, and management of students with life-threatening allergies.
- Support and oversee faculty, staff, students, and parent(s)/guardian(s) in implementing all aspects of the management plan.
- Provide input to school district administration in the development and implementation of related policies and procedures.
- Ensure implementation of policies and plan, with training and education by a registered professional nurse for all involved faculty and staff regarding:
    - Anaphylaxis and reactions to food, insect stings, medications, or latex;
    - Risk reduction strategies;
    - Emergency procedures; and
    - How to administer epinephrine auto-injector in an emergency.

Guidelines for the School Team:

School Nurse

- Obtain a detailed health history for the student and discuss familial concerns.
- Obtain medication orders signed by the medical provider and parent/guardian.
- Write an Emergency Care Plan (ECP) for use by school health office staff and school staff (for field trips, etc.) – ask for the private healthcare provider (and school medical director as needed) to review the plan. The parent/guardian must review and sign the plan authorizing the school to disclose medical information with staff as necessary. A sample ECP can be found in the Resources, p. 52.
- Alert all teachers, administration, food service staff, custodial staff, and transportation staff about the student's special needs. A school nurse action item checklist is available in Resources, p.50.
    - Train staff as needed on a student specific basis to administer the emergency plan and epinephrine if ordered by primary health care provider.
    - Work with school staff to modify the student's environment to ensure the student's safety in all areas of the school.
- Meet with the student to discuss allergy treatment and begin to develop a trusting relationship with the student.

As time permits, additional practices can be put in place to ensure comprehensive quality care for the student. These should include:

- Development of an Individualized Healthcare Plan (IHP) to direct the student's care. A sample IHP can be found in the Resources, p. 53.
- Assessment as to the need for a 504 Plan to address accommodations of the student's environment at school.
- Providing an educational overview for the entire school faculty regarding life-threatening allergy management at school to prevent accidental exposures and maximize care.
- Continued collaboration with parent/guardian, teachers, and healthcare providers to address continuing student needs.

Guidelines for the School Team:

School Medical Director

- Provide guidance, collaboration, and consultation to school nursing personnel and school administration on the management of anaphylaxis at school.

- In accordance with 8NYCRR §64.7, a licensed physician or certified nurse practitioner may provide non-patient specific standing orders and protocols for the treatment of anaphylaxis. Memo titled "Clarification about Administering Immunizations and Anaphylactic Agents by Registered Professional Nurses using Non-Patient Specific Orders and Protocols (Oct 3, 2001) may be found at http://www.schoolhealthservicesny.com/laws_guidelines.cfm

- Assist in the development of procedures for prevention of anaphylaxis and emergency planning in the school.

- May participate in faculty/staff trainings regarding life-threatening allergies.

- Attend 504 and CSE meetings when requested by administration.

- Act as liaison with school and private health care providers if necessary.

- Assist in developing educational programs for students to promote wellness.

- Communicate with community health care providers regarding school district policy, procedures and plans for managing anaphylaxis.

Guidelines for the School Team:

Teachers

- Work with school nurse and parent/guardian to create a safe environment for the student with a life-threatening allergy.
- Participate in training to ensure the ability to handle every day and emergency care. This training should include:
    - Allergens which cause life-threatening allergies;
    - Steps to take to prevent exposure to allergens;
    - How to recognize symptoms of an allergic reaction;
    - How to respond to an emergency; and
    - How to administer an epinephrine auto-injector.
- Review the ECP (Emergency Care Plan) of any student with life-threatening allergies. Never hesitate to immediately initiate the ECP if a student reports symptoms of an allergic reaction.
- Never send a student with an allergic reaction to the health office alone.
- For substitute teachers:
    - Keep the student's ECP accessible in an organized, prominent format;
    - The school nurse should discuss the student's allergy with the substitute teacher.
- Ensure that volunteers, student teachers, aides, specialists, and substitute teachers are informed , with parent/guardian permission, of the student's allergies, educated about life-threatening allergic reactions and necessary safeguards on a need to know basis.
- If the student's parent/guardian requests, a letter can be sent home alerting all parent(s)/guardian(s) to the fact that there is a student with significant allergies in their child's classroom. The student's name should not be shared in the letter to protect the student's right to confidentiality.
- Work with the school nurse to educate other parent(s)/guardian(s) about the needs of the student with the allergy, and enlist their help in keeping certain foods out of the classroom.
- Educate classmates about anaphylaxis to avoid endangering, harassing, or isolating students with allergies.

Guidelines for the School Team:
Teachers

- Reinforce school guidelines on bullying and teasing to avoid harassing students with allergies. Be aware of how the student with the allergy is being treated.
- Inform parent(s)/guardian(s) in advance of any school events where food will be served.
- Participate in the planning for a student's re-entry after an anaphylactic reaction.

- Snacks/ Lunch Time:
    - Prohibit trading or sharing food in the classroom;
    - Reinforce hand washing before and after eating;
    - Avoid cross contamination of foods by cleaning surfaces with soap and water and designated cloth before and after eating. Tables/desks should also be washed down in the morning if an after-school event has been held in the classroom;
    - Encourage parent(s)/guardian(s) to send in "safe" snacks for their children; and
    - Encourage the student to eat in an area which is "allergen safe".

- Classroom Activities:
    - Modify class material to avoid presence of any allergens used for arts and crafts, cooking, science projects, celebrations, projects, parties, etc.;
    - Consider use of non-food items for rewards and incentives;
    - Welcome familial involvement in planning parties and special events;
    - Pay special attention if an animal is invited to the classroom. Allergens may result from dander and/or the animal's food; and
    - For birthday parties, consider celebrations with non-food treats or pre-packaged foods.

- Antibacterial hand sanitizers have not been shown to be sufficient at removing food allergens.
- Clean tables thoroughly with separate or disposable cloth which is not placed in a solution with other cloths to avoid cross-contamination.

Guidelines for the School Team:

Food Service Personnel

- Work with school nurse and administration to determine if food allergens are on the menu and consider removing them if appropriate.
    - Meet with parent/guardian to discuss specific food allergy and provide advance copies of menus if requested;
    - Review the student's ECP and history; and
    - Read all packaging information and recheck for possible allergens.
- Develop protocols for cleaning and sanitation which avoid cross-contamination.
    - Ensure that food handling practices avoid cross-contamination with potential food allergies; and
    - After each meal, all tables and chairs should be washed with soap and water using dedicated water and separate cloths for allergen safe tables.
- Maintain current contact information from manufacturers for food products (Consumer Hotline).
- Order non-latex gloves. Avoid use of latex gloves.
- Create areas in the kitchen which are allergen safe. If space is not available, thoroughly sanitize between preparation and/or use barriers to allow for allergen safe preparation area.
- Set up policies for cafeteria to follow regarding students with food allergies.
    - Create specific areas that are allergen safe. The student should never be isolated because of a medical condition unless requires by a 504 plan or IEP.
- Provide Training as needed:
    - Train monitors; to recognize and respond to symptoms of an allergic reaction; and
    - Be aware of signs and symptoms, take them seriously, and contact school nurse immediately.
    - Oversee proper hand washing.
    - Train all food service staff to read product labels and recognize allergens;
    - Train all food service staff about cross contamination; and
    - Train cooks on safe food handling procedures and proper cleaning and sanitation pertaining to food allergies.
- Allow for appropriate substitutions or modification for meals served to students with food allergies
- Plan ahead to have safe meals for field trips.
- Have a communication system to get help for an emergency.

Guidelines for the School Team

Coaches/Athletic Director

After-School Employees/Volunteers

- Keep a copy of the ECP and student's photograph for all students with life-threatening allergies.
- All school sponsored after- school activities should be consistent with school policies and procedures regarding life-threatening allergies.
- Participate in training, if willing, and be comfortable in implementing the emergency care.
- Ensure that emergency communication equipment is always available.
- Clearly identify who is trained and responsible for administering the epinephrine auto-injector.
- Know how to access EMS if an allergic reaction is suspected, following district policies:
    - **Call 911 and request Advanced Life Support.**
    - **Implement other school board approved emergency procedures.**
- Consider the presence of allergens involved in after school activities and modify as needed.

Guidelines for the School Team:

Transportation Personnel

- Bus drivers should have access to the Emergency Care Plan of each student they transport with a life-threatening allergy.

- Arrangements should be made to provide a safe environment for the student with allergies on the bus:
  - Maintain school district policy of no food or eating allowed on school buses.
  - Student may require dedicated seating; and
  - Careful attention to cleaning, including seat and handrails.
  - Training may be provided by the school nurse for school bus drivers, monitors, and attendants on managing life-threatening allergies.

- Provide functioning emergency communication device (ie.,cell phone, walkie-talkie, two-way radio) to all bus drivers.

- Provide school Transportation Director with list of students with life-threatening allergies by bus/van number.

- Train bus drivers in district's protocols and procedures for activating the EMS system:

  - **Call 911 and request Advanced Life Support.**
  - **Implement other school board approved emergency procedures.**

- Inform substitute bus drivers of students with life-threatening allergies.

- Implement a policy of non- consumption of food or beverages on school buses.

Classroom and School Environmental Concerns

The classroom environment is a place where students need to feel safe to promote learning. This issue is especially important to the parent/guardian of an allergic student. Safeguards and any required accommodations to meet the specific needs of each student with a food allergy need to be in place.

The school nurse should work closely with the student's teachers in order to provide them with the information necessary to create a safe environment that does not single out a student who is living with severe allergies. Important issues to address in the classroom include:

- The school nurse and classroom teacher(s) should meet to discuss a student's allergies and the symptoms that the teacher might see in the event of an allergic reaction.
- The teacher should be advised to keep the classroom as "allergen-safe" as possible. The teacher should be encouraged to think about the impact on the student of allergens that might be included in instructional materials (science supplies, art project materials, etc. that may contain food items or latex ingredients) that are brought into the classroom on an ongoing basis.
- If the student's parent/guardian requests, a letter can be sent home alerting all parent(s)/guardian(s) to the fact that there is a student with significant allergies in their child's classroom. The student's name should not be shared in the letter to protect the student's right to confidentiality.
- With parent/guardian permission, inform classroom volunteers of any life-threatening allergies.

The students and teacher should be encouraged to wash their hands after eating snacks and/or lunch. The teacher may want to think about what he/she eats for lunch before interacting with the student for the afternoon (many school nurses will not eat lunches that contain peanuts or peanut products when they care for students with peanut allergies as they could be a source of accidental exposure for an allergic student.)

- Student work areas or desks should be washed carefully to avoid exposing a student with a significant food allergy to allergens. A separate or disposable cloth should be used to wash the student's desk or work area. The cloth should not be put in a common bowl of cleaning solution with cloths used to clean potentially contaminated areas.

Food brought into the classroom should be carefully examined for the presence of allergens. If the school finds it appropriate as part of their food allergy program, teachers may be taught to read food labels carefully to look for ingredients that are allergenic. They may be instructed to look for warnings or alternate names for allergens – i.e. lactose for a milk allergy. Bulk foods should not be offered to an allergic student due to the possibility of cross-contamination in the store. Preprinted ingredient statements should accompany all bulk foods to school.

- Appropriate school personnel should be encouraged to talk to the parent/guardian regularly about what the student should eat or touch at school.
- The teacher should ask the parent/guardian to send in a supply of appropriate snack items for the student in the event that there is a snack brought into the classroom that the teacher isn't sure the student can have.
- The school nurse should work with the teacher to be sure that the teacher understands and is able to initiate the student's Emergency Care Plan as needed. The school nurse can provide the teacher with a listing of symptoms of an allergic reaction and can provide the teacher with training, if teacher is willing, in the administration of emergency medications.
- The student with a significant allergy should not be singled out at school. Every student deserves to have his or her confidential health information protected. School staff should discuss health issues in confidential settings and learn to protect the student from allergens without isolating the student or labeling them in front of others. An allergic student should not be referred to as "the peanut kid", "The bee kid" or other nickname. A student with an allergy deserves as "normal" a school experience as possible and the school nurse can work with the classroom teacher to promote an atmosphere of respectful confidentiality and warmth.

- A plan should be made for educating all students generally about allergies and anaphylaxis. (Risk-taking and coping strategies of adolescents and young adults with food allergy, Sampson, Muñoz-Furlong and Sicherer, 2006) The classroom teacher(s), school nurse and other school professionals (guidance counselor, health educator, etc.) may want to collaborate on the teaching component.
- Special considerations should be addressed for students at the secondary school level. Students are at several desks in many classrooms throughout the school building; school policy may need to address eating in classrooms, proper cleaning to reduce the risk of exposure to offending foods and the presence of potential allergens.

The school nurse should develop a partnership with the student, as well as the parent/guardian, empowering them to work towards safe self-management and independence in dealing with this potentially life-threatening health issue. Patient education should focus on general information about anaphylactic reactions, including general and student specific signs and symptoms. Further discussion should include avoidance measures and management of accidental exposure. The school nurse should consider:

- Teaching the student to read food labels and to sharpen refusal skills for foods of unknown ingredients.
- Teaching the student to avoid the allergen, including latex, insect, or whatever allergen exists for the student.
- Helping the student to decide whether to inform friends who might be helpful about his/her allergy. The student could also share signs and symptoms of anaphylaxis and the steps involved in an emergency response.
- Teaching the value of carrying emergency medication at all times and wearing and/or carrying Medic Alert® identification denoting their condition.
- Instructing the student, with parent/guardian and medical provider input, in self-administration of emergency medications, including epinephrine. The student should also be instructed in obtaining assistance in administration of emergency medication if their condition warrants.

Cafeteria Accommodations

The Food Service Director, in collaboration with the school nurse, cafeteria manager, and parent/guardian should work together to make the cafeteria environment as safe as possible for a student with a severe allergy. Decisions should be made on a district level as to whether or not to serve foods with allergens, and what steps can be taken to dramatically reduce the chance of a student experiencing an accidental exposure.
Considerations should include:

- Emergency Care Plan – Cafeteria staff should be made aware of the student's needs as outlined in the Emergency Care Plan (ECP) and be prepared to implement the plan as needed. Develop a communication system in order to summon emergency assistance immediately if needed.
- Food Handling – Student allergens to food and/or latex should be discussed to identify and reduce the risk of exposure for each individual student depending on their needs. Cross-contamination of food should be avoided with an allergen safe area established in the kitchen for preparation of allergen safe foods. Food should not be prepared for an allergic student in bowls, pans, or with utensils that have been used to prepare food containing the student's allergen. Current information from food manufacturers should be maintained in order to be able to assist in identifying foods possibly containing an allergen. Cafeteria staff should be trained to read food ingredient labeling which should be read carefully and rechecked. Appropriate substitutions or modifications should be made for meals served to a student with an allergy. In the event of a latex allergy, latex gloves should be replaced with vinyl gloves and non-latex utensils should be used.
- Environmental Accommodations – A student with an allergy should not be treated in a discriminatory manner in the cafeteria due to his/her allergy. Based on parental preference and/or medical provider orders, allergen safe tables may be established, or the student may be provided a desk to slide to the end of the table that is not used by other students in order to provide a clean, yet social place for the student to eat. A protocol should be developed to ensure a safe and clean environment for students, including the use of separate cleaning supplies to be used for an allergen safe table to avoid cross-contamination. Cafeteria monitors should be trained to recognize the symptoms of an allergic reaction and should always take it seriously when a student complains of those symptoms.

Field Trip Issues

In the event of a field trip, the self-directed student's Emergency Care Plan and medications can be given to a designated individual (parent/guardian or an employee designated by the school district) who is familiar with the student's health needs and will be directly available to the student. In the case of a non-self directed student, only the parent or school nurse may administer medications to the student. NOTE: However if a student has an anaphylaxis emergency, epinephrine may be administered by a trained unlicensed staff member to a student with a patient specific order. Ideally, the designee should be CPR certified. Care should be taken when planning the field trip that the environment the student will be in is not compromising, (i.e., a student with a milk allergy attending a field trip at a petting farm with milk ingredients in the food for the animals, or balloons present for a student with a latex allergy).

Before leaving for a field trip, appropriate school personnel should:

- Collaborate with the school nurse before planning a field trip to avoid high risk destinations;
- Ensure the epinephrine auto-injector and instructions are taken on the trip (if there is a student attending with a patient specific order);
- Identify a "willing" staff member who has been trained to recognize symptoms of an allergic reaction, trained to administer epinephrine and trained in emergency procedures to accompany the student on the trip;
- Consider all eating situations and plan for prevention of exposure to life-threatening foods, insect exposure, and the presence of latex;
- Package meals to avoid cross-contamination;
- A cell phone or other means of communication should be available if emergency help is required;
- Invite parent(s)/guardian(s) to accompany their child;
- Field trips should be chosen with a student with life-threatening allergies in mind; and
- Consider ways to wash hands before and after eating, or bring disposable wipes.

Steps to Take in the Event of a Reaction

If a student displays signs and symptoms of an allergic reaction and/or reports an exposure to their allergen, school personnel should immediately implement the school's policy on allergy anaphylaxis which should require that immediate action be taken, such as:

- Notify the school nurse (if available) and initiate the Emergency Care Plan;
- Locate student's epinephrine immediately;
- Implement the student's Emergency Care Plan; and
- Call 911 if epinephrine has been administered.

Important considerations:

- Know your school's emergency procedures and protocols in advance of an emergency and be prepared to follow them;
- In the presence of symptoms, **GIVE EPI-PEN WITHOUT DELAY!** Do not wait! Note time administered;
- Use a calm and reassuring voice with the student and do not leave him/her unattended;
- Do not attempt to stand the student up or ask them to walk around (this may increase the danger to the student in the event of a reaction)
- **Implement school board approved emergency procedures; and**
- **Call 911 to activate the Emergency Medical System – EMS;** and
    - **Request Advanced Life Support - ALS** (epinephrine lasts for approximately 15 – 20 minutes after which an additional dose may be required) Ambulances often don't carry epinephrine, but epinephrine will be brought when requesting Advanced Life Support;
    - Have ambulance dispatcher repeat back the school address and specific entrance that should be used and have someone meet them at the door to escort them to your exact location.
- Notify school administrator.
- Gather accurate information about the reaction and the student to give to ambulance personnel when they arrive.

Follow up care:

- Review facts about the reaction with the student and parent(s)/guardian(s);
- Specify any changes needed to prevent another reaction and incorporate in the ECP;
- Meet with any staff members involved with the anaphylactic reaction for review and support;
- Make arrangements to reassure any students that witnessed the emergency; and
- If reaction was to food provided by school, review food labels with cafeteria.

Policy and Protocol Development

Helpful policies should be flexible enough to deal with different allergens, varying ages and maturity levels of students, and different physical properties and organizational structures of schools. Policies may differ in detail. However, most comprehensive policies will address the following areas:

- Procedure and treatment plan, including responsibilities for school nurses and other appropriate school personnel, for responding to anaphylaxis ;
- An educational component for appropriate school personnel for preventing and responding to anaphylaxis and/or other serious medical conditions;
- A procedure and appropriate guidelines for the development of an individualized emergency health care plan for students at risk for anaphylaxis;
- A communication plan between the school building team and parent/guardian, the school nurse and the private health care provider, and the school nurse and building staff for intake and dissemination of information regarding students at risk for anaphylaxis; and
- Strategies for the reduction of the risk within the school setting, such as reasonable efforts to control exposure to anaphylactic causative agents, including food and other allergens, or opportunities for management within the classroom, such as carrying medications or supplies, and self-medicating or testing.
- Sample Anaphylaxis Policy can be found in the Resource pages (p. 45).

When developing the anaphylaxis policy and procedures, particular attention should be paid to New York State Education Department's (NYSED) guidelines and field memos available on line (see page 39).

- **Laws and Regulations**
- **Glossary**
- **Sample Anaphylaxis Policy**
- **Sample Forms and Letters**

Public Health Law 2500-H*2 – Anaphylactic Policy for School Districts

* § 2500-h. Anaphylactic policy for school districts.

1. The commissioner, in consultation with the commissioner of education, shall establish an anaphylactic policy for school districts setting forth guidelines and procedures to be followed for both the prevention of anaphylaxis and during a medical emergency resulting from anaphylaxis. Such policy shall be developed after consultation with representatives of pediatric physicians, school nurses and other health care providers with expertise in treating children with anaphylaxis, parents of children with life threatening allergies, school administrators, teachers, school food service directors, and appropriate not-for-profit corporations representing allergic individuals at risk for anaphylaxis.

2. The anaphylactic policy established by subdivision one of this section shall include the following:

(a) a procedure and treatment plan, including responsibilities for school nurses and other appropriate school personnel, for responding to anaphylaxis;

(b) a training course for appropriate school personnel for preventing and responding to anaphylaxis;

(c) a procedure and appropriate guidelines for the development of an individualized emergency health care plan for children with a food or other allergy which could result in anaphylaxis;

(d) a communication plan for intake and dissemination of information regarding children with a food or other allergy which could result in anaphylaxis; and

(e) strategies for the reduction of the risk of exposure to anaphylactic causative agents, including food and other allergens.

3. On or before June thirtieth, two thousand eight, an anaphylactic policy shall be jointly forwarded by the commissioner and the commissioner of education to each local school board of education, charter school, and board of cooperative educational services in the state. Each such board and charter school shall consider and take action in response to such anaphylactic policy.

* NB There are 2 § 2500-h's

Additional Related Laws, Regulations, and Memos

EL 6906 (4) Nurse practitioner may prescribe and order non-patient specific regime to an RN.
EL 6807
EL6906 (5) RN may execute a non-patient specific regime.
Education regulations (8NYCRR § 64.7) Emergency treatment of anaphylaxis pursuant to non-patient specific orders and protocols.
PHL 3000-a Emergency medical treatment.
PHL 3000-c Epinephrine auto injector devices.

Laws available at :
http://public.leginfo.state.ny.us/menugetf.cgi?COMMONQUERY=LAWS

NYSED memos;
10/3/01 LPN in absence of RN may administer Epi-Pen in emergency situation.
2/27/01 Failing to follow new rules and regulations regarding non-patient specific orders for immunization and treatment of anaphylaxi8s may result in misconduct charges.
6/2/02 Student specific epi-pens may be administered by school staff responding to an emergency. No professional misconduct if nurse trains unlicensed staff to respond to an emergency.
10/10/01 Non-licensed person should only be used when RN is not immediately available
4/02 Administration on medications in schools.

Copies of memos available at:
http://www.schoolhealthservicesny.com/laws_guidelines.cfm

Additional Guidance Documents

Administration of Medications in the School Setting:
http://www.schoolhealthservicesny.com/files/filesystem/NYSED%20Admin%20of%20Meds%20Guidelines%202002.pdf

Additional School Nursing Laws and Guidelines:
http://www.schoolhealthservicesny.com/laws_guidelines.cfm

Food Allergy and Anaphylaxis Network (FARE)
http://www.foodallergy.org/

KidsHealth.org
http://kidshealth.org/

Use of Epinephrine Auto-Injector in the School Setting:
http://www.schoolhealthservicesny.com/uploads/Use%20of%20Epi-pens%20June%202002.pdf

Glossary

Acute: Symptoms which can occur suddenly with a short and severe course.

Adrenaline: Synonym for epinephrine.

Allergen: A substance that triggers an allergic reaction.

Allergies: An exaggerated response to a substance or condition produced by the release of histamine or histamine-like substances in affected cells. It is characterized by an overreaction of the immune system to protein substances -- either inhaled, ingested, touched or injected -- that normally do not cause an overreaction in non-allergic people.

Allergic Reaction: An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When an allergen is eaten, the food 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 food allergy reacts to the allergy differently. Each reaction by a food allergic student may differ in symptoms.

Anaphylaxis: A life-threatening allergic reaction that involves the entire body. It may be characterized by symptoms such as lowered blood pressure, wheezing, vomiting or diarrhea, and swelling and hives. Anaphylaxis may result in shock or death, and thus requires immediate medical attention.

Antihistamines: A class of medications used to block the action of histamines in the body and modify the symptoms of an allergic reaction.

Glossary

Asthma: A chronic, inflammatory disorder of the airways characterized by wheezing, breathing difficulties, coughing, chest tightness. The primary manifestations of asthma are bronchospasm leading to bronchoconstriction, increased bronchial mucus, and inflammation of bronchial tissue leading to edema. These changes make breathing difficult and can cause a feeling of not getting enough air into the lungs or shortness of breath.

Chronic: Symptoms that occur frequently or are long lasting .

Consumer Hotline (for food staff): Major food distributors toll free numbers (usually found on packaging). Can be used to check for information on ingredients in a food or the food's processing procedures (such as cross contamination).

Cross Contamination: Occurs when the proteins from various foods mix rendering a "safe" food "unsafe". This can occur in the cooking process by using contaminated utensils, pans, frying oils, grills, etc.

Emergency Care Plan: A plan initiated by the school nurse that is designed for use by both nursing and school personnel. It outlines the care a student could need in an emergency situation and is written in lay language for any school personnel to understand and use as a guide to respond to a student who is experiencing a potentially critical situation.

EpiPen® and EpiPen Jr.®: A device used to automatically inject one measured dose of epinephrine when jabbed into the thigh during an anaphylaxis attack.
**EpiPen® and EpiPen Jr®. are registered tradenames of DEY®*

Epinephrine: A medication used for immediate treatment of anaphylaxis by raising blood pressure and heart rate back to normal levels. Epinephrine is also known as adrenaline. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction.

FAAN: Acronym for the Food Allergy and Anaphylaxis Network that has education material on food allergies.

504 Plan: A legal document that refers to Section 504 of the Rehabilitation Act of 1973 and protects individuals with disabilities. It protects people who are found to have a physical or mental impairment that substantially limits one or more major life activities. A 504 Plan can be a useful tool to legally address appropriate accommodations that may be needed in the school setting for students with specific health needs.

Glossary

Food allergies: Allergic reaction that occurs when the immune system responds defensively to a specific food protein when ingested.

Histamine: Histamine is a naturally occurring substance that is released by the immune system after being exposed to an allergen. When you inhale an allergen, mast cells located in the nose and sinus membranes release histamine. Histamine then attaches to receptors on nearby blood vessels, causing them to enlarge (dilate). Histamine also binds to other receptors located in nasal tissues, causing redness, swelling, itching and changes in the secretions.

Hives: Itchy, swollen, red bumps or welts on the skin that appear suddenly. They may be a result of the body's adverse reaction to certain allergens. They can appear anywhere on the body including the face, lips, tongue, throat or ears. Hives vary in size and can last for minutes or days. Hives is also known as urticaria.

Individualized Healthcare Plan (IHP): The IHP is a nursing document based on nursing diagnosis, nursing interventions and expected student outcomes. This document is written in nursing language and outlines the plan of care that the registered school nurse writes in response to a medical diagnosis by the student's private healthcare provider.

Latex: Also known as rubber or natural latex. Latex is a milky fluid derived from the rubber tree. It is used in a wide variety of consumer products, including rubber gloves, tubing, rubber bands, etc.

Latex allergies: An allergy which develops after some sensitizing contact with latex.

Non-patient specific order: A standing order or protocol authorized by a physician or certified nurse practitioner, authorizing an RN to administer anaphylactic treatment agents to a student/ or staff member in anaphylaxis even if there is no known history.

Self-directed: An individual who is capable and competent to understand a personal care procedure, can correctly administer it to him/herself each time it is required, has the ability to make choices about the activity, understands the impact of those choices, and assumes responsibility for the results of the choices.
Whether a student should be considered self-directed should be based on the student's cognitive and/or emotional development rather than age or grade. Factors such as age of reason and mental/emotional disability are additional considerations in determining a student's ability to be self-directed. Usually a student may be considered to be self-directed if he/she is consistently able to do all of the following:

· Identify the correct medication (e.g., color, shape)
· Identify the purpose of the medication (e.g., to improve attention)
· Determine the correct dosage is being administered (e.g., one pill)
· Identify the time the medication is needed during the school day (e.g., lunch time, before/after lunch)
· Describe what will happen if medication is not taken (e.g., unable to complete school work)
· Refuse to take medication if student has any concerns about its appropriateness.

Twinject® and Twinject Jr.®: This is an auto-injector that delivers epinephrine rapidly and easily. If symptoms reappear before emergency help arrives, Twinject provides a built-in second dose of medication which is a standard injection and can only be given by a licensed professional. **Twinject® is a registered trade name of Versus Pharmaceuticals*

Sample Policy

School Name: _____

1. **Background:**

- *(Allergy and Anaphylaxis Overview)*
  The incidence of severe allergic reactions has been rising at an alarming rate, especially with regard to food. Other common causes of anaphylaxis include allergies to latex, medications, and insect stings.

2. **Pathophysiology and treatment:**
   Anaphylaxis can affect almost any part of the body and cause various symptoms. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which are potentially fatal.

- Medications:
  - Epinephrine
  - Anithistamines

  Treatment of anaphylaxis is centered on treating the rapidly progressing effects of the histamine release in the body with epinephrine. The allergen should also be removed immediately.

3. **Creating an Allergen-Safe School Environment**
   (Importance of Prevention)

- Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis.

- Avoidance of exposure to allergens is the key to preventing a reaction.

- The risk of exposure to allergens for a student is reduced when the school personnel, medical provider and parent/guardian work together to develop a management plan for the student.

- Educating the entire school community about life-threatening allergies is important in keeping students with life-threatening allergies safe.

Identifying the School Team *(identify the team members and clearly define their roles and responsibilities)*

- School District administration
- School Nurse
- School Medical Director
- Teachers
- Food Service Personnel
- Coaches, Athletic Directors, and After School Volunteers
- Transportation Personnel

4. **Action Steps for Anaphylaxis Management**
   (Review the Anaphylaxis Algorithm and make adjustments as needed.)

- Providing necessary precautions and general training for staff in transportation, classrooms, the cafeteria, or the gymnasium;
- Training by licensed medical personnel/ registered professional nurses for all adults in a supervisory role in the recognition and emergency management of a specific medical condition for specific students;
- Creating Individual Health Care Plans (IHP), Emergency Care Plans (ECP), 504 Plans, or Individualized Educational Plans (IEP) as indicated;
- Having standing emergency medical protocols for nursing staff;
- Maintaining stock supplies of life saving emergency medications, as allowed by the laws of NYS, such as EpiPens, in all health offices for use in first time emergencies;
- Following specific legal documents duly executed in accordance with the laws of NYS with medical orders regarding the care of specific students with severe life-threatening conditions;
- Allowing self-directed students as assessed by the school nurse to carry life saving medication with prior approval by the medical provider, and according to health practice and procedures, as long as duplicate life saving medication is also maintained in the health office in the event the self-carrying student misplaces their medicines; and
- Assuring appropriate and reasonable building accommodations are in place within a reasonable degree of medical certainty

5. **Resources**
   (If deemed appropriate information from:)

- Health History
- Care Plan (IHP or ECP)
- Online training course
- Available at www.schoolhealthservicesny.com

Sample Forms and Letters

- **Allergy Action Plan**
- **Sample Health History**
- **School Allergy Action Item Checklist**
- **Sample Individualized Healthcare Plan**
- **Sample Emergency Care Plan**
- **Anaphylaxis Management Algorithm**

Food Allergy Action Plan

Place Child's Picture Here

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

ALLERGY TO:_____ Page 48 _____

Asthmatic Yes* ☐ No ☐ *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

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†	Weak or 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

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

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg
(see reverse side for instructions)

Antihistamine: give_____
medication/dose/route

Other: give_____
medication/dose/route

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

◆ STEP 2: EMERGENCY CALLS ◆

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

2. Dr. _____ Phone Number: _____

3. Parent_____ Phone Number(s) _____

4. Emergency contacts:
   Name/Relationship Phone Number(s)

a. _____ 1.)_____ 2.) _____

b. _____ 1.)_____ 2.) _____

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

Parent/Guardian's Signature_____ Date_____

Doctor's Signature_____ Date_____
(Required)

TRAINED STAFF MEMBERS

1. _____ _ Room _____

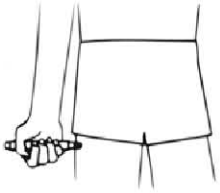
2. _____ Room _____

3. _____ Room _____

EpiPen® and EpiPen® Jr. Directions

- **Pull off gray activation cap.**

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



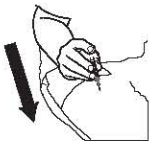
- **Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.**

Twinject® 0.3 mg and Twinject® 0.15 mg Directions

- **Remove caps labeled "1" and "2."**
- **Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.**

<u>SECOND DOSE ADMINISTRATION</u>:
If symptoms don't improve after 10 minutes, administer second dose:

- **Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.**
- **Slide yellow 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.*

The Food Allergy & Anaphylaxis Network

SAMPLE ALLERGY ACTION ITEMS CHECKLIST

Parent/guardian Considerations

- ❑ Provide health history to school nurse and/or administration
- ❑ Obtain necessary healthcare provider's written orders for emergency medications
- ❑ Bring emergency medications (EpiPen®, Twinject®, Benadryl®) to school
- ❑ Provide school nurse with emergency contact phone numbers, keep them updated
- ❑ Provide alternate snacks as needed to be kept at school

Student Considerations

- ❑ Have age appropriate understanding of allergy, allergens, and the risk of exposure
- ❑ Tell an adult at school if experiencing symptoms of an allergic reaction
- ❑ Discuss feelings with school nurse/parent/guardian/mental health staff regarding allergy
- ❑ Learn to identify products containing allergens
- ❑ Comply with school environment accommodations (cafeteria, classroom, etc.)
- ❑ Read labels vigilantly to watch for allergens

Classroom Considerations*

- ❑ Student should have his/her own desk and chair – discreetly label as appropriate with parent/guardian permission, environment should be "allergen safe"
- ❑ Send home letter to all parent(s)/guardian(s) requesting that allergen safe snacks be sent in
- ❑ Have all students wash hands thoroughly after snacks and lunch
- ❑ Wash student desk with a separate cloth or disposable wipes
- ❑ Do not use containers that have been exposed to allergens in preparation of foods
- ❑ Read labels vigilantly to watch for allergens
- ❑ Implement any 504 Plan or IEP accommodations

Nurse Considerations

- ❑ Write and review care plans (IHP, ECP) with school personnel at least twice a year
- ❑ Train appropriate school personnel regarding emergency care
- ❑ Teach staff to recognize and respond to allergic student needs; read labels carefully
- ❑ Collaborate with administration to train faculty and provide safe environment (post signs on classroom doors as needed)
- ❑ Develop protocols and train staff as to specific roles in an emergency situation

Cafeteria Considerations

- ❑ Designate an "allergen safe" table away from garbage cans and food service area
- ❑ Use paper placemat for student as available
- ❑ Encourage other students to bring allergen safe lunches to eat with student
- ❑ Discreetly label a separate chair for allergic student, if possible, with parent/guardian permission
- ❑ Wash table and chair with separate cloth and cleaner

FOLLOW EMERGENCY CARE PLAN IN THE EVENT OF AN EMERGENT SITUATION!

*Note: Common household cleaning agents such as Formula 409®, Lysol® Sanitizing wipes, and Target brand® cleaner with bleach, effectively remove peanut allergen from tabletops and other surfaces. Antibacterial gels are not effective in removing food allergens.

Revised and used with permission of the Glens Falls Central School District

SAMPLE

HEALTH HISTORY - Caring for Students with Allergies

Student Name: _____ Date of Birth: _____ Grade:_____

Primary Health Concern: _____

Secondary Health Concern(s): _____

Healthcare Provider's Name: _____ Phone: _____

Diagnosis (note specific allergens): _____

At what age was the student diagnosed with an allergy? _____

_____

What symptoms led to the diagnosis? _____

_____

What are the student's usual symptoms? _____

_____

Approximately how many allergic reactions has the student experienced? _____

When was his/her last allergic reaction? _____

Has the student been hospitalized as a result of an allergic reaction?

☐ Yes How many times? _____ ☐ No

Does the student have an early awareness of the onset of an allergic reaction? _____

What treatment does the student usually require for an allergic reaction? _____

Has the student experienced an allergic reaction at school before? _____

If so, please describe the latest incident: _____

_____

Does the student have asthma?: ☐ Yes ☐ No (Asthma can increase the severity of a reaction) How have previous allergic reactions affected his/her asthma? _____

_____

Is the student self-directed? ☐ Yes ☐ No

Is there anything else that the school should know to take the best care we can of your student?

_____

All school health information is handled in a respectful and confidential manner. May the school health office staff share this information with school staff on a "need to know" basis? ☐ Yes ☐ No

Parent/Guardian Signature _____ Date _____

HEALTH SERVICES – School Year: _____

SAMPLE EMERGENCY CARE PLAN – ALLERGY

Student Name: _____ **DOB:** _____ **Grade:** _____

Identified Allergen(s): _____

Asthma: ❑ Yes ❑ No Other relevant health concerns: _____

Student Picture	*Contact Information* Mother: Name: _____ Phone: (H) _____ (W/C) _____ Father: Name: _____ Phone: (H) _____ (W/C) _____ Emergency Contact: _____ Phone: (H) _____ (W/C) _____ Additional contacts if needed: _____

Building Health Office / School Nurse: _____ Phone: _____

If nurse can't be reached, call: _____

AN ALLERGIC REACTION MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:

- ✪ ***General:*** Dizziness, loss of consciousness, feeling of panic or doom
- ✪ ***Mouth:*** Swelling of lips, face, tongue, throat; a report that the mouth "feels hot"
- ✪ ***Breathing:*** Wheezing, difficulty breathing, congested, cough, tightness of throat
- ✪ ***Stomach:*** Discomfort, nausea, vomiting, abdominal cramps, diarrhea
- ✪ ***Skin:*** Hives, swelling, rash

When you see any of the above symptoms, it is important to initiate the following plan of care:

If possible, rinse the area or mouth with large amounts of water.

Provide the following medication as ordered by the student's healthcare provider:

Benadryl: ❑ Yes ❑ No Dosage: _____

Directions for administration: _____

Epinephrine: ❑ Yes ❑ No Dosage: _____

Directions for administration: _____

If epinephrine is given, emergency medical services (911) should be accessed immediately.

Report that the student is having an allergic reaction and indicate that you require Advanced Life Support with additional epinephrine.

- ❑ Treatment should be initiated immediately following exposure without waiting for symptoms (per healthcare provider)
- ❑ Treatment should be initiated only following the appearance of symptoms (per healthcare provider)

Healthcare Provider's Name: _____ Phone: _____

Preferred Hospital: _____

Emergency Plan written by: _____ Date: _____

The parent / guardian signature authorizes the school to share this information with school staff on a "need-to-know" basis. In the event of an emergency, care will be initiated and parents will be contacted.

This plan is in effect for the current school year and summer session as needed only.

Parent / Guardian Signature: _____ Date: _____

SAMPLE INDIVIDUALIZED HEALTHCARE PLAN

Student Name: **Jane Jones** Date of Birth: 1/1/98 Grade: 4

Primary Health Concern: Food Allergy: Peanuts and Peanut Products

Secondary Health Concern(s): Asthma

Risk for Anaphylactic Reaction due to Exposure to Peanuts or Peanut Products

Nursing Diagnoses:

Ineffective breathing pattern related to: inflammation of airway, bronchospasm *(NANDA 0032)*

Effective therapeutic regimen related to school management of food allergy care *(NANDA 00082)*

Action Items:

- Assist Jane to recognize symptoms of an allergic reaction and encourage her to access appropriate care and medications when needed.
- Assist Jane to become independent in identifying foods that may contain allergens, initiate personal strategies for avoiding allergens, and react with intention in the event of exposure to an allergen as appropriate.
    - Assist Jane in understanding administration and action of medications needed for treatment in an emergent situation.
- Communicate with parent/guardian to obtain a complete health history for Jane and to assist in developing plans for Jane's care at school.
- Collaborate with faculty and staff to provide appropriate guidance in creating a safe classroom and school environment to minimize the risk of exposure to peanuts and peanut products.
    - Provide faculty with presentation related to peanut allergy management.
- Develop emergency protocols (and initiate care as needed) that include:
    - Accessing emergency care at school, as well as EMS as needed.
    - Medication protocols (including orders from healthcare provider)
        - Instruct staff in epinephrine administration as appropriate.
    - Emergency Care Plan that outlines emergency care to school staff, including teachers, , support staff, food service staff, custodial staff, transportation staff
    - Address specific issues that may be present for field trips and other educational activities that occur at an off campus location.

Anticipated Results:

Jane will avoid exposure to allergens at school and not experience difficulties breathing.
Jane will be treated appropriately and without delay in the event of an allergic reaction.
Jane will understand her allergy and be an active participant in her management and care.
.

Student Name: **Jane Jones** Date of Birth: 1/1/98 Grade: 4
Primary Health Concern: Food Allergy: Peanuts and Peanut Products

Secondary Health Concern(s): Asthma

Evaluation:

The school nurse will conference with Jane on a monthly basis to assess knowledge and confidence level as related to care for her health issues The school nurse will provide training and consultation with teachers in direct supervision of Jane at least twice a year and as needed. Provide faculty presentation at fall faculty meeting to address concerns with reinforcement at the beginning of the second half of the school year.

Risk for Impairment with Breathing due to Asthma

Nursing Diagnoses:

Ineffective airway clearance associated with inflammation causing brochoconstriction and ineffective air exchange *(NANDA 00031)*

Risk for activity intolerance related to potential for breathing difficulties *(NANDA 00094)*

Action Items:

- Work with Jane to educate her and establish a partnership with her regarding care of her asthma at school:
    - Medicate PRN and 20 minutes before physical education class or as ordered by her healthcare provider.
    - Identify symptoms of an asthma episode.
    - Describe treatment needed in the event of an asthma episode. Demonstrate proper use of her peak flow meter and interpretation of the identified result.
    - Identify medications and be able to describe their action and mode of administration (long-acting or rescue inhalers, inhaler or nebulizer treatment).
- Establish medication protocols and discuss with school staff as needed.
- Provide faculty with training and information needed to support Jane at school.
    - Discuss daily issues regarding asthma.
    - Stress that Jane's asthma may cause an allergic reaction to be more severe.
- Collaborate with physical education and recess staff to highlight Jane's need for medication as well as limited physical activity during periods of asthma exacerbations.
- Address asthma needs in Jane's Emergency Care Plan.

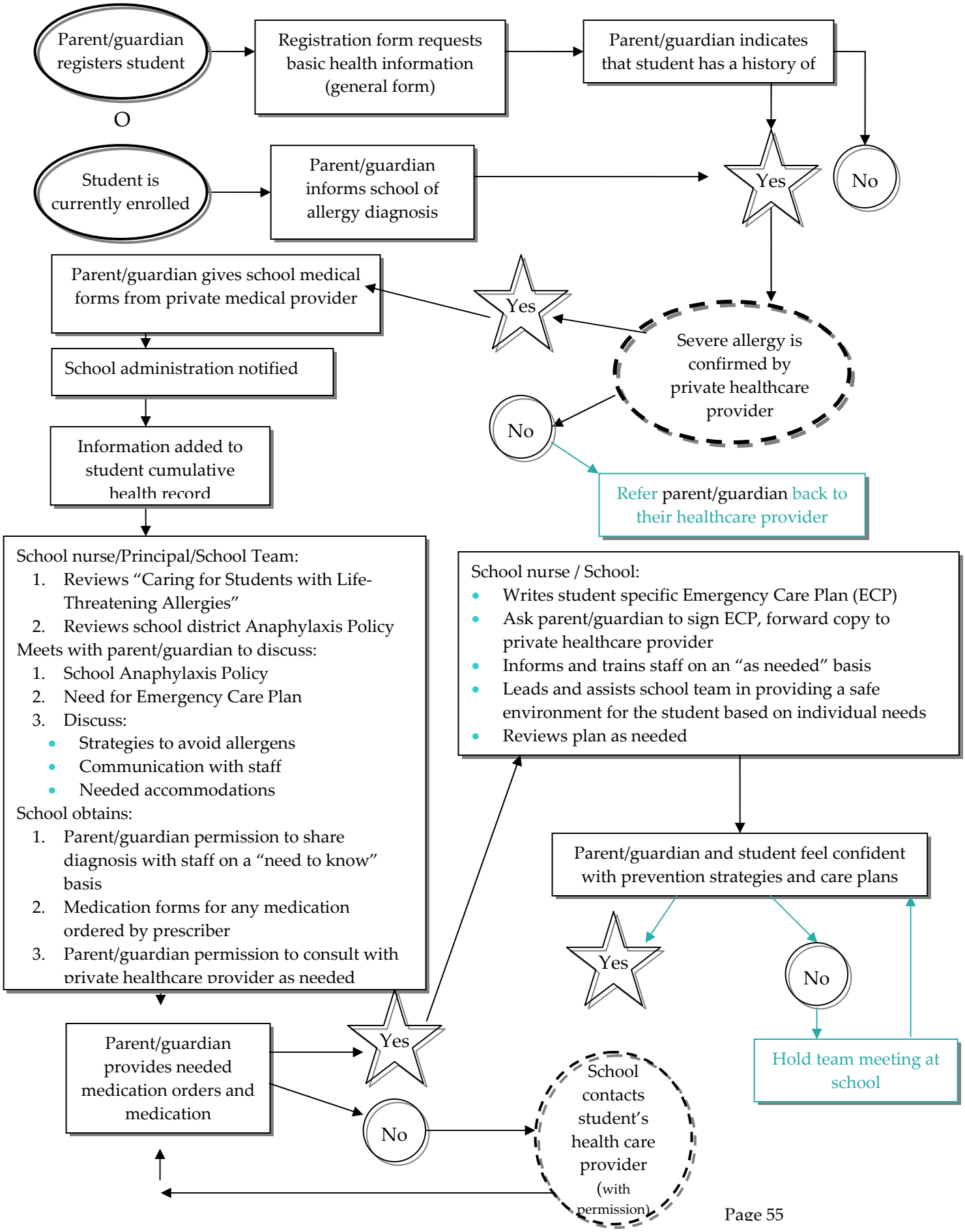
Anticipated Results:

Jane will be successful in participating in her asthma management at school.

Jane will participate fully in her educational program.

Evaluation:

The school nurse will conference with Jane on an informal basis to determine management questions and concerns.

The school nurse will contact the parent/guardian as needed to discuss Jane's health status.

Anaphylaxis Management