

# Guidelines for Care of Students with Anaphylaxis



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**March 2009**



# **Guidelines for Care of Students with Anaphylaxis**

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# Guidelines for Care of Students with Anaphylaxis

## INTRODUCTION AND ACKNOWLEDGMENTS

The 2007 Washington State Legislature appropriated \$45,000 for the Office of Superintendent of Public Instruction (OSPI) “to convene a workgroup to develop school food allergy guidelines and policies for school district implementation in 2008–09.” The guidelines were completed and reported to the legislature on March 31, 2008, and then disseminated to all public and private school districts. The *Guidelines for the Care of Students with Life-Threatening Food Allergies* (March 2008) is available online at <http://www.k12.wa.us/HealthServices/pubdocs/GuidelinesCareStudentsAllergies.pdf>.

The 2008 Washington State Legislature appropriated an additional \$45,000 for OSPI, in consultation with the Washington State Department of Health (DOH), “to develop anaphylactic policy guidelines for schools to prevent anaphylaxis and deal with medical emergencies resulting from it” [RCW 28A.210.380](#). An anaphylaxis workgroup met, reviewed, and amended the *Guidelines for the Care of Students with Life-Threatening Food Allergies* (March 2008) to reflect the broader scope of care encompassing all students with anaphylaxis. See Appendix A for a list of the 2008 workgroup members.

OSPI acknowledges and thanks the members of the committee for their time, sharing their expertise, and their ongoing interest and support. The committee members help ensure this document will provide useful, comprehensive guidelines for schools, parents, students, and their medical providers.

## PURPOSE

The purpose of this educational guide is to provide families of students with life-threatening allergies, school personnel, and medical providers with the information, recommendations, forms, and procedures necessary to provide students with a safe learning environment at school and during all other nonacademic school-sponsored activities. A comprehensive plan led by the school nurse must be cooperatively developed with families, school staff, and the medical provider. Plans that are reasonable and appropriate for implementation in the public school setting are developed to meet the individual needs of students and their families through this cooperative effort.

The guidelines address only students with acute life-threatening allergies that could precipitate an anaphylactic reaction during the school day or any time the student is in the custody of the school, such as a field trip or after-school sport.

Schools have a responsibility to students with life-threatening health conditions and anaphylaxis under state law and to students with disabilities under federal law. Schools may have a responsibility to address other health concerns (non-anaphylactic reactions) impacting students during the school day. Additional information is provided in Appendix B to address other food-related concerns such as food intolerances.

The guidelines provide:

- General information about allergies and anaphylaxis (Section 1).
- Information concerning state and federal laws (Section 2).
- Guidelines for school districts to use in developing anaphylaxis policies and procedures. (Section 3).
- Suggested roles and responsibilities of school staff (Section 4).
- Sample forms and tools to use in schools and communities (Section 5).
- Resources (Section 6).
- Frequently Asked Questions (Section 7).
- References (Section 8).
- Common Definitions (Section 9).

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## SECTION 1

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### OVERVIEW OF ALLERGIES AND ANAPHYLAXIS

#### ALLERGY

Several million Americans suffer from allergies. According to the American Academy of Allergy Asthma and Immunology (AAAAI), approximately 50 million Americans have some form of allergic disease and note that the incidence is rising. Allergy is an immune response that causes antibodies (Immunoglobulin E or IgE) to respond to allergens. Allergens are substances that trigger an allergic response such as dust mites, animal dander, pollens, and mold.<sup>1</sup>

#### ANAPHYLAXIS

Some allergens such as food, medication, insect stings, and latex can trigger a severe, systemic allergic reaction called anaphylaxis. Anaphylaxis is a life-threatening allergic reaction that may involve systems of the entire body. Anaphylaxis is a medical emergency requiring immediate medical treatment and follow up care by an allergist/immunologist. **Deaths have occurred in schools because of delays in recognizing and responding to symptoms with immediate treatment and further medical interventions.**

#### FOOD ALLERGY

Food allergy is a growing concern in the United States and creates a significant challenge for children in school. Increasing numbers of children are diagnosed with life-threatening food allergies (6–8 percent) that may result in a potentially life-threatening condition (anaphylaxis). Currently, there is no cure for life-threatening food allergies. The only way to prevent life-threatening food allergies from occurring is strict avoidance of the identified food allergen. Critical to saving lives are plans that include life-threatening food allergy education and awareness, avoidance of allergens, and immediate treatment of anaphylaxis.

Food allergies are a group of disorders distinguished by the way the body's immune system responds to specific food proteins. In a true food allergy, the immune system will develop an allergic antibody called Immunoglobulin E (IgE), sensitive to a specific food protein. Children with moderate to life-threatening eczema have about a 35 percent chance of having food protein specific IgE. Manifestations of food allergies range from mild skin reactions to life-threatening reactions.<sup>2</sup> Children with allergies to environmental agents such as pollens and dust mites are more likely to develop food allergies; and those with asthma and food allergies are at the highest risk of death from food allergies.

Ingestion of the food allergen is the principal route of exposure leading to allergic reactions. Even very minute amounts of food particles (for example, a piece of a peanut) can, in some instances, quickly lead to fatal reactions unless prompt treatment is provided. Research indicates exposure to food allergens by touch or inhalation is extremely unlikely to cause a life-threatening reaction. However, if children with life-threatening food allergies touch the allergen and then place their fingers in their mouth, eye, or nose, the exposure becomes ingestion and could lead to anaphylaxis. The amount of allergen capable of triggering a life-threatening reaction is dependent upon the sensitivity level of each individual child.

The top eight most common food allergens are: milk, eggs, peanuts, tree nuts (such as pecans and walnuts), shellfish, fish, wheat, and soy; although an individual can have an allergy to any food. The most prevalent food allergens for children are milk, eggs, and peanuts; while for adults the most prevalent allergens are shellfish and peanuts. Children will frequently outgrow an allergy to eggs, milk, and soy. However allergies to peanuts, tree nuts, fish, and shellfish usually continue into adulthood. **Not eating the foods the child is sensitive to is the only proven therapy at this time.**

## **INSECT ALLERGY**

Insect allergy is an underreported event that occurs every year to many adults and children. Approximately 3 percent of adults and 1–2 percent of children may be at risk for anaphylaxis from insect stings. Stinging insects commonly include bees, hornets, yellow jackets, paper wasps, and fire ants. For most, complications include pain and redness at the bite site. However, some people have a true allergy to insect stings that can lead to life-threatening systemic reactions (anaphylaxis). In these cases, prompt management of the reaction is needed. Immunotherapy (allergy shots) is available for some types of stinging insects. Allergy shots reduce the risk of severe reactions.

## **LATEX ALLERGY**

Latex products such as balloons, gloves, and gym equipment are a common cause of allergic-type reactions. Two common types of reactions include contact dermatitis and immediate allergic reactions. Contact dermatitis, a type of localized allergic reaction to the skin, 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. Exposure can lead to anaphylaxis depending on the amount of allergen exposure and the degree of sensitivity. Students with latex allergies may also need to avoid certain foods including many fruits such as bananas, kiwi, and papaya. Latex 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.

## OTHER CAUSES OF ANAPHYLAXIS

Other causes of anaphylaxis may include: medications (such as penicillin, aspirin, and muscle relaxants), exercise, temperature extremes, certain medical procedures, and psychological as well as other unknown causes.

## SYMPTOMS OF ANAPHYLAXIS

In some individuals, symptoms may appear in only one body system such as the skin or lungs, while in others, symptoms appear in several body systems. The symptoms range from mild to life-threatening and may quickly become life-threatening depending upon the sensitivity of the individual and the amount of allergen exposure. Prior reactions are the best predictor of the severity of future reactions; but no one can predict with certainty how a reaction will occur or progress.

Life-threatening anaphylaxis symptoms usually happen within the first 20 minutes of exposure. Sometimes, however, the symptoms subside, then return hours later. In some cases, serious reactions might take hours to become evident. **Food is the leading cause of anaphylaxis in children. Children who have asthma and food allergies are at a greater risk for anaphylaxis and may often react more quickly requiring aggressive and prompt treatment.**

Signs and symptoms of harmful reactions may include any or several of the following and may require immediate emergency treatment:

### Skin

- Hives, skin rashes, or flushing.
- Itching/tingling/swelling of the lips, mouth, tongue, throat.
- Nasal congestion or itchiness, runny nose, sneezing.
- Itchy, teary, puffy eyes.

### Respiratory

- Chest tightness, shortness of breath, wheezing, or whistling sound.
- Hoarseness or choking.

### Gastro-Intestinal

- Nausea, vomiting, dry heaves.
- Abdominal cramps or diarrhea.

### Cardiovascular

- Dizziness, fainting, loss of consciousness.
- Flushed or pale skin.
- Cyanosis (bluish circle around lips and mouth).

### Mental/Psychological

- Changes in the level of awareness.
- A sense of impending doom, crying, anxiety.
- Denial of symptoms or severity.

### **More subtle symptoms of a severe reaction may include:**

- Exhibit screaming or crying.
- Very young children will put their hands in their mouth or pull at their tongues.

### **Or will say:**

- This food's too spicy. It burns my mouth or lips.
- There's something stuck in my throat.
- My tongue and throat feel thick.
- My mouth feels funny. I feel funny or sick.<sup>3</sup>

## **TREATMENT**

Anaphylaxis is a potentially life-threatening condition, requiring immediate medical attention. **Most fatalities occur due to delay and delivery of the needed medication.** Although many medications may be used for treating anaphylaxis, **epinephrine is the life-saving medication that must be given immediately to avoid death.**

*“Epinephrine has long been regarded as the treatment of choice for acute anaphylaxis. This is true despite the recognition of its potential hazards. Alternative treatments - such as antihistamines, sublingual isoproterenol, inhaled epinephrine, and corticosteroids without epinephrine - have failed to prevent or relieve severe anaphylactic reactions. It is therefore inappropriate to use them for the first-line treatment or prevention of anaphylaxis.”<sup>4</sup>*

Epinephrine, also known as adrenaline, is a natural occurring hormone in the body. It is released in the body in stressful situations known as the “fight or flight syndrome.” It increases the heart rate, diverts blood to muscles, constricts blood vessels, and opens the airways. Administering epinephrine by injection (such as an EpiPen® auto-injector) quickly supplies individuals with a large and fast dose of the hormone. An injection of epinephrine will assist the student temporarily. Sometimes, a second dose is needed to prevent further anaphylaxis before the student is transported to a medical facility for further emergency care. **If a child is exhibiting signs of a life-threatening allergic reaction, epinephrine must be given immediately and the Emergency Medical Services (EMS) 911 called for transport. There should be no delay in the administration of epinephrine.** Section 4 covers additional information regarding epinephrine training.

All students will require the help of others, regardless of whether they are capable of epinephrine self-administration. The severity of the reaction may hamper their attempt to self-inject. **Adult supervision is mandatory.**

The American Academy of Allergy Asthma and Immunology (AAAAI) notes, *“all individuals entrusted with the care of children need to have familiarity with basic first-aid and resuscitative techniques. This should include additional formal training on how to use epinephrine devices...”<sup>5</sup>*

## **RISK REDUCTION**

Prevention is the most important method to manage anaphylaxis. Avoidance of exposure to the allergen is the best way to prevent a reaction. Each school district must consider how to implement districtwide preventative measures. See Section 3 for a list of risk reduction strategies.

Most (but not all) anaphylactic reactions in school are caused by accidental exposure to food allergens. **Schools are a high-risk setting due to the large number of students and staff, increased exposure to the offending allergen, and cross-contamination.** Schools should, however, strive to maximize inclusiveness to the greatest extent possible without sacrificing safety.

### **Areas or activities requiring special attention:**

#### **Substitute or Guest Teacher Training**

- No student with an allergy should be left in the care of untrained staff.

#### **Cafeteria**

- Establish appropriate cleaning protocols to remove allergens and avoid contamination of tables where food allergic students will be eating.
- When possible, keep cafeteria windows closed and outdoor garbage storage away from eating, studying, and play areas.
- Encourage and facilitate students to wash their hands before AND after eating.

#### **Food Sharing**

- Establish a school rule to prevent sharing of food throughout the school day.

#### **Activities**

- 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, and after-school programs.
- Staff being unaware of the student with an allergy – all staff, including substitutes.

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## SECTION 2

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### STATE AND FEDERAL LAWS

Several state and federal laws provide protection for students with life-threatening allergies. School districts are legally obligated by these laws to ensure students with life-threatening allergies are safe at school. School districts must have and follow their own policies and procedures for the health and well-being of such students.

### WASHINGTON STATE LAWS

#### **RCW 28A.201.260 Administration of Oral Medication in School**

This law describes the administration of oral medications in the school setting. It also states who may administer oral medication and under what conditions and circumstances. See [RCW 28A.210.260–270](#).

#### **RCW 28A.210.270 Immunity from Liability**

Under this law, districts are not liable for students receiving oral medication administration when the district is in substantial compliance with the law. To review, see [RCW 28A.210.260–270](#) or the OSPI Bulletin B034-01 at <http://www.k12.wa.us/HealthServices/pubdocs/b034-01.pdf>.

#### **RCW 18.79 Nursing Care**

This law describes the practice of Registered Nurses, Licensed Practical Nurses, and Advanced Registered Nurse Practitioners who may provide nursing care to individuals for compensation. The law includes the administration of medications, treatments, tests, and inoculations, whether or not the severing or penetrating of tissues is involved and whether or not a degree of independent judgment and skill is required. One exception to the statute, as stated above under the school law [RCW 28A.210.260–270](#), allows nurses to delegate, with training and supervision, oral medication administration to unlicensed staff under specific conditions. Another exception in the Nurse Practice Act (RCW 18.79.240 (1) (b)) allows for the administration of medication in the case of an emergency. This exception includes the administration of injectable epinephrine during an anaphylactic, life-threatening emergency. To review, see [RCW 18.79](#).

#### **RCW 28A.210.320 Children with Life-Threatening Health Conditions**

This law adds a condition of attendance for students with life-threatening conditions. Treatment and medication orders and nursing care plans requiring medical services must be in place prior to the student's first day of school. For additional information see [RCW 28A.210.320](#), [WAC 392-380-005–080](#), and OSPI Bulletin B061-02 at <http://www.k12.wa.us/HealthServices/pubdocs/SHB2834-ESSB6641/B061-02.pdf>.

### **RCW 28A.210.370 Students with Asthma [and Anaphylaxis]**

This law directs the OSPI and the Secretary of the DOH to develop a uniform policy for all school districts providing for the inservice training for school staff on symptoms, treatment, and monitoring of students with asthma. See the staff policy title for additional information. The law also provides students may self-administer and self-carry medication for asthma and anaphylaxis contingent upon specific conditions. Additionally, students are entitled to have backup asthma or anaphylaxis medication, if provided by the parent, in a location to which the student has immediate access. See [RCW 28A.210.370](#) for further details.

### **RCW 28A.210.380 Anaphylaxis–Policy Guidelines–Procedures–Reports**

This law directs the OSPI, in consultation with the DOH, to develop anaphylactic policy guidelines for schools to prevent anaphylaxis and deal with medical emergencies resulting from it by March 31, 2009. By September 1, 2009, each school district shall use the guidelines to develop and adopt a school district policy for each school in the district to follow to assist schools to prevent anaphylaxis. See [RCW 28A.210.380](#) for the entire law.

### **RCW 28A.210.255 Provision of Health Services in Public and Private Schools–Employee Job Description**

This law states any employee of a public school district or private school who performs health services, such as catheterization, must have a job description listing all of the health services the employee may be required to perform for students. See [RCW 28A.210.255](#).

### **RCW 4.24.300 Good Samaritan Law–Immunity from Liability in Medical Care**

This law provides immunity from civil damages resulting from any act or omission in the rendering of emergency care for a volunteer provider of emergency medical services, without compensation. In the school setting, trained and compensated staff are responsible to intervene in student emergencies. See [RCW28A.210.360](#) for details.

## **FEDERAL LAWS AND REGULATIONS**

### **Section 504 of the Rehabilitation Act of 1973 (Section 504)**

Under this law, public school districts have a duty to provide a free and appropriate public education (FAPE) for students with disabilities. A student with a life-threatening food allergy qualifies as a disabled student under Section 504. This section of the federal law protects disabled public school students from discrimination. See 504 information at <http://www.ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html> or Frequently Asked Questions (FAQs) and further information from the Office for Civil Rights at <http://www.ed.gov/about/offices/list/ocr/504faq.html>.

### **The Americans with Disabilities Act (ADA) of 1990**

The ADA law also prohibits the discrimination of individuals with a disability. A life-threatening food allergy is identified as a physical disability that substantially limits one or more major life activities. See <http://www.eeoc.gov/policy/ada.html>.

### **The Individuals with Disabilities Education Act of 1976 (IDEA)**

IDEA is a federal law that governs how states and public agencies provide early intervention, special education, and related services. IDEA district procedures must be followed if the student is determined to be eligible for special education services. For additional information, visit <http://www.k12.wa.us/SpecialEd/regulations.aspx>.

### **Accommodating Children with Special Dietary Needs in the School Nutrition Programs—Child Nutrition Program Regulations: 7 CFR Part 15b; 7 CFR Sections 210.10(i)(1), 210.23(b), 215.14, 220.8(f), 225.16(g)(4), and 226.20(h)**

The United States Department of Agriculture (USDA) provides guidance for public schools concerning special dietary needs of children. The school must provide a special diet if requested by the parent of a student with a life-threatening food allergy. However, the diet must follow USDA guidelines, including a special diet order as defined under the School Nutrition Services on page 28 of this document. If a student does not have a life-threatening food allergy, school nutrition services may, but are not required to, make food substitutions. To review the entire federal guide, see [http://www.fns.usda.gov/cnd/Guidance/special\\_dietary\\_needs.pdf](http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf).

### **The Family Education Rights and Privacy Act of 1974 (FERPA)**

Under FERPA, student information is protected by restricting access to individual student records. The law addresses student confidentiality including the notification of student and parental rights regarding access to student records. In schools, student specific information and records may be shared with school personnel only under certain circumstances. See <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

### **McKinney-Vento Homeless Assistance Act, Subtitle VII-B**

Each state educational agency shall ensure that each child of a homeless individual and each homeless youth has equal access to the same free, appropriate public education, including a public preschool education, as provided to other children and youths. Additional information is available online at <http://www.k12.wa.us/HomelessEd/resources.aspx>.

### **Occupational Safety and Health Administration (OSHA) and Washington Industrial Safety Health Act (WISHA)**

The federal regulatory agency sets standards that include the provision for the possible employee exposure to bloodborne pathogens. WISHA addresses requirements and procedures for the protection of Washington State workers with the potential for occupational exposure to bloodborne pathogens. See <http://www.lni.wa.gov/wisha/Rules/bbpathogens/PDFs/823-Complete.pdf>.

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## SECTION 3

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### SCHOOL DISTRICT POLICIES AND PROCEDURES

School district policies and procedures on anaphylaxis need to address several components, including the multiple allergens that can cause anaphylaxis, the age and developmental stage of students, and the different physical properties and organizational structures of schools. Policies and procedures should incorporate the following content:

- A procedure for the development of an individual health plan and/or emergency care plan for students at risk of anaphylaxis including the following elements:
  - A procedure for each school to follow to develop a treatment plan including the responsibilities of school nurses and other appropriate school staff responding to a student who may be experiencing anaphylaxis.
  - A communication plan for the school to follow to gather and disseminate information on students with food or other allergies who may experience anaphylaxis.
  - A procedure addressing emergency response.
  - An inservice training plan for all school staff in awareness, avoidance prevention, recognition of anaphylaxis symptoms, and response to anaphylaxis and/or other life-threatening conditions annually.
  - Strategies to reduce the risk of anaphylaxis within the school setting through reasonable efforts to control the exposure of allergens.

#### Emergency Care Plan and/or an Individualized Health Plan

Any student diagnosed with a life-threatening allergy must have an emergency care plan (ECP). Most often the ECP is incorporated into a more comprehensive individual health plan (IHP). An ECP may be separate or a part of the IHP. The ECP/IHP may also be the 504 plan. In accordance with [RCW 28A.210.320](#), the plans must be completed prior to the student attending school. Care plans are developed by the school nurse in collaboration with the family and a team of professionals, addressing the school's overall responsibilities for the provision of a safe school environment. The ECP/IHP is distributed to school staff having contact with the student. The school nurse trains and supervises school staff regarding their responsibilities and care under the guidance of the written care plan(s).

Prior to the beginning of every school year, the school nurse should review the health history forms submitted by parents and obtain any updated information regarding life-threatening allergies. The school nurse may request written permission from the parents to communicate with the student's Licensed Health Care Provider (\*LHCP) if needed.

\* RCW 18.79.260(2), defines licensed health care provider as a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or advanced registered nurse practitioner acting within the scope of his or her license.

**State law requires all students with life-threatening health conditions to have medication or treatment orders, a nursing care plan, and staff training completed prior to attending school.**

An ECP/IHP should then be developed by the nurse with input from the student, parents, and other team members. The parents should supply the medications ordered by the LHCP. If the parents do not provide the appropriate information needed to complete the care plans and orders, the school district may exclude the student from school in accordance with [RCW 28A.210.320](#) (requiring a medication or treatment order as a condition for students with life-threatening conditions to attend public school). However, homeless students are protected under the [McKinney-Vento Homeless Assistance Act](#) and have equal access to the same free, appropriate public education, including a public preschool education, as provided to other children and youths.

### **Developing Individual and Emergency Care Plans –The Team Approach**

The parents and student are the experts on the student's allergy. To ensure a safe learning environment for the student with a life-threatening allergy, the parents and the student should plan to meet with the school nurse, school officials, school nutrition services, and other school staff as necessary to develop the IHP and/or ECP. This meeting needs to occur prior to the student attending school, upon returning to school after an absence related to the diagnosis, and any time there are changes in the student's treatment plan.

Parents of students with life-threatening allergies are very concerned about their child's welfare during the school day. One parent of a student with a food allergy commented, *"I feel that I am sending my child to a school and a district that has not taken seriously enough the responsibility for accommodating kids with food allergies. I do much of the food allergy education; I check up on the substitute teachers; and I try to be in the school as much as possible to make sure I catch what they have missed. It is exhausting."* Having parents actively involved in the development of the IHP/ECP greatly eliminates many unnecessary concerns.

The IHP and/or ECP are integral parts of the overall school policies and procedures for ensuring a safe learning environment for students with life-threatening allergies. The IHP/ECP may serve as the 504 plan as determined by the district. The general guidelines in this manual must be individualized for each student with a life-threatening allergy.

The ECP is distributed to all appropriate school staff trained to respond to a student's anaphylactic emergency. The ECP is student specific and should have a current picture of the student on the plan to aid in identification. Only staff having direct responsibility for the student will be trained in student specific procedures. All school staff should receive awareness training yearly in symptoms of anaphylaxis and how to respond.

The following activities are recommended for school staff and parents in order to complete an ECP:

- Obtain a medication authorization form signed by both parent and LHCP. Obtain a signed release to access information from the student's LHCP, if needed.
- Secure medication and other necessary supplies.
  - Parents should provide all supplies. Districts may assist families in this process.
  - Districts must provide appropriate, secure, accessible storage for supplies as needed. Students may self-carry epinephrine. Backup medication, if supplied by the parent, should be stored in a secure designated location.

**Note:** EpiPen® auto-injectors exposed to temperatures below 59°F or above 86°F may not function properly. The auto-injector has not been tested below or above the United States Pharmacopeia Controlled Room Temperature standard. Districts may want to consider sending EpiPens® home over extended winter breaks when thermostats are set below 59°F.

- Develop disaster preparedness plans to accommodate a minimum of 72 hours without outside access to care.
- Establish an inservice training plan for staff on risk reduction strategies including avoidance prevention, recognizing symptoms of anaphylaxis, administration of epinephrine and other emergency medications, and monitoring of students with life-threatening food allergies. This training should include the student and parents, as appropriate, and should be provided by a RN, ARNP, or LHCP. When the student's IHP/ECP is developed, the school nurse should obtain written parent approval to implement the student's plan of care. If medication and/or treatment orders are included in the plan, there should be written LHCP approval to authorize that portion of the care plan.
- Establish a plan for educating all students generally about allergies and anaphylaxis. The classroom teacher(s), school nurse, student, and parents (with permission) should collaborate on the age appropriate teaching components that fit within the Washington State Essential Academic Learning Requirements.

## **District Planning**

The school district policies and procedures must address a communication plan for the school to follow to gather and disseminate information on students with food or other allergies who may experience anaphylaxis. The communication plan must include safeguards to ensure student confidentiality. It is recommended the school nurse be designated as the lead staff in developing and implementing the communication plan. The plan must include the procedures for disseminating information to substitute school staff.

Using the Coordinated School Health (CSH) model helps in planning for students with life-threatening allergies. Many schools and districts have adopted the CSH model in an effort to ensure coordination and collaboration occurs in schools at all levels for the greatest impact.

The [Centers for Disease Control and Prevention \(CDC\)](http://www.cdc.gov) developed the CSH approach of eight interconnecting components. Each section makes an important contribution to students' well-being and readiness to learn. In a coordinated approach, the components complement each other and have a greater impact than each piece could have by itself. See <http://www.k12.wa.us/CoordinatedSchoolHealth/default.aspx> for additional information.

When a student comes to school with a life-threatening allergy, accommodations are implemented across the school system from the classroom and lunchroom to the playground and on the bus. The CSH structure better ensures staff in the school system communicate and work across silos together with families and communities. Below is a sample using the CSH system for students with life-threatening allergies.



## Emergency Medical Response (EMS/911)

The school district policy and procedural guidelines must address emergency responses identifying:

- When 911 is to be called.
- Who will call 911.
- What kind of medical response is needed (Medic with epinephrine).
- Who is to be notified of the 911 call including notification of parents.
- Who is assigned to meet the EMS first responders.
- What paperwork must be completed and by whom.
- What paperwork is to accompany the student in EMS transport to a medical facility.
- What to do with the used epinephrine injector.
- What are the debriefing procedures.

If epinephrine is administered, an emergency response (911) must be activated. The standard practice is to transport the student to the local medical facility regardless of the student's status at the time of the EMS arrival. A second dose of epinephrine may be necessary. Once transported to a medical facility the student should be observed for four hours because symptoms may return even after initial treatment with epinephrine.

Incident debriefing must occur at school among those who implemented the ECP: the school nurse, the building and district administration, and risk management. Input may be sought from the parents, the student, the first responders, and the student's LHCP. The ECP must be reviewed and revised, if needed. Subsequent training must then follow to address the revised ECP.

### **All School Staff Training**

Life-threatening allergy awareness training for all school staff should occur each school year. This could be included in any all staff training opportunity. There are several resources available to assist districts in this process. If a video or online training media is used, it is recommended that a school nurse is present or identified as a resource for staff to direct questions and/or concerns. See Section 6 for a list of resources.

### **Student Specific Training**

The school nurse conducts student specific training for staff responsible for implementing the student's ECP. Student specific training has three components:

- Training in allergen avoidance procedures to prevent exposure of the student to the food allergen.
- Training in the recognition of symptoms, especially early symptoms.
- Training in the administration of epinephrine and other emergency medications.

Avoidance training must include identifying items for possible exposure such as a list of items that commonly contain allergens that may not necessarily be obvious. Avoidance training is site specific and allergen specific. In the classroom, teachers need to be aware of potential allergens and avoid use in science and laboratory materials, arts and craft materials, snacks, and party foods or supplies. While safety is always the highest priority, inclusiveness is critical. The goal should be to minimize the number of activities in which students at risk for anaphylaxis are treated differently than other students.

More than one staff person must be trained for each situation or location including, but not limited to, the student's classroom teacher, classroom aides, specialists, office staff, and building administrators. Special attention is needed to ensure trained school staff accompanies the student on field trips. **Protocols must be in place to ensure substitute teachers are informed of the student's life-threatening allergy, the location of the ECP, and duties associated with implementing the ECP.**

## Emergency Care Plan Training

Staff designated to implement the student's ECP must be trained by the school nurse or other designated LHCP in early recognition of anaphylaxis symptoms and the administration of epinephrine and other emergency medications. The LHCP prescribes the emergency medication which the parent provides for the school. ECP training occurs annually before the start of the school year and/or before the student attends school for the first time. **It is essential to ensuring the child's safety while at school to secure LHCP orders, develop the ECP, and train designated school staff prior to the child attending school.**

ECP training components include:

- Avoidance strategies for the identified allergen(s).
- Recognition of symptoms and what to do if the student is exposed to the allergen or exposure is suspected.
- Instruction on the administration of epinephrine. Epinephrine auto-injector training tools are available through pharmaceutical or product company representatives or the School Nurse Corps Nurse Administrators in each Educational Service District (ESD).
- Instruction on the administration of oral medication. The student's LHCP may also order an oral antihistamine to be administered.
- School notification procedures for calling 911 (EMS), parents, school nurse, and school administration.
- Pertinent bloodborne pathogen information training with emphasis on safe handling of contaminated sharps (after an EpiPen® is used the needle is exposed).
- Recording of the incident, including medications administered, the amount of medication administered, time, and by whom.
- Confidentiality of health care information.
- Identification of harassment or teasing situations that may result in a student being exposed to the allergen. All students should be taught bullying, harassing, or intimidating will not be tolerated. It is expected students found to be subjecting a student with a life-threatening food allergy to such behavior will be disciplined according to district policies.
- Retraining at least each school year, or if the student's condition changes, or if there is a change in staff assigned to implement the ECP.
- At least annual practice ECP drills.

**There is a natural reluctance to wait to administer epinephrine until symptoms worsen and you are sure the student is experiencing an anaphylactic reaction. There is the same reluctance to call 911. Many fatalities occur because the epinephrine was not administered in a timely manner. Practicing implementation of the ECP can be the most effective strategy to overcome the tendency to delay and to decrease the likelihood of a student fatality.**

**Important:** It is important to obtain a thorough health history to determine if another health condition could potentially put the child at increased risk of a life-threatening allergy. If the student is also asthmatic, the reaction may be more life-threatening and require earlier and more aggressive management based on LHCP orders. Initial anaphylaxis symptoms may occur and be mistaken for asthma or “an upset stomach” including vomiting and abdominal pain. The mistaken reaction may delay necessary treatment.

## **Risk Reduction Strategies**

Several strategies may be used to reduce the risk of anaphylaxis within the school setting through reasonable efforts to control the exposure of allergens. The following list (although not exhaustive) provides many examples of strategies each building and district may consider:

- **Cleaning and sanitation:** Establish effective sanitation and cleaning measures, such as cleaning lunch tables and classroom surfaces with disposable paper towels and cleaning products known to effectively remove food proteins.
- **Hand washing:** Promote hand washing practices following eating to prevent cross-contact using recommended procedures of soap and water or hand wipes when soap and water are not available. **Hand sanitizers are not effective for removing food allergens or dirt.**
- **Discourage food sharing:** Enforce safe practices among students, such as prohibiting meal/snack swapping, utensil swapping among students, and prohibiting eating on school transportation.
- **Allergen-safe zones:** Consider options for allergen-safe zones such as the classroom, lunch tables, or cafeteria zone to decrease exposure to allergens, including latex. Consider plans to ensure that common areas (such as libraries, music, and art rooms) are allergen-safe.
- **Substitute, Playground or Lunchroom Monitors, Volunteers and Other Staff Training:** Students at risk for anaphylaxis should ALWAYS be with an adult who is trained on their emergency response plan. Districts should develop and implement strategies to make sure that these students are never with staff, guest teachers, or volunteers who do not know how to respond in an anaphylactic emergency.
- **Celebrations/Special Events:** Plan for celebrations (birthdays, school parties, holidays, and other school events) which may include alternatives to food for celebrations, provisions for allergy-free foods for celebrations, etc. Resources available at <http://www.state.ct.us/sde/deps/Student/NutritionEd/index.htm>.
- **Science Projects/Other Kits:** Evaluate the safety of these supplies for those with food, latex, and insect allergies.
- **Emergency Preparedness:** Plan for fire drills, lockdowns, or shelter in place, which may include considerations for access to medications or allergy-free foods, etc.
- **Before- and After-school Events and Activities:** When planning school or PTO/PTA sponsored events, accommodations should be made for students with anaphylaxis.

- Discuss use of classrooms and other school facilities by outside groups and safety considerations necessary.
- Insect Allergies: Districts should systematically identify and remove insect nests on or near school grounds before school starts and periodically throughout the school year. Garbage should be properly stored in well-covered containers. Consider restricting eating areas to inside school buildings for students and staff at risk.
- Latex Allergies: Identify and remove latex products in the school environment including: balls, gym equipment, first aid gloves, balloons, etc. Additional information about non-latex alternatives may be reviewed at <http://www.asbah.org/Spina+Bifida/latexallergy.htm>.

## **SPECIAL CONSIDERATIONS**

### **Accommodations**

Under Section 504 of the Rehabilitation Act of 1973, students with life-threatening allergies must be provided environmental accommodations and emergency school health services they need to safely attend school. It is possible a Section 504 accommodation plan would *not* be required for a student with an allergy or intolerance *not* considered a life-threatening condition. If the student is determined to be eligible for services under Section 504, then the district's Section 504 procedures should be followed. The IHP and/or the ECP may serve as the Section 504 accommodation plan. If the student is determined to be eligible for special education services under IDEA, then IDEA district procedures must be followed.

### **Anti-Bullying Policies and Procedures**

The unique health needs of students with life-threatening allergies may cause them to become targets for harassment, intimidation, and bullying. It is helpful for parents and students to know school districts are required by [RCW 28A.300.285](#) to have anti-bullying policies and procedures. It is expected students found to be subjecting a student with a life-threatening allergy to such behavior will be disciplined according to district policies. For additional resources and information regarding bullying visit OSPI's School Safety Center's Web site at <http://www.k12.wa.us/SafetyCenter/HarassmentBullying/default.aspx>.

### **Nursing Practice**

In the school setting, registered nurses (R.N.s) are responsible for developing, implementing, and managing student emergency care plans. This includes the delegation, training, and supervision of student medication administration by non-licensed staff.

Many school nurses asked for clarification on delegating nursing judgment during the *Guidelines for Care of Students with Life-Threatening Food Allergies* (2008) development process. Some parents and/or physicians have requested first giving an

antihistamine for certain symptoms, then waiting and watching (assessing student symptoms for progression of anaphylaxis), and giving epinephrine if additional certain symptoms occur.

[RCW 18.79](#) governs nursing practice. A professional registered nurse is obligated to use RCW 18.79 to determine how nursing care should be carried out. The Nursing Care Quality Assurance Commission (NCQAC) is responsible for regulating the practice of nursing in Washington State. In 1999, the NCQAC adopted and published a decision tree for determining nursing scope of practice. Nurses are expected to employ the [Scope of Practice Decision Tree](#) to resolve nurse practice questions.

### **Sample Decision Tree Process**

**First**, describe the act to be performed.

Sample Question: **Can a professional R.N. (school nurse) delegate to non-licensed school staff the task of assessing the symptoms of a student with life-threatening allergies and determine what medication to administer?**

**Secondly**, review the scope of practice for the nurse's licensure level.

R.N. scope of practice includes assessment, nursing diagnosis, setting goals, planning care strategies, implementing care, delegating care to qualified others, supervising, evaluating, teaching, managing care, maintaining client safety, and collaborating with other health care members.

Questions for each practicing nurse to answer:

1. Is the act expressly permitted or prohibited by the Nurse Practice Act for the license you (nurse) hold?
  - Unsure – go to question 2.
  - Within scope for his/her licensure – go to question 3.
  - Prohibited – STOP.
2. Is the act consistent with at least one of the following:
  - A. Nursing Commission Standards of Practice.
  - B. National nursing organization standards of practice.
  - C. Nursing literature and research.
  - D. Reasonable, prudent nurse in similar circumstances.
    - within scope for his/her licensure – yes – go to question 3.
    - no – STOP, not within the scope of practice.

For example, in this case a nurse would look to RCW 18.79.260 (3) and find,

- (c) ...Acts that require nursing judgment shall not be delegated.
- (d) No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines that it is inappropriate to do so. Nurses shall not be subject to any employer reprisal or disciplinary action by the nursing care quality assurance commission for refusing to delegate tasks or refusing to provide the

required training for delegation if the nurse determines delegation may compromise patient safety.

Additionally, upon consulting with NCQAC staff, it was determined “waiting and watching” could demand a degree of assessment requiring judgment beyond that of a non-licensed individual.

3. Do you (nurse) personally possess the depth and breadth of knowledge to perform the act safely and effectively, as acquired in a pre-licensure program, post-basic program, continuing education program, or structured self-study?
  - Yes – go to question 4.
  - No – STOP until additional knowledge gained.
4. Do you personally possess current clinical skills to perform the act safely?
  - Yes – go to question 5.
  - No – STOP until clinical skills are attained.
5. Is the performance of the act within the accepted “standard of care” which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience and consistent with appropriately established facility/agency policies and procedures?
  - Yes – go to question 6.
  - No – STOP performance of act may place both student and nurse at risk.

For example, best practice in managing anaphylaxis research reveals many fatalities occur due to the untimely administration of epinephrine. **Deaths have occurred in schools because of delays in recognizing and responding to symptoms with immediate treatment and further medical interventions.** The medical standard of care, written by AAAAI states, *“Epinephrine has long been regarded as the treatment of choice for acute anaphylaxis. This is true despite the recognition of its potential hazards. Alternative treatments - such as antihistamines, sublingual isoproterenol, inhaled epinephrine, and corticosteroids without epinephrine - have failed to prevent or relieve severe anaphylactic reactions. It is therefore inappropriate to use them for the first-line treatment or prevention of anaphylaxis.”<sup>4</sup>*

Furthermore, in July 2008, the World Allergy Organization published the following statements,

Anaphylaxis is an acute and potentially lethal multisystem allergic reaction. Most consensus guidelines for the past 30 years have held that epinephrine is the drug of choice and the first drug that should be administered in acute anaphylaxis. Some state that properly administered epinephrine has no absolute contraindication in this clinical setting. A committee of anaphylaxis experts assembled by the World Allergy Organization has examined the evidence from the medical literature concerning the appropriate use of epinephrine for anaphylaxis. The committee strongly believes that epinephrine is currently underused and often dosed suboptimally to treat anaphylaxis, is underprescribed for potential future self-administration, that most of the reasons

proposed to withhold its clinical use are flawed, and that the therapeutic benefits of epinephrine exceed the risk when given in appropriate intramuscular doses.

Based on available evidence, the benefit of using appropriate doses of intramuscular epinephrine in anaphylaxis far exceeds the risk.... Consensus opinion and anecdotal evidence recommend epinephrine administration sooner rather than later, that is, when the initial signs and symptoms of anaphylaxis occur, regardless of their severity, because fatalities in anaphylaxis usually result from delayed or inadequate administration of epinephrine. Experts may differ on how they define the clinical threshold by which they define and treat anaphylaxis. However, they have no disagreement whatsoever that appropriate doses of intramuscular epinephrine should be administered rapidly once that threshold is reached. There is no absolute contraindication to epinephrine administration in anaphylaxis, and all subsequent therapeutic interventions depend on the initial response to epinephrine.<sup>6</sup>

6. Are you prepared to accept the consequences of your action?
  - Yes – perform the act.
  - No – STOP the accountability is not assumed. Notify appropriate persons.

School administrators should be aware that in applying the [Scope of Practice Decision Tree](#) school nurses are bound by the professional licensing statutes and rules governing their practice, regardless of the employment setting. For example, the R.N. must follow RCW 18.79.260 Registered Nurse---Activities allowed---Delegation of tasks when determining care activities for students. As previously quoted, “no person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines that it is inappropriate to do so. Nurses shall not be subject to any employer reprisal or disciplinary action by the nursing care quality assurance commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety (RCW 18.79.260 (3)(d)).” This statute applies in the school setting, just as it does in any other setting requiring nursing services.

The professional code of conduct for certificated school employees supports the independent responsibilities set forth above in the nurse licensing statute. The Washington Administrative Code (WAC) defines an act of unprofessional practice as “The assignment or delegation in a school setting of any responsibility within the scope of the authorized practice of nursing, physical therapy, or occupational therapy to a person not licensed to practice such profession unless such assignment or delegation is otherwise authorized by law, including the rules of the appropriate licensing board.” WAC 180-87-070(2). In this regard, nursing care can only be delegated by the R.N. within the regulations and guidance of the NCCAC.<sup>7</sup>

## Current Practice

In Washington State, anecdotally, most LHCPs agree if a student known to have anaphylaxis has an exposure or a suspected exposure to an allergen, epinephrine is to be given immediately and the EMS (911) system activated. However, if a student has an allergen exposure and does not have a history of anaphylaxis, some LHCPs may prescribe an oral antihistamine as an initial treatment followed by observation and assessment. These LHCPs then order epinephrine if the student shows signs of anaphylaxis, because epinephrine is always used for anaphylaxis.

Base upon the current medical standards of practice and student safety, epinephrine is recommended as the optimal treatment for anaphylaxis followed by the initiation of the EMS (911). This information may assist school nurses in discussions with district staff and community providers about school district policies and procedures. Additionally, school district legal counsel should advise the district about the development of policies and procedures.

## Recommendations

It is recommended school districts follow these guidelines when addressing the treatment of anaphylaxis during the school day:

1. If a student, known to have anaphylaxis, has an exposure or a suspected exposure to an allergen, epinephrine is to be given immediately and the EMS (911) system activated.
2. If a LHCP orders the administration of an antihistamine and/or epinephrine, the R.N. may use the [Scope of Practice Decision Tree](#) to follow RCW 18.79, to determine if a non-licensed staff member may carry out the ECP.
3. Address the unique circumstances for each student while retaining adherence to the scope of nursing practice.

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## SECTION 4

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### ROLES AND RESPONSIBILITIES

These roles and responsibilities are adapted from [Connecticut \(2006\)](#), [Massachusetts \(2002\)](#), and [New York \(2008\)](#) *Guidelines for Managing Life-Threatening Allergies*.

Some roles and responsibilities are specific to particular individuals and/or school staff. Others are shared between individuals and/or groups. The following section describes the roles and responsibilities by group.

#### Students with Life-Threatening Allergies

- Know what your allergens are.
- Avoid exposure to any known allergen.
- Learn to recognize symptoms of an allergic reaction.
- Notify an adult immediately if any symptoms suggestive of an allergic reaction begin to develop.
- Notify an adult immediately if exposure to an allergen has occurred or is believed to have occurred.
- Do not eat anything with unknown ingredients or known to contain any allergen.
- Do not trade food with others.
- Wash your hands before and after eating.
- Avoid eating outside during high insect activity.
- Avoid eating near refuse or areas that attract insects.
- Avoid wearing heavily scented products, brightly colored clothing, or open toed shoes to prevent attracting insects.
- Avoid areas with a known incidence of high latex concentration or use.
- Be proactive in the care and management of your allergies and reactions (based on developmental level).
- Notify an adult if you are being bullied, harassed, or intimidated.
- May carry and self-administer epinephrine contingent upon specific conditions including LHCP and parent permission, and demonstration to school nurse the ability to self-carry and use emergency epinephrine.

**Note:** Students are strongly encouraged to agree to these activities. However, agreement must not lessen the school's diligence in implementing the student's IHP and/or ECP. A student-school nurse "contract" may facilitate student self-responsibility.

## Parents of Students with Life-Threatening Allergies

- Notify the school of the student's life-threatening allergy before the student attends school as required by law.
- Collaborate with the school nurse to notify school staff and others caring for your child if he/she has a life-threatening health condition and an IHP/ECP has been developed.
- Review school district policies and procedures with your child as appropriate.
- Keep all emergency contact information current including phone numbers and addresses.
- Provide a photograph of the student, if requested.
- Provide treatment, medication, diet, or other medical orders from the student's licensed health care provider.
- Provide adequate medications for the student and backup medication in the school office for students that are self-carrying epinephrine.
- Sign request forms provided by the school for school staff to obtain pertinent medical information as needed.
- Work with the school team to develop a plan accommodating for the student needs throughout the school day including the classroom, cafeteria, after-care programs, school-sponsored activities, and on the school bus.
- Replace medications immediately after use or upon expiration.
- Notify the school nurse if changes in the IHP/ECP are needed.
- Debrief with school staff, the student's LHCP, and the student (age appropriate) after a reaction has occurred. Debriefing may include review of district policies/procedures.
- Participate in planning for the student's re-entry to school after an anaphylactic reaction.
- Inform school administration, school nurse, or counselor if bullying or teasing occurs.
- Support the student in the self-management of their allergy including:
  - Recognizing safe and unsafe allergens or behaviors.
  - Recognizing other allergen containing materials such as art or science supplies, band aids, or other school supplies.
  - Strategies for avoiding allergen exposure such as peer pressure and engaging in high-risk activities that would increase allergen exposure.
  - Identifying, recognizing, and describing symptoms of allergic reactions.
  - How and when to tell an adult if any allergy-related problem is occurring.
  - How to read food labels (age appropriate) or product labels for allergen identification.
  - Responsibilities in self-carrying medication.
  - Practice drills and role playing.
- When possible, provide safe meals or snacks from home. This is the safest option for students with life-threatening food allergies.
- Provide additional allergy safe food for disaster planning. School-provided emergency rations for students in the event of a disaster may contain food allergens. Substitutions will need to be provided by parents.

- If the student eats meals provided by the school through nutrition services, a diet order form must be completed by a **licensed physician** prior to meal service (see forms section for a sample). It is critical for parents to contact the district's nutrition services department regarding the need to review and plan for the student's **school meals**. It is recommended parents meet with nutrition services prior to obtaining a diet order to ensure appropriate form(s) are used.

**Parents need to secure updated LHCP orders each school year and to notify the school nurse of any changes in the student's condition or LHCP's orders during the school year. A diet order must be completed by a licensed physician for nutrition services to accommodate a life-threatening allergy.**

### **School Nurse**

- Meet with the student and parent, prior to school entry and/or prior to each school year, to develop a current and complete ECP/IHP in coordination with the student's LHCP.
- Present a general districtwide training for **all district staff** and "departments" involved in the care of the student during any school-sponsored activity about:
  - Life-threatening allergy awareness.
  - Allergen avoidance and prevention.
  - Recognizing symptoms of anaphylaxis.
  - Administration of epinephrine and other emergency medication.
  - ECPs.
  - Provide training, supervision, and monitoring for school staff designated as responsible to implement the student's specific IHP/ECP.

**Note: Training needs to occur annually and/or before the start of the school year and/or before the student attends school for the first time. Systems for substitutes in schools need to be addressed.**

- Communicate and review with the district's nutrition services about the meals program in cases of food allergy. Jointly develop a communication process for students receiving school meals.
- Review periodically the ECP/IHP and medication orders.
- Collaborate with local EMS for systems to provide for care and/or transport of students with life-threatening anaphylactic reactions.
- Ensure the medications are accessible and non-expired including the medication needed for a lockdown, evacuation, or catastrophic event.
- Communicate with the student, staff, and parents on a regular basis.
- Participate in debriefing and planning for the student's re-entry to school after an anaphylactic reaction.

## School Administrators

- Designate time for annual staff training on life-threatening allergies prior to the beginning of school addressing:
  - Risk reduction procedures such as increasing all school allergy awareness, hand washing before and after eating, and encouraging non-food/non-latex or safer celebrations, school projects, and fundraising efforts. See Section 3 for risk reduction strategies.
  - Emergency procedures and drills.
  - Epinephrine administration.
  - Student specific ECPs.
- Provide safe environments, both physically and emotionally.
- Ensure all known students with life-threatening allergies have a complete ECP in place prior to school attendance.
- Support staff, parents, students, and communities in the care of student's with life-threatening allergies.
- Provide for systems to have ECPs, emergency equipment, and communication devices for all school activities involving students with life-threatening allergies.
- Ensure staff is cleaning surfaces and areas per district policies and procedures for allergen-safe zones.
- Ensure parents are informed if any student experiences an allergic reaction at school.
- Ensure protocols are in place for training any substitute staff that may have responsibility for a student with a life-threatening allergy including teachers, school nurses, nutrition services, recess and/or lunch aides, bus driver, and other specialists.
  - Include any responsibilities expected of these individuals to implement specific IHP/ECP or school-specific food allergy policies. Contingency plans must be in place if a substitute cannot be trained to handle an allergy emergency.
- Ensure all staff responsible for the student have ECP training, epinephrine training, and emergency procedures training.
- Post a list of Cardio Pulmonary Resuscitation (CPR) certified staff in the building and a system for communicating with them and eliciting an immediate response in emergencies.
- Ensure trained staff are on the bus to assist students in the event of an anaphylactic emergency and to implement the ECP.
- Initiate and participate in debriefing and planning for the student's re-entry to school after an anaphylactic reaction.
- Ensure after-hours users of the school building are informed of and following all restrictions and rules impacting the use of common spaces and individual classrooms.
- Communicate risk reduction strategies and/or school allergy policies to the Parent Teacher Association (PTA) or other organizations working with students and/or using the school building on a regular basis.

- Ensure nutrition services staff are not determining if a food is safe for a child to eat. The only safe food is contained within a special diet provided by nutrition services or by the parent. Questions about choosing food off of the standard school lunch or breakfast menu should be directed to nutrition services managers.
- Ensure classrooms and after-school activities are conducted in such a way as to be inclusive of all students in the school.
- Discourage school staff from the use of food or other allergen products such as latex balloons as a reward for school activities.
- Encourage school staff and families who provide student snacks to consider nutritious, low-allergen foods (such as non-tropical fruits and vegetables).
- Take advantage of opportunities to educate the school community about school policies and provide general information about life-threatening allergies at regular intervals throughout the school year such as through newsletters, school assemblies, and PTA meetings.

### **Classroom Teachers/Specialists/Para-Professionals/Coaches/After-School Staff**

**Note:** The classroom is the most common area students in school are reported to experience an allergic reaction.<sup>5</sup>

- Identify students with life-threatening allergies and understand symptoms and emergency care plans for the students.
- Have an accessible, but confidentially placed, copy of the ECP and emergency medications.
- Have a communication plan to contact EMS, the school nurse, and the office.
- Receive training from the school nurse to implement the ECP including:
  - Allergens causing life-threatening anaphylactic reactions.
  - Prevention.
  - Recognition of student symptoms indicating an anaphylactic reaction.
  - Management of emergency anaphylactic reactions by implementing the student specific ECP which may include the administration of epinephrine and contacting 911.
- Never send a student who is feeling ill and has had a known allergen exposure to the school office or health room alone. If necessary, request assistance from staff outside the classroom. **Note:** It is **not** appropriate to send another student to the office with the student experiencing symptoms of a life-threatening allergic reaction.
- Ensure student confidentiality and privacy as appropriate per law.
- Require all staff, substitutes, and volunteers working with the student to be familiar with the student's allergies and ECP.
- Coordinate with the school nurse and obtain parent and student permission to provide age appropriate classroom instruction about life-threatening allergies.
- Educate all classroom students about anti-bullying policies and monitor students appropriately.
- Coordinate with school nurse and school administrator to (and when appropriate) obtain written permission from the parent of the student with life threatening allergies

to educate the parents of all students about life-threatening allergies and provide information to maintain an allergen-safe classroom.

- Inform parents of any school events and activities where food will be served other than during regularly established meal/snack times or when other allergens may be present.
- Do not offer foods or other allergens to students without parental approval.
- Do not interpret food and product labels.
- Permit parents to substitute safe alternatives.
- Avoid, when possible, using foods or other allergens for activities such as arts and crafts, projects, science, counting, holidays, and other celebrations.
- Ensure trained staff are always present during any activity using any media that may contain allergens.
- Encourage non-allergen and non-food activities, rewards, and treats.
- Participate in planning for the student's re-entry to school after an anaphylactic reaction.

### **School Nutrition Services**

The school nutrition services department is an essential member of the team contributing to the development and implementation of the IHP for the student with life-threatening food allergies. The school nutrition services administrator has access to educational resources and is responsible for all aspects of meal production and service. The role of the administrator is to clearly communicate his/her department's capabilities with the school nurse, principal, and parent regarding food allergy accommodations for students at school.

#### **Lead Nutrition Services Staff:**

- Ensure nutrition services policies and procedures for students with life-threatening food allergies are aligned with district policies and procedures.
- Develop a protocol for communication equipment maintenance.
- Work with school nurse, family, student, and administrator to review potential food allergen exposure risks:
  - Communicate menu information to parents, students, and staff and inform them menu changes may occur.
  - Make food labels available for parents as requested. Keep a file of food labels and recipes in the nutrition services department.
  - Designate and train specific and appropriate staff to read food labels and to answer food ingredient questions.
  - Maintain current contact information with food vendors and other industry resources.
  - Train production workers and servers on the prevention of cross-contamination of allergenic food products during production and in the cafeteria line.
  - If possible, identify areas in the kitchen to be allergen-safe for food preparation.

- If unable to identify specific allergen free preparation areas, ensure thorough cleansing of surfaces or use surface protection barriers to provide an allergen-safe preparation area.
- Plan ahead for safe meals on field trips (see forms in Section 5—Sample Sack Lunch Request).
- Work with school nurse, family, student, and administrator to develop ECP/IHP, obtain treatment orders, and provide for trainings.
  - Ensure all nutrition services staff and substitutes receive allergy awareness education in order to recognize and respond to signs and symptoms of an allergic reaction.
  - Ensure student specific care plans (IHP/ECP) are accessible to all nutrition services staff who need access.
  - Participate in student specific ECP training provided by school nurse, including implementing ECP protocols and administration of epinephrine, if applicable.
  - Designate and train staff on how to accommodate specific diet orders.
  - Train staff not to accommodate a diet without a diet order which has been reviewed by the nutrition services manager/supervisor.
  - Take all student complaints seriously and respond as trained.
- Collaborate with custodial staff to arrange for the cleaning of all tables, chairs, and floors after each meal.
- Avoid using latex gloves at all times.
- Avoid open doors and windows around food areas during times of high insect activity.
- For students with life-threatening food allergies, a diet prescription form must identify:
  - The student's disability.
  - An explanation of why the disability restricts the child's diet.
  - The major life activity affected by the disability.
  - The food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.
- Review the signed diet prescription form for adequate detail to clearly identify appropriate food substitutions. The physician must identify the student's disability as defined under USDA guidelines. "When in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physicians must be made."<sup>8</sup>  
[http://www.fns.usda.gov/cnd/Guidance/special\\_dietary\\_needs.pdf](http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf).
- Please note **only a licensed physician** may make the life-threatening determination for the purposes of a school diet prescription.

## **Lunchroom/Playground Assistants**

- Follow district policies and procedures regarding students with life-threatening allergies.
- Receive training from the school nurse on life-threatening allergy awareness and, if applicable, student specific IHP/ECP training for the implementation of student specific ECP/IHP:
  - Maintain confidential access to ECP/IHP for reference if needed.
  - Take all complaints seriously and respond appropriately (follow the IHP/ECP as indicated per training by the school nurse).
  - Assist lunchroom staff in the identification of students who have special diets provided by nutrition services.
  - Do not interpret food labels or advise children on allergen content.
- Maintain properly functioning emergency communication equipment and understand use of such equipment.

## **School Custodial Services**

- Thoroughly clean all tables, chairs, and floors after each meal with cleaning products that meet allergen removal standards, if applicable.
- Clean any allergen-safe tables per district policy using a separate rag or appropriate disposable wipe effective in removing allergen traces (using non-latex gloves).
- Ensure school dumpsters are not in areas close to student activity.
- Ensure food and food waste are covered when possible.

## **School Transportation**

### **Transportation Director or Supervisor:**

- Participate in the development of the student's IHP/ECP as needed.
- Provide for all bus drivers to be trained in emergency preparedness planning and district specific policies and procedures. Such district policies and procedures would include some process and notification system for students who have a specific health requirement.
- Know local EMS procedures and train all bus drivers on accessing EMS in an emergency.
- Ensure all bus drivers and substitute drivers attend annual anaphylaxis awareness training.
- Arrange for bus drivers' participation in emergency drills.
- Have properly functioning communication equipment and a procedure for out-of-service areas.
- Collaborate with school nurse to ensure the transportation dispatcher has knowledge of all students with life-threatening allergies by bus number/route and instructions for activating EMS.
- Arrange with the school nurse for training of the drivers transporting the students with life-threatening allergies to receive student specific ECP training.

- Collaborate with school nurse and individual bus drivers to ensure provisions are made for the student's epinephrine to be on the student's person as well as a copy of the ECP. It may not be safe to store epinephrine on the bus for reasons such as temperature variances and substitution buses.
- Have a backup copy of the ECP on the bus.
- Have procedures for implementing ECPs addressing:
  - Calling 911.
  - Location of the epinephrine and/or other emergency medications.
  - Contacting district administration and requesting the administrator to contact school nurse and parents. Buses used to transport teams to extracurricular and sports events may require some adaptation of this procedure.
- Ensure there are student specific trained staff on the bus to assist students in the event of an anaphylactic emergency and to implement the student specific ECP.
- Provide a safe environment on the bus for students with life-threatening allergies:
  - When possible have a "no eating" policy on buses. Exceptions to this rule will occur for some students that medically require access to food (such as students with diabetes) and during certain trips where extenuating circumstances allow for meal consumption on the buses.
  - Cleaning of bus surfaces, including seats and handrails per district policy and procedure (using non-latex gloves).
  - Do not allow latex balloons on the bus if appropriate.
  - Do not allow windows to remain open during periods of high insect activity.
  - Students with life-threatening allergies may require dedicated seating or all students might leave their backpacks and/or lunches and snacks at the front of the bus in order to avoid allergen exposure.

## **COOPERATIVE RESPONSIBILITIES**

### **Emotional Health and Well-Being**

Administrators, school nurses, mental health staff (counselors/psychologists), and others:

- Work in cooperation to address the anxiety of students, staff, and families.
- Act as a resource regarding anxiety, stress, and normal development.
- Educate staff to avoid endangering, isolating, stigmatizing, or harassing students with life-threatening allergies.
- If there are multiple students with life-threatening conditions in school, consider starting a small support group where students can express their feelings and concerns.
- Conduct debriefing if an anaphylactic reaction occurs during the school day.

### **During Meals/Snacks**

- Establish procedures to ensure all students eat only their own food—no sharing!
- Encourage parents to send “safe” snacks for their child.

- Provide eating areas that are safe from allergens:
  - In the classroom if food allergens are consumed in the room.
  - Arrange food containers to avoid cross-contamination.
  - Consider designating another suitable area as a lunchroom.
  - Designate a knowledgeable adult to monitor eating areas or limit the areas in a building where food is consumed.
- Avoid cross-contamination by enforcing hand washing and clean all eating surfaces before and after eating.
- Clean per district policy/procedure, any allergen-safe tables and surrounding areas, using a separate rag or disposable wipe and by vacuuming or sweeping the floor.
- Consider establishing a snack fund as a resource for parents of children with life-threatening food allergies to provide safe snacks for the whole class.
- Establish Be a PAL (Protect A Life) or Allergy Aware rooms, zones, or tables. See <http://www.foodallergy.org/downloads.html> for more information.
- Conversely, designate eating areas where students are allowed to eat highly allergenic foods.

## Field Trips

Various school staff members may prepare and participate in field trips away from the school. Field trips require additional planning and coordination in order to ensure a safe trip for all students. **Systems must be in operation in schools to provide for adequate notification and time for collaboration to ensure student safety.**

**Note:** If the field trip destination is potentially unsafe and/or first responders and medical facilities are too distant for a safe response time, an alternative safer site is recommended for any field trip.

### Field trip coordinator responsibilities:

- Prior to going on a field trip, collaborate with all staff or departments involved with the student going on the field trip prior to going on a field trip.
- Identify students with life-threatening allergies.
- Notify parents about field trips (dates/length of time, location, activities, anticipated food consumption).
- Ensure the student specific ECP, LHCP orders, and emergency medications are taken on field trip. School staff who supervise students with life-threatening allergies during the field trip and back to school must carry the student's medications and ECP and be trained by the school nurse or designated LHCP in the student specific ECP procedures.  
Ensure more than one person is trained to care for the student and to follow the ECP including avoidance/prevention training.
- Avoid high risk places (some sites may be too far away from the EMS access or too dangerous), ensure site safety, and attempt to have allergen-safe areas.
- Provide for a designated allergen-safe area during meals.

- Encourage parents to attend the field trip. Parents are not required to accompany the student on field trips. School staff are ultimately responsible for the safety of students.
- Make plans for students to wash their hands before and after eating.
- For sack lunches provided by nutrition services (for students with life-threatening food allergies), lunches must be properly labeled and safe.
- Verify meals labeled for students with allergies are distributed to the appropriate student(s). **If in doubt, do not give the student the meal.**
- Instruct the student to avoid allergens and inform an adult if the student believes he/she may have ingested or had contact with an allergen or is not feeling well.
- Inform staff to assist the student in avoiding possible contact with allergens during the field trip.
- Ensure mobile devices, if used, are available and in working order. The transportation department will ensure the communication devices are available on the bus and work.

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## SECTION 5

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### SAMPLE FORMS

This section of the guidelines offer various sample forms and tools districts may use to provide for the care of students with life-threatening food allergies. The forms are samples. School districts are encouraged to modify the forms to incorporate district and student specifics as needed. The following forms are available:

- Sample Student Health Registration Form
- Sample Food Allergy Assessment Form
- Sample Bee or Insect Allergy Assessment Form
- Sample Authorization for Administration of Medication at School
- Sample Authorization for Exchange of Medical Information
- Sample LHCP Letter Regarding Unlicensed Staff Administering Emergency Medication at School
- Sample Children with a Life-Threatening Food Allergies Diet Prescription Form
- Sample Children with Special Dietary Needs Diet Prescription Form
- Sample Life-Threatening Allergy Care Plan
- Sample Training Program
- Pre-Assessment for Allergy and Anaphylaxis Training
- Sample Allergy and Anaphylaxis Training Assessment
- Evaluation for Allergy and Anaphylaxis Training
- Sample EpiPen® Training for School Staff
- Sample Emergency EpiPen® Medication Administration at School Skills Checklist
- Sample Registered Nurse Checklist for Students with Life-Threatening Food Allergies
- Sample Sack Lunch Request Form
- Sample Substitute Teacher Letter
- Sample Classroom Letter
- Sample School Letter to All Parents
- Sample WASSDA Policy
- Sample WASSDA Procedure

## Student Health Registration Form

This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child's safety or learning.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **MEDICAL**

Does your child have a doctor or nurse practitioner? Yes \_\_\_ No \_\_\_

Name of child's doctor or nurse practitioner \_\_\_\_\_ phone number \_\_\_\_\_

In the past 12 months, did you have problems obtaining medical care for your child? Yes \_\_\_ No \_\_\_

### **DENTAL**

Does your child have a dentist? Yes \_\_\_ No \_\_\_ Name of child's dentist \_\_\_\_\_ phone number \_\_\_\_\_

Did your child receive a dental exam in the last 12 months? Yes \_\_\_ No \_\_\_ Don't know \_\_\_

Describe the condition of your child's teeth? Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Don't know \_\_\_

In the past 12 months, did you have problems obtaining dental care for your child? Yes \_\_\_ No \_\_\_

### **INSURANCE**

Does your child have medical insurance coverage? Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Name of provider \_\_\_\_\_

Does your child have dental insurance coverage? Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Name of provider \_\_\_\_\_

Does Medicaid insure him/her? (Apple Health for kids) Yes \_\_\_ No \_\_\_ Don't know \_\_\_

### **MEDICAL HISTORY**

Have you ever been told by a physician or health care professional that your child has:

\_\_\_ Asthma                      \_\_\_ Seizure disorder                      \_\_\_ Bleeding disorder                      \_\_\_ ADD/ADHD  
\_\_\_ Diabetes                      \_\_\_ Bone/muscle disease                      \_\_\_ Skin condition                      \_\_\_ Learning disability  
\_\_\_ Heart condition                      \_\_\_ Mental health condition (i.e., depression, anxiety, eating disorder)                      \_\_\_ Other \_\_\_\_\_

Does your child experience any of the following?

\_\_\_ Nose bleeds                      \_\_\_ Frequent ear aches                      \_\_\_ Overweight for age                      \_\_\_ Physical disability  
\_\_\_ Poor appetite                      \_\_\_ Frequent stomach aches                      \_\_\_ Frequent headaches                      \_\_\_ Fainting spells  
\_\_\_ Tires easily                      \_\_\_ Emotional concerns                      \_\_\_ Underweight for age                      \_\_\_ Other \_\_\_\_\_

Do any of the above condition(s) limit/effect your child at school? \_\_\_\_\_

### **LIFE-THREATENING CONDITIONS**

Does your child have a life-threatening health condition? Yes \* \_\_\_ No \_\_\_ Describe: \_\_\_\_\_

**\*If yes, a meeting with the school nurse is required. Washington State Law requires medication or treatment orders and a health care plan be in place prior to starting school.**

### **ALLERGIES**

Plants \_\_\_ Animals \_\_\_ Food \_\_\_ Molds \_\_\_ Drugs \_\_\_ Bees \_\_\_ Other \_\_\_\_\_

Please describe the allergic reaction and the treatment for **each** checked allergy \_\_\_\_\_

Do you plan for your child to receive school prepared meals? Yes \* \_\_\_ No \_\_\_

\*an additional form must be completed for food allergies

### **MEDICATION**

Does your child take any medication? Yes \_\_\_ No \_\_\_ If yes, name of medication: \_\_\_\_\_

Purpose \_\_\_\_\_ Will medication be needed at school? Yes\* \_\_\_ No \_\_\_

**\*If your child needs to take medication at school, please contact the office for the necessary authorization form. This form must be completed prior to any medication being brought to school.**

### **HEARING/VISION**

Do you have concerns about your child's hearing? Yes \_\_\_ No \_\_\_ Does your child wear hearing aides? Yes \_\_\_ No \_\_\_

Do you have concerns about your child's vision? Yes \_\_\_ No \_\_\_ Does your child wear glasses or contacts? Yes \_\_\_ No \_\_\_

### **SPEECH/LANGUAGE**

Do you have concerns about your child's speech and/or language? Yes \_\_\_ No \_\_\_ Do others have difficulty understanding your child?

Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

### **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Adapted with permission from Mount Baker School District

## Food Allergy Assessment Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/work: \_\_\_\_\_

Health Care Provider (name) treating food allergy: \_\_\_\_\_ Phone: \_\_\_\_\_

Do **you think** your child's food allergy may be **life-threatening**?  No  Yes

(If YES, please see the school nurse as soon as possible).

Did your student's **health care provider tell you** the food allergy may be **life-threatening**?  No  Yes

(If YES, please see the school nurse as soon as possible.)

### History and Current Status

Check the foods that have caused an allergic reaction:

- |   |   |                               |
|---|---|-------------------------------|
| <input type="checkbox"/> Peanuts              | <input type="checkbox"/> Fish/shellfish                             | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Peanut or nut butter | <input type="checkbox"/> Soy products                               | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Peanut or nut oils   | <input type="checkbox"/> Tree nuts (walnuts, almonds, pecans, etc.) |                               |

Please list any others: \_\_\_\_\_

How many times has your student had a reaction?  Never  Once  More than once, explain: \_\_\_\_\_

When was the last reaction? \_\_\_\_\_

Are the food allergy reactions:  staying the same  getting worse  getting better

### Triggers and Symptoms

What has to happen for your student to react to the problem food(s)? *(Check all that apply)*

Eating foods  Touching foods  Smelling foods  Other, please explain: \_\_\_\_\_

What are the signs and symptoms of your student's allergic reaction? *(Be specific; include things the student might say.)*

How quickly do the signs and symptoms appear after exposure to the food(s)?

\_\_\_\_\_ Seconds \_\_\_\_\_ Minutes \_\_\_\_\_ Hours \_\_\_\_\_ Days

### Treatment

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction?

No  Yes, explain: \_\_\_\_\_

Does your student understand how to avoid foods that cause allergic reactions?  Yes  No

What treatment or medication has your health care provider recommended for use in an allergic reaction?

Have you used the treatment?  No  Yes

Does your student know how to use the treatment?  No  Yes

Please describe any side effects or problems your child had in using the suggested treatment: \_\_\_\_\_

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**If you intend for your child to eat school provided meals, have you filled out a diet order form for school?**

Yes.

No, I need to get the form, have it completed by our health care provider, and return it to school.

**If medication is to be available at school, have you filled out a medication form for school?**

Yes.

No, I need to get the form, have it completed by our health care provider, and return it to school.

**If medication is needed at school, have you brought the medication/treatment supplies to school?**

Yes.

No, I need to get the medication/treatment and bring it to school.

What do you want us to do at school to help your student avoid problem foods? \_\_\_\_\_

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**I give consent to share, with the classroom, that my child has a life-threatening food allergy.**

Yes.

No.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by R.N.: \_\_\_\_\_ Date: \_\_\_\_\_

## Bee or Insect Allergy Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/work: \_\_\_\_\_

Health Care Provider (name) treating bee allergy: \_\_\_\_\_ Phone \_\_\_\_\_

Do **you think** your student's bee allergy may be **life-threatening**?  No  Yes

(If YES, please see the school nurse as soon as possible.)

Does your student's **health care provider think** the bee allergy may be **life-threatening**?  No  Yes

(If YES, please see the school nurse as soon as possible.)

### **History and Current Status**

What type of stinging bee or insect has your student reacted to? \_\_\_\_\_

How many times has your student had a reaction?  Never  Once  More than once, please describe: \_\_\_\_\_

When was the last reaction? \_\_\_\_\_

Are the reactions:  staying the same  getting worse  getting better

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction?  No  Yes, please describe: \_\_\_\_\_

Has your student ever received or used an EpiPen® or other injection as treatment?  No  Yes, please describe: \_\_\_\_\_

### **Triggers and Symptoms**

What are the signs and symptoms of your student's allergic reaction? *(Be specific; include things your child might say.)* \_\_\_\_\_

How quickly do the signs and symptoms appear after the sting? \_\_\_ seconds \_\_\_ minutes \_\_\_ hours \_\_\_ days

### **Treatment**

Does your student understand how to avoid getting a bee sting or insect bite?  Yes  No

What do you do at home if there is a reaction to a bee sting or insect bite? \_\_\_\_\_

What treatment or medication has your health care provider recommended for an allergic reaction? \_\_\_\_\_  None

Have you used the treatment or medication?  No  Yes

Does your student know how to use the treatment or medication?  No  Yes

Please describe any side effects or problems your student had in using the suggested treatment or medication. \_\_\_\_\_

**If medication is to be available at school, have you filled out a medication form for school?**

Yes

No, I need to get the form, have it completed by our health care provider, and return it to school.

**If medication is needed at school, have you brought the medication or treatment supplies to school?**

Yes

No, I need to get the medication/treatment and bring it to school.

What do you want the school to do in case of a bee sting or insect bite? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adapted with permission from ESD 171 SNC Program

## Authorization for Exchange of Medical Information

| SECTION I – INFORMATION REQUESTED FROM   |   |       |
|--|---|-------|
| NAME:  | NAME OF PERSON DISCLOSING INFORMATION:  |       |
| AGENCY:  |   |       |
| ADDRESS: _____<br>_____  | TITLE:  |       |
|  |   |       |
| Name of Student:   | Birth Date:   | Date: |
| Specific nature of information to be disclosed: _____<br>_____<br>_____<br>_____   |   |       |
| SECTION II – AUTHORIZATION   |   |       |
| <p>I hereby authorize the release of medical information as described in Section 1 to the individuals who are affiliated with the school/agency indicated in Section III.</p> <p>This authorization expires on: _____</p> <p style="text-align: center;">             _____<br/>             Parent Signature <span style="float: right;">Date</span> </p> <p style="text-align: center;">             _____<br/>             Student Signature <span style="float: right;">Date</span> </p> |   |       |
| <p>If the student is a minor authorized to consent to health care without parental consent under federal and state law, only the student shall sign this authorization form.</p>   |   |       |
| SECTION III – AGENCY RECEIVING INFORMATION   |   |       |
| AGENCY/SCHOOL:   | <p>This information disclosed to you is protected by state and federal law. You are prohibited from releasing it to any agency or person not listed on this form without specific written consent of the person to whom it pertains. A general authorization for release of medical or other information is not sufficient.</p> <p>See chapter 70.02 RCW.</p> <p>Envelope shall be marked "CONFIDENTIAL".</p> |       |
| NAME/POSITION (Nurse, Administrator, etc.)<br>_____<br>_____   |   |       |
| ADDRESS: _____<br>_____<br>_____   |   |       |

## Sample LHCP Letter Regarding Unlicensed Staff Administering Emergency Medication at School

Dear: \_\_\_\_\_

Date: \_\_\_\_\_

The new Washington State *Guidelines for Care of Students with Anaphylaxis* (2009) includes current best practice information from recognized national authorities regarding anaphylaxis and administering epinephrine (see attached). Based on the attached information, the guidelines provide the following recommendations for Washington schools:

1. If a student, known to have anaphylaxis, has an exposure or a suspected exposure to an allergen, epinephrine is to be given immediately and the EMS (911) system activated.
2. If a LHCP orders the administration of an antihistamine and/or epinephrine, the R.N. may use the [Scope of Practice Decision Tree](#) to follow RCW 18.79, to determine if a non-licensed staff member may carry out the emergency care plan (ECP).
3. Address the unique circumstances for each student while retaining adherence to the scope of nursing practice.

Given the attached information and the above recommendations, the emergency procedure for this student when experiencing possible anaphylaxis will be to:

- 1. Administer Epinephrine**
- 2. Call 911**
- 3. Call Parent/Guardian**

Additional contributing circumstances:

1. In most situations non-licensed school staff (health clerks, secretaries, principals, teachers, coaches, bus drivers, etc.) will be the front line adults on site when the student has a contact to the specific allergen causing potential anaphylaxis.
2. Upon consulting with NCQAC staff, it was determined “waiting and watching” could require a degree of assessment requiring judgment beyond a non-licensed individual.
3. For the safety of the student, epinephrine will be administered immediately as ordered by the health care provider.

Thank you for your assistance in implementing this requirement. Please contact me if you have any questions.

Sincerely,

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Phone

The medical standard of care, written by AAAAI states, *“Epinephrine has long been regarded as the treatment of choice for acute anaphylaxis. This is true despite the recognition of its potential hazards. Alternative treatments - such as antihistamines, sublingual isoproterenol, inhaled epinephrine, and corticosteroids without epinephrine - have failed to prevent or relieve severe anaphylactic reactions. It is therefore inappropriate to use them for the first-line treatment or prevention of anaphylaxis.”*

AAAAI Press Room, “Position Statement the Use of Epinephrine in the Treatment of Anaphylaxis.” 2008, [http://www.aaaai.org/members/academy\\_statements/position\\_statements/ps26.asp](http://www.aaaai.org/members/academy_statements/position_statements/ps26.asp) accessed on October 30, 2008.

Additionally, in July 2008, the World Allergy Organization published the following statements,

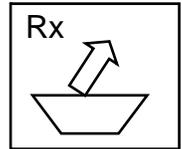
Anaphylaxis is an acute and potentially lethal multisystem allergic reaction. Most consensus guidelines for the past 30 years have held that epinephrine is the drug of choice and the first drug that should be administered in acute anaphylaxis. Some state that properly administered epinephrine has no absolute contraindication in this clinical setting. A committee of anaphylaxis experts assembled by the World Allergy Organization has examined the evidence from the medical literature concerning the appropriate use of epinephrine for anaphylaxis. The committee strongly believes that epinephrine is currently underused and often dosed suboptimally to treat anaphylaxis, is underprescribed for potential future self-administration, that most of the reasons proposed to withhold its clinical use are flawed, and that the therapeutic benefits of epinephrine exceed the risk when given in appropriate intramuscular doses.

Based on available evidence, the benefit of using appropriate doses of intramuscular epinephrine in anaphylaxis far exceeds the risk.... Consensus opinion and anecdotal evidence recommend epinephrine administration sooner rather than later, that is, when the initial signs and symptoms of anaphylaxis occur, regardless of their severity, because fatalities in anaphylaxis usually result from delayed or inadequate administration of epinephrine. Experts may differ on how they define the clinical threshold by which they define and treat anaphylaxis. However, they have no disagreement whatsoever that appropriate doses of intramuscular epinephrine should be administered rapidly once that threshold is reached. There is no absolute contraindication to epinephrine administration in anaphylaxis, and all subsequent therapeutic interventions depend on the initial response to epinephrine.

AAAAI Board of Directors, “Position Statement Anaphylaxis in Schools and Other Child-Care Settings,” 2008, [http://www.aaaai.org/media/resources/academy\\_statements/position\\_statements/ps34.asp](http://www.aaaai.org/media/resources/academy_statements/position_statements/ps34.asp), accessed on February 26, 2008.



**Children with a Life-Threatening Food Allergy  
Diet Prescription for Meals at School**



Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Disability: \_\_\_\_\_

Major life activity affected: \_\_\_\_\_

Or

Brief description of medical condition: \_\_\_\_\_

Diet prescription (check all that apply):

Increased calorie  
\_\_\_\_\_ #kcal

Decreased calorie  
\_\_\_\_\_ #kcal

Diabetic

PKU

Food allergy

Other \_\_\_\_\_

Texture Modification

chopped

ground

pureed

liquefied

Tube feeding

liquefied meal

formula \_\_\_\_\_ type \_\_\_\_\_

Foods to Omit

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

Foods to Substitute

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

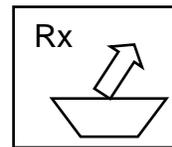
I certify the above-named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

\_\_\_\_\_  
Licensed Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

## Children with Special Dietary Needs Diet Prescription for Meals at School



Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Disability: \_\_\_\_\_

Nondisabling medical condition: \_\_\_\_\_

Or

Brief description of medical condition: \_\_\_\_\_

Diet prescription (check all that apply):

Increased calorie  
\_\_\_\_\_ #kcal

Decreased calorie  
\_\_\_\_\_ #kcal

Diabetic

PKU

Food allergy

Other \_\_\_\_\_

Texture Modification

chopped

ground

pureed

liquefied

Tube feeding

liquefied meal

formula \_\_\_\_\_ type \_\_\_\_\_

Foods to Omit

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Foods to Substitute

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I certify the above-named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

\_\_\_\_\_  
Licensed Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

## LIFE-THREATENING ALLERGY CARE PLAN

Place  
student  
picture  
here

|  |                                     |  |  |
|--|-------------------------------------|--|--|
| <b>NAME:</b>   |                                     | <b>Severe ALLERGY to:</b>  |  |
|  |                                     | <b>Other Allergies:</b>  |  |
| <b>Please list the specific symptoms the student has experienced in the past:</b>  |                                     | Asthma? <input type="checkbox"/> Yes (High risk for severe reaction) <input type="checkbox"/> No |  |
| <b>School:</b>   | <b>Date of Birth:</b>               | <b>Grade:</b>  | <b>Routine medications (at home/school):</b> |
| <b>Bus #</b>   | <b>Car</b> <input type="checkbox"/> | <b>Walk</b> <input type="checkbox"/>   | <b>Date of last reaction:</b>                |
| <b>Location(s) where EpiPen®/Rescue medications is/are stored:</b>   |                                     |  |  |
| <input type="checkbox"/> Office <input type="checkbox"/> Backpack <input type="checkbox"/> On Person <input type="checkbox"/> Coach <input type="checkbox"/> Other _____ |                                     |  |  |

**Allergy Symptoms: If you suspect a severe allergic reaction, immediately ADMINISTER Epinephrine and call 911**

|         |   |
|---------|---|
| MOUTH   | Itching, tingling, or swelling of the lips, tongue, or mouth        |
| SKIN    | Hives, itchy rash, and/or swelling about the face or extremities    |
| THROAT  | Sense of tightness in the throat, hoarseness, and hacking cough     |
| GUT     | Nausea, stomachache/abdominal cramps, vomiting, and/or diarrhea     |
| LUNG    | Shortness of breath, repetitive coughing, and/or wheezing           |
| HEART   | “Thready” pulse, “passing out,” fainting, blueness, pale            |
| GENERAL | Panic, sudden fatigue, chills, fear of impending doom               |
| OTHER   | Some students may experience symptoms other than those listed above |

### MEDICATION ORDERS

|   |   |  |
|---|---|--|
| EpiPen® (0.3) <input type="checkbox"/>  | EpiPen Jr.® (0.15) <input type="checkbox"/> | Side Effects:                                |
| Repeat dose of EpiPen®: <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | If YES, when                                 |
| Antihistamine: _____ cc/mg  |   | Give: _____ Teaspoons _____ Tablets by mouth |
| Side Effects:   |   |  |
| ♦ It is medically necessary for this student to carry an EpiPen® during school hours. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>♦ Student may self-administer EpiPen®. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>♦ Student has demonstrated use to LHCP. <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| Licensed Health Care Provider’s Signature:  |   | Date:  |
| Licensed Health Care Provider’s Printed Name:   |   | Phone:                      Fax Number:      |

### ACTION PLAN

- **GIVE MEDICATION AS ORDERED ABOVE. AN ADULT IS TO STAY WITH STUDENT AT ALL TIMES.**
- ♦ **NOTE TIME** \_\_\_\_\_ AM/PM (EpiPen®/adrenaline given) ♦ **NOTE TIME** \_\_\_\_\_ AM/PM (Antihistamine given)
- **CALL 911 IMMEDIATELY. 911 must be called WHENEVER EpiPen® is administered.**
- **DO NOT HESITATE to administer EpiPen® and to call 911 even if the parents cannot be reached.**
- Advise 911 student is having a severe allergic reaction and EpiPen® is being administered.
- An adult trained in CPR is to stay with student—monitor and begin CPR if necessary.
- Call the School Nurse or Health Services Main Office at \_\_\_\_\_.
- ♦ Student should remain with a staff member trained in CPR at the location where symptoms began until EMS arrives.
- ♦ Notify the administrator and parent/guardian.
- ♦ Dispose of used EpiPen® in “sharps” container or give to EMS along with a copy of the Care Plan.

**Individual Considerations**

**Bus –Transportation should be alerted to student’s allergy.**

- ◆ This student carries Epipen® on the bus:     Yes     No
- ◆ Epipen® can be found in:     Backpack     Waistpack     On Person     Other (specify) \_\_\_\_\_
- ◆ Student will sit at front of the bus:     Yes     No
- ◆ Other (specify): \_\_\_\_\_

**Field Trip Procedures – Epipen® should accompany student during any off campus activities.**

- ◆ Student should remain with the teacher or parent/guardian during the entire field trip:     Yes     No
- ◆ Staff members on trip must be trained regarding Epipen® use and student health care plan (plan must be taken).
- ◆ Other (specify) \_\_\_\_\_

**CLASSROOM –For Food allergy only**

- ◆ Student is allowed to eat only the following foods: \_\_\_\_\_
- Those in manufacturer’s packaging with ingredients listed and determined allergen-safe by the nurse/parent or \_\_\_\_\_
- Those approved by parent.
- Middle school or high school student will be making his/her own decision.
- Alternative snacks will be provided by parent/guardian to be kept in the classroom.
- Parent/guardian should be advised of any planned parties as early as possible.
- Classroom projects should be reviewed by the teaching staff to avoid specified allergens.
- ◆ Student should have someone accompany him/her in the hallways.     Yes     No
- ◆ Other (specify): \_\_\_\_\_

**CAFETERIA**     **NO Restrictions**

- Student will sit at a specified allergy table.
- Student will sit at the classroom table cleansed according to procedure guidelines prior to student’s arrival and following student’s departure.
- Student will sit at the classroom table at a specified location.
- ◆ Cafeteria manager and hostess should be alerted to the student’s allergy.
- ◆ Other: \_\_\_\_\_

**EMERGENCY CONTACTS**

|    |               |        |
|----|---------------|--------|
| 1. | Relationship: | Phone: |
| 2. | Relationship: | Phone: |
| 3. | Relationship: | Phone: |
| 4. | Relationship: | Phone: |

- ◆ I request this medication to be given as ordered by the licensed health care provider.
- ◆ I give Health Services Staff permission to communicate with the medical office about this medication. I understand the medication(s) will not necessarily be given by a school nurse (designated staff will be trained and supervised).
- ◆ Medical/Medication information may be shared with school staff working with my child and 911 staff, if they are called.
- ◆ All medication supplied must come in its originally provided container with instructions as noted above by the licensed health care provider.
- ◆ I request and authorize my child to carry and/or self-administer their medication. \_\_\_\_\_ Yes \_\_\_\_\_ No
- ◆ This permission to possess and self-administer an EpiPen® may be revoked by the principal/school nurse if it is determined that your child is not safely and effectively able to self-administer.

|  |      |
|--|------|
| Parent/Guardian Signature  | Date |
| Student demonstrated to the nurse the skill necessary to use the medication and any device necessary to self-administer the medication.<br>Device(s) if any, used: _____ Expiration date(s): _____ |      |
| School Nurse Signature   | Date |

**A copy of the Health Care Plan will be kept in the substitute folder and given to all staff members who are involved with the student.**

## Sample Training Program

### Teaching Plan Objectives

#### The learner will:

1. Identify (name) \_\_\_\_\_'s allergies.
2. Identify the signs and symptoms of an allergic reaction and anaphylaxis.
3. Be able to initiate treatment for an allergic reaction and specifically carry out an emergency allergy treatment plan.
4. Demonstrate how to use the EpiPen® or EpiPen® Jr. effectively as a treatment for an allergic reaction and anaphylaxis.
5. Understand the potential for cross-contamination of identified allergens.
6. Be able to communicate to students, caregivers, and other staff information about allergies and precautions.
7. Understand how Section 504 applies to students with allergies.

#### Methods of Delivery and Time Frame

The learner will complete the pre-assessment prior to the initial training session. At the initial training session, (student's name)'s and allergies will be identified, allergy kit supplies identified and explained, emergency allergy treatment plan discussed, and use of EpiPen® Jr. demonstrated. The learner will demonstrate knowledge of (student's name)'s and allergies, knowledge of location of allergy supplies, and proper use of EpiPen® Jr. Any questions will also be answered. The Allergy Training Kit will be given to the learner and a follow-up training session will be scheduled.

Estimated time of initial training session: 20 minutes.

At the follow-up training session, the learner will demonstrate knowledge of (student's name)'s and allergies, knowledge of location of allergy supplies, and proper use of EpiPen® Jr. In addition, the learner will demonstrate knowledge of anaphylaxis, cross-contamination, and Section 504 as it applies to the student with allergies. Knowledge will be demonstrated through use of EpiPen Jr.® Trainer, discussion, and completion of both the training assessment and post-assessment. Estimated time frame: 20–30 minutes.

#### Instructional Media

The Allergy Training Kit is contained in a briefcase-like plastic case with a handle. It contains the following instructional media:

#### EpiPen® Jr. Trainer

This is a duplicate of the actual EpiPen® Jr. used to treat allergic reactions and anaphylaxis. It does not contain a needle or epinephrine, and can be reset and used repeatedly for instruction and demonstration.

### **Videos**

1. It Only Takes One Bite: Food Allergy and Anaphylaxis Video
2. Alexander, The Elephant Who Couldn't Eat Peanuts Video

### **Books**

1. Getting Started with Food Allergies: A Guide for Parents
2. Just One Little Bite Can Hurt! Important Facts About Anaphylaxis
3. Off to School with Food Allergies, Parent/Teacher Set
4. Students with Food Allergies: What Do the Laws Say?
5. Nutrition Guide to Food Allergies
6. A Special Day at School
7. Andrew and Maya Learn About Food Allergies
8. Food Allergy Network Ordering Brochure
9. Miss Roben's Catalog

### **Printed References**

This is a collection of physician's orders, articles, resources, and Web sites from various sources including newspapers, magazines, and the World Wide Web. The Emergency Allergy Treatment Plan individual health plan/emergency health plan (IHP/ECP) is written by the student's LHCP and updated yearly. It is the actual treatment orders to be given to personnel such as emergency medical technicians or emergency room staff. A copy of the IHP/ECP is also kept with the medical kit, which contains the EpiPen® Jr. and Benadryl®.

## Pre-Assessment for Allergy and Anaphylaxis Training

Please rate the following statements using the number scale from 1 to 5

1 = strongly agree 2 = somewhat agree 3 = neither agree nor disagree

4 = somewhat disagree 5 = strongly disagree

I know the signs and symptoms of an allergic reaction.

1 2 3 4 5

I know how to initiate treatment for an allergic reaction and anaphylaxis.

1 2 3 4 5

I know how to use an epinephrine auto-injector.

1 2 3 4 5

I am confident in using an epinephrine auto-injector.

1 2 3 4 5

I know about cross-contamination and allergens.

1 2 3 4 5

I know how Section 504 pertains to students with allergies.

1 2 3 4 5

I am confident being responsible for the well-being of student with allergies.

1 2 3 4 5

**Sample Allergy and Anaphylaxis Training Assessment**  
(Red font indicates correct answers)

1. What is anaphylaxis?
  - An allergic reaction
  - A sudden, life-threatening allergic reaction
  - An asthma attack
2. Signs and symptoms of an allergic reaction include (check all that apply):
  - Itchy, red rash
  - Hives
  - Sneezing
  - Itching, swelling, or hoarseness of the throat
  - Shortness of breath, cough, and/or wheezing
  - Weak pulse or loss of consciousness (“passing out”)
  - Hyperactivity
  - Abdominal pain/discomfort
3. Signs and symptoms of anaphylaxis include (check 1 of the following):
  - Extreme agitation, restlessness
  - Itching and swelling of the lips or tongue, hives, difficulty breathing, vomiting
  - Lethargy, drowsiness
4. If a child with a food allergy complains of any of the above symptoms, it is best to wait and be sure rather than provide emergency treatment.                    True    **False**
5. A food allergy reaction or anaphylaxis only occurs after the food-allergic person eats a large amount of the allergy food.                    True    **False**
6. If not treated immediately, a food allergy reaction can cause death.    **True**    False
7. Epinephrine does not need to be given for a bee sting unless the student complains of difficulty breathing, even if the nursing care plan documents a history of anaphylaxis.  
  
True    **False**

8. Which of the following are possible side effects of epinephrine?
- Elevated blood pressure, itching
  - Headache, nausea
  - Heart palpitations, anxiousness, headache
  - Drowsiness, lethargy
9. If the allergy symptoms are relieved after giving epinephrine, Emergency Medical Services (911) do not need to be called. True False
10. If a food doesn't have a label, it is better not to give it to a student with food allergies even if he/she says they think they have had it before. True False
11. Everyone experiencing a life-threatening allergic reaction will have hives. True False
12. I have demonstrated I am able to use the epinephrine auto-injector. Yes No
13. The epinephrine auto-injector should be given only if an allergy reaction is severe, otherwise treatment should begin with an antihistamine while waiting for emergency personnel or doctor's advice. True False
14. Stops the symptoms of the allergic reaction.  
(circle one) Epinephrine Antihistamine
15. Lessens the effect of the allergic reaction.  
(circle one) Epinephrine Antihistamine
16. When using the epinephrine auto-injector, it must be held in place for 10 seconds for all the medication to be released.
17. A child with a latex allergy can experience a latex allergen exposure from \_\_\_\_\_. Balls, gym equipment, balloons, and first aid gloves.
18. A child eats a sandwich containing peanut butter and a classmate has a peanut allergy, cross-contamination can be reduced by (check 1 of the following):
- Thoroughly washing hands with soap and water after eating and thoroughly washing the eating surface with soap and water.
  - Using a paper towel to clean up any peanut butter that falls out of the sandwich
19. Craft activities that use foods known to cause allergic reactions in students are safe to do because they won't be eaten. True False
20. Schools are not considered a high risk setting for exposure to allergens and cross-contamination for students with life-threatening allergies. True False

21. Life-threatening allergy is classified as a disability under Section 504. **True** False

22. The classroom is the most common area students in school are reported to experience an allergic reaction.

**True** False

23. In order to implement a child's emergency care plan a staff person needs to know

(check one of the following):

- The name of the allergen, where the emergency care plan is kept, and how to administer the epinephrine auto-injector.
- The students name, how to activate emergency medical services (911), and cardio-pulmonary resuscitation (CPR).
- The symptoms of anaphylaxis, how to give the epinephrine auto-injector and other necessary medication, and how to activate emergency medical services (911).**
- The name of the allergen, the symptoms of anaphylaxis, and where the epinephrine auto-injector is stored.

24. A child complains of continued asthma symptoms even after using a rescue medication inhaler. You know this student has a life-threatening allergy to peanuts and it has been 30 minutes since the student finished eating lunch. You suspect this student may have been exposed to peanut butter at lunch.

Describe the next steps you would take.

### Evaluation for Allergy and Anaphylaxis Training

Please rate the following statements using the number scale from 1 to 5

1 = strongly agree 2 = somewhat agree 3 = neither agree nor disagree

4 = somewhat disagree 5 = strongly disagree

I know how to use an epinephrine auto-injector and am confident in using it.

1      2      3      4      5

I am confident being responsible for the well-being of a student with allergies.

1      2      3      4      5

I understand and feel confident in following the Emergency Care Plan for a student with anaphylaxis.

1      2      3      4      5

I found the training session(s) to be very effective.

1      2      3      4      5

The training time was adequate.

1      2      3      4      5

Comments:

It was helpful to have the Allergy Training Kit on my own for study.

1      2      3      4      5

The videos were helpful.

1      2      3      4      5

Comments:

The booklets by the Food Allergy Network and the additional resources were helpful.

1      2      3      4      5

Comments:

## EpiPen® Training for School Staff

|  | EpiPen® Injection Procedure:   | Date Step Discussed | Date Skill Demonstrated |
|--|--|---------------------|-------------------------|
|  | <p>1. Remove the container device from its protective container.</p>    |                     |                         |
|  | <p>2. Pull off gray safety cap from the fatter end of the device (this "arms" the unit ready for use).</p>    |                     |                         |
|  | <p>3. Place black tip on outer thigh. Injection into the skin is best, but it can be injected through clothing. <i>Hold</i> the EpiPen® in your fist with clenched fingers wrapped around it.</p>     |                     |                         |
|  | <p>4. Push EpiPen® auto-injector against thigh until unit activates (until a loud "click" is heard) and then hold in place 10 seconds.</p>   |                     |                         |
|  | <p>5. Remove the pen from the thigh; avoid touching the needle that will now be projecting from the EpiPen® when you dispose of the device.</p>   |                     |                         |
|  | <p>7. Massage the injection site to increase epinephrine absorption. There may be some slight bleeding at the injection site. (Apply firm pressure with a cloth, tissue, clean handkerchief, or bandage.)</p>  |                     |                         |
|  | <p>8. Carefully place the used auto-injector (without bending the needle), needle-end first, into the storage tube of the carrying case that provides built-in needle protection after use, then screw the cap of the storage tube back on completely and send with student to ER.</p> |                     |                         |
|  | <p>9. Call 911 and stay with the student until EMS arrives:</p> <ul style="list-style-type: none"> <li>• Record the time the EpiPen® was given on the Emergency Care Plan and give EMS a thorough report.</li> <li>• Give EMS the used EpiPen® and the Emergency Care Plan.</li> </ul> |                     |                         |

Staff Member Trained: \_\_\_\_\_

Date: \_\_\_\_\_

School Nurse Trainer: \_\_\_\_\_

Date: \_\_\_\_\_

Adapted with permission from ESD 114 SNC Program

## Sample School Staff Emergency EpiPen® Medication Administration Checklist

Name of student for whom training is needed: \_\_\_\_\_

| Skills List   | Demonstration Date | Review Date | Rev Date | Rev Date |
|---|--------------------|-------------|----------|----------|
| Review signs and symptoms of life-threatening allergic reaction/anaphylaxis (See Emergency Care Plan).  |                    |             |          |          |
| Locate student's Emergency Care Plan (ECP).   |                    |             |          |          |
| Locate student's EpiPen® (as noted on ECP).   |                    |             |          |          |
| Review criteria on ECP for giving EpiPen®.  |                    |             |          |          |
| If administration of EpiPen® is indicated, direct another adult to implement school Emergency Procedures* or send two students to office for assistance at site. (*Review district/school plan).  |                    |             |          |          |
| <b>Perform Five "Rights:"</b><br>1. Right <b>person</b> —ask student's full name and compare with EpiPen® label.<br>2. Right <b>drug</b> —check EpiPen® label for correct student.<br>3. Right <b>amount</b> —check both ECP directions and EpiPen® label.<br>4. Right <b>time</b> —review criteria in ECP.<br>5. Right <b>method</b> of administration—follow procedure in ECP.  |                    |             |          |          |
| <b>Perform EpiPen® injection procedure:</b><br>1. Pull off <u>gray safety cap</u> .<br>2. Place <u>black tip</u> on upper outer thigh.<br>3. Using a quick motion press hard into upper outer thigh.<br>4. Hold in place and count to 10.<br>5. Remove EpiPen® and hold safely away from student and staff.<br>6. Massage the injection area for 10 seconds.<br>7. Carefully place the used auto-injector (without bending the needle), needle-end first, into the storage tube of the carrying case that provides built-in needle protection after use, then screw the cap of the storage tube back on completely and send with student to ER. |                    |             |          |          |
| Reassure and calm student.  |                    |             |          |          |
| Record time EpiPen® was given on ECP, initial, and send a copy of ECP with ambulance.   |                    |             |          |          |
| Continue to observe student for breathing difficulties or further deterioration of consciousness and breathing.   |                    |             |          |          |
| Administer CPR if no signs of life, i.e., no breathing, gagging, coughing, or chest movement.   |                    |             |          |          |
| Reviewed self-advocacy.   |                    |             |          |          |

**I voluntarily received this training for anaphylaxis and EpiPen® use. In the event there are no licensed personnel to administer this life saving medication in an emergency, I will follow the above protocol.**

**School Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The above faculty/staff has received the above training and demonstrates sufficient knowledge to act in an emergency.**

**R.N. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Adapted with permission from ESD 171 SNC Program



## Sample Sack Lunch Request Form



Date of Request: \_\_\_\_\_

**(Minimum One Week Notice Required)**

School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade/Room: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_ Requested Delivery Date to Kitchen: \_\_\_\_\_

Number of Lunches Requested: \_\_\_\_\_

Time for Sack Lunch Pick-Up in Cafeteria: \_\_\_\_\_

**\* Are there student(s) with food allergies/special dietary needs? Yes \_\_\_\_\_ No \_\_\_\_\_**

**List children with food allergies/special dietary needs (appropriate documentation must be on file with lunchroom manager):**

| First Name | Last Name | Specific Food Allergy<br><u>OR</u><br>Special Dietary Need |
|------------|-----------|--|
|            |           |  |
|            |           |  |
|            |           |  |
|            |           |  |
|            |           |  |

**ATTN. TEACHERS:** If someone other than the student(s) is picking up the sack lunches, the teacher requesting the lunches must provide a roster of the names and pin number or ID#'s of all students for whom sack lunches are being requested. Attach additional sheets if required. The student roster should be used as the official check off form for sack lunches when they are distributed at the field trip site. Form cannot be completed (acknowledging receipt of meals) prior to meal distribution.

**Completed Forms must be returned to the lunchroom staff after the event has occurred!**

|                                  |                                      |
|----------------------------------|--------------------------------------|
| For Nutrition Services Use Only: |                                      |
| Date Received: _____             | Number of Lunches:<br>Regular: _____ |
| Date Ordered: _____              | Vegetarian: _____                    |
|                                  | Other (see above): _____             |

Adapted with permission from Seattle School District

## Sample Substitute Teacher Letter

Dear Substitute Teacher,

Students in Room \_\_\_\_\_ have life-threatening food allergies or other conditions. Their names are listed below.

If you have not been trained on recognizing anaphylaxis and administering epinephrine for students listed, please see the school nurse or an administrator before taking responsibility for this classroom.

- Familiarize yourself with the care plans (attached) and make sure you are able to identify each of these children in the classroom.
- Locate and identify any medicine stored in the room. Please follow all risk reduction protocols established for the room.
- Do not offer food to the class or to any food allergic student without prior approval of the teacher, nurse, or parent.

If a student experiences an anaphylactic reaction while in your care, quick administration of epinephrine by an auto-injector is critical.

| <u>Student</u> | <u>Allergies</u> | <u>Other Conditions</u> | <u>EpiPen® stored in room?</u> |    |
|----------------|------------------|-------------------------|--------------------------------|----|
| _____          | _____            | _____                   | YES                            | NO |
| _____          | _____            | _____                   | YES                            | NO |
| _____          | _____            | _____                   | YES                            | NO |
| _____          | _____            | _____                   | YES                            | NO |

Your cooperation in implementing these health plans is vital to our students' safety.

If you have questions, contact the school nurse or the principal.

\_\_\_\_\_  
Classroom Teacher

Adapted with permission from Kelly Morgan (parent)

## Sample Classroom Letter

**Please note you must gain written parental consent to share information with other parents first!**

Dear Parent:

Date:

This letter is to inform you a student in your child's classroom has a life-threatening food allergy to \_\_\_\_\_ . Strict avoidance (not being around the food) is the only way to prevent a life-threatening allergic reaction. We ask for your assistance in keeping this student safe.

If exposed to \_\_\_\_\_, by eating or through touching, the student may develop a life-threatening allergic reaction that may result in death. To reduce the risk and maintain safety for this child, the classroom will have an allergen-safe zone. *Please do not send any products containing \_\_\_\_\_ with your child to eat in the classroom.* Many foods you would not think contain \_\_\_\_\_ actually do. The best way to determine whether or not the food contains \_\_\_\_\_ is to carefully read the ingredient labels to see if \_\_\_\_\_ is a listed ingredient and the allergy alerts located on the product packaging. For example, the allergy alerts may read:

- . . . may contain traces of \_\_\_\_\_.
- . . . produced on machinery that also processes \_\_\_\_\_.
- . . . produced in a facility that processes \_\_\_\_\_.

While we know this is an extra step, your help is needed, due to the seriousness of the consequences.

Any exposure to \_\_\_\_\_ may cause a severe allergic reaction. If your child has eaten \_\_\_\_\_ before school, please be sure your child's hands and face have been thoroughly washed with warm water and soap prior to coming to school. Soap and water is the best way to remove food residue from hands.

During meals there is an allergen-safe or PALS table where any classmate without \_\_\_\_\_ products can sit. If your child sits at this table with a \_\_\_\_\_ product, he/she will be asked to move to another table to reduce the spread of allergens around the room. This plan will help maintain safety in the classroom while allowing non-allergic classmates to enjoy \_\_\_\_\_ products. Following lunch, the children will be required to wash their hands with warm water and soap to reduce the risk of contamination by touching playground and classroom surfaces.

Please complete and return this form so we know every family has received this information. If you have any questions, please contact us at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Teacher

---

I have read and understand this letter. I agree to do my part in keeping the classroom and school safer for all students.

Child's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adapted with permission from Massachusetts *Anaphylaxis Guidelines*

## Sample School Letter to All Parents

Dear Parents:

Date: \_\_\_\_\_

This letter is to inform you that there are several students at our school (insert name) who have life-threatening food allergies. These students are allergic to the following foods:

---

---

---

Eating these foods, even in trace amounts, may cause a severe reaction (anaphylaxis) that can lead to death. The following symptoms may occur: hives, difficulty breathing, vomiting and diarrhea, swelling of the lips, mouth, and throat, itching and sneezing, loss of consciousness, and death due to shock. Even touching contaminated surfaces may cause a reaction. School staff have been trained to recognize such a reaction and to administer medication (epinephrine) in an emergency.

You can help staff and the school by taking advantage of opportunities to learn more about food allergies and by helping your child understand the foods they freely enjoy can be dangerous to others. Equally important, however, is to let them know they can support their classmates by eating and handling food responsibly.

Here are a few suggestions for you as parents:

- Never take food allergies lightly; they can be serious and life-threatening.
- Ask your child's friends what they are allergic to and help them avoid it.
- **Tell your child, "do not share food."**
- Frequent hand washing reduces the spread of viruses during the school year and helps protect food allergic students. Wash hands thoroughly after eating. Similarly, encourage good hygiene before and after-school. Ask your child to wash up if they have been particularly messy during breakfast. Wash hands and surfaces before handling library or text books or school equipment.
- Tell your child to get help from an adult immediately if a schoolmate has a reaction.

This school may have a Be a PAL Zone in the lunchroom/classroom. This is a designated area where students eat meals that do not contain specific food items or products such as peanuts and peanut butter. Additionally, an area may be designated in the lunchroom/classroom where students may only eat certain foods such as a peanut product table.

If you have questions or concerns, please contact the school nurse or the principal. Thank you very much for your understanding and cooperation.

Adapted with permission from Kelly Morgan (parent)

## WSSDA Sample Policy

### ANAPHYLAXIS PREVENTION

The \_\_\_\_\_ board of directors expects school administrators, teachers and support staff to be informed and aware of life-threatening allergic reactions (anaphylaxis) and how to deal with the resulting medical emergencies. For students, some common life-threatening allergens are peanuts, tree nuts, fish, bee or other insect stings, latex, and some medications. Affected students require planned care and support during the school day and during school-sponsored activities.

Parents/guardians are responsible for informing the school about their student's potential risk for anaphylaxis and for ensuring the provision of ongoing health information and necessary medical supplies. The district will take reasonable measures to avoid allergens for affected students. The district will also train all staff in the awareness of anaphylaxis and prepare them to respond to emergencies. Additionally, student specific training will be provided for appropriate personnel.

Even with the district's best efforts, staff and parents/guardians need to be aware that it is not possible to achieve a completely allergen-free environment. However, the district will take precautions to reduce the risk of a student having an anaphylactic reaction by developing strategies to minimize the presence of allergens in schools.

The superintendent will establish procedures to support this policy.

#### Management Resources:

*Policy News*, February 2009 Anaphylaxis Prevention Policy Required

Document provided with permission by WSSDA

## WSSDA Sample Procedure

### ANAPHYLAXIS PREVENTION

For students with a medically diagnosed life-threatening allergy, the district will take appropriate steps for the student's safety, including implementing a nursing care plan.

#### Parent/Guardian Responsibility

Prior to enrolling a student, the parent/guardian will inform the school in writing of the medically diagnosed allergy(ies) and risk of anaphylaxis. Upon receiving the diagnosis, school staff will contact the parent/guardian to develop a nursing care plan. A nursing care plan will be developed for each student with a medically diagnosed life-threatening allergy.

#### Nursing Care Plan

The written plan will identify the student's allergies, symptoms of exposure, practical strategies to minimize the risks, and how to respond in an emergency.

The principal or designee (school nurse) may arrange a meeting (*or telephone call*) with the parent/guardian prior to the first day of attendance to develop and discuss the nursing care plan. The plan will be developed by the parent, school nurse, and appropriate school staff. If the treatment plan includes self-administration of medications, the parents, students, and staff will comply with model policy and procedure 3419, *Self-Administration of Asthma and Anaphylaxis Medication*.

Annually and prior to the first day of attendance, the student health file will contain: (1) a completed nursing care plan; (2) a written description of the treatment order, signed by a licensed health care provider; and (3) an adequate and current supply of auto-injectors (or other medications). The school will also recommend to the parents that a medical alert bracelet be worn by the student at all times. The parents/guardians are responsible for notifying the school if the student's condition changes and for providing the medical treatment order, the auto-injectors, and medications.

Students who have a medically diagnosed life-threatening allergy and no medication or treatment order presented to the school, shall be excluded from school to the extent that the district can do so consistent with federal requirements for students with disabilities under the Individuals with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, and pursuant to the following due process requirements:

- A. Written notice to the parents, guardians, or persons in loco parentis is delivered in person or by certified mail.
- B. Notice of the applicable laws, including a copy of the laws and rules.
- C. The order that the student shall be excluded from school immediately and until medications or a treatment order is presented.

## Communications Plan and Responsibility of School Staff

After the nursing care plan is developed, the school principal or a designee will inform appropriate staff regarding the affected student. The school nurse (R.N.) will train appropriate staff regarding the affected student and the nursing care plan. The plan will be distributed to appropriate staff and placed in appropriate locations in the district (classroom, office, school bus, lunchroom, etc.). With the permission of parents/guardian and the student, (if appropriate), other students and parents may be given information about the student's condition

## In-service Training

Annually, each school principal will provide an in-service training on how to minimize exposure and how to respond to an anaphylaxis emergency. The training will include a review of avoidance strategies, recognition of symptoms, the emergency protocols to deal with an anaphylaxis episode, and use of an auto injector.

Student specific training and additional information will be provided (by the school nurse) to teachers, teacher's assistants, clerical staff, food service workers, and bus drivers who will have known contact with a diagnosed student.

## Controlling the Exposure to Allergens

Controlling the exposure to allergens requires the cooperation of parents, students, the health care community, school employees, and the board. The district will inform parents of the presence of a student with life-threatening allergies in their child's classroom and/or school and the measures being taken to protect the affected student. Parents will be asked to cooperate and avoid including the allergen in school lunches and snacks or other products. The district will discourage the sharing of food, utensils, and containers. The district will take other precautions such as avoiding the use of party balloons or contact with latex gloves. Additionally, play areas will be specified that are lowest risk for the affected student.

The district will also identify high-risk events and areas for students with life-threatening allergies, such as foods and beverages brought to school for seasonal events, school equipment, and curricular materials used by large numbers of students (play-dough, stuffed toys, science projects, etc.)

During school-sponsored activities, appropriate supervisors, staff, and parents will be made aware of the identity of the student with life-threatening allergies, the allergens, symptoms, and treatment. The lead teacher will ensure that the auto-injector is brought on field trips.

Date: 02.09

Document provided with permission by WSSDA

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## SECTION 6

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### RESOURCES

(Recommended by the Food Allergy Workgroup members)

OSPI does not necessarily endorse or support the information expressed in the following resources listed below:

Accommodating Children with Special Dietary Needs (USDA)  
[http://www.fns.usda.gov/cnd/Guidance/special\\_dietary\\_needs.pdf](http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf)

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

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

American Academy of Pediatrics <http://www.aap.org/>

American Dietetic Association  
<http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/index.html>

American Latex Allergy Association <http://www.latexallergyresources.org/>

Center for Chronic Disease Prevention and Health Promotion: DASH Healthy Youth Food Allergies <http://www.cdc.gov/HealthyYouth/foodallergies/>

Department of Health Food Safety Program  
<http://www.doh.wa.gov/ehp/sf/food/food.htm>

Food Allergy and Anaphylaxis Network <http://www.foodallergy.org/>

Food Allergy Initiative  
[http://www.foodallergyinitiative.org/section\\_home.cfm?section\\_id=7](http://www.foodallergyinitiative.org/section_home.cfm?section_id=7)

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

New York Food Allergy Training Module for Nurses  
[http://schoolhealthservices.org/tool\\_kit.cfm?subpage=97](http://schoolhealthservices.org/tool_kit.cfm?subpage=97)

OSPI Child Nutrition Services Food Allergy Kits – Please contact ESD School Nurse Corps Administrators at <http://www.k12.wa.us/HealthServices/ESDcontacts.aspx> or OSPI Child Nutrition Services at (360)725-6200

Revolution Health Allergy Guides [www.revolutionhealth.com](http://www.revolutionhealth.com)

Safe@School Partners <http://www.foodallergysmart.org/index.htm>

Seattle FEAST (Food Education and Allergy Support Team) [www.seattlefoodallergy.org](http://www.seattlefoodallergy.org)

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## SECTION 7

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### FREQUENTLY ASKED QUESTIONS (FAQS)

#### From Parents:

**1. Can the school exclude my child if I do not have a care plan (IHP/ECP) and health care provider orders signed?**

Yes, the school and school district have the authority to exclude children with life-threatening conditions from attendance until treatment and medication orders, and emergency care plans requiring medical services are in place. For additional information see [RCW 28A.210.320](#) or [WAC 392.380.045](#).

**2. Can my child self-carry epinephrine?**

Yes, under [RCW 28A.210.370](#) students may self-carry and self-administer medication for asthma and anaphylaxis contingent upon specific conditions. Additionally, the student is entitled to have backup medication, if provided by the parent, in a location to which the student has immediate access. This does not infer that school staff have any less responsibility to carry out the student's Emergency Action Plan.

**3. Can my child's epinephrine be stored in the classroom?**

Yes, as noted above under [RCW 28A.210.370](#) students are entitled to have backup medication in a location to which the student has immediate access. The classroom may very well be an appropriate location to store epinephrine.

**4. Who can administer an epinephrine auto-injector in schools?**

Under [RCW 28A.210.260 to 270](#), a Registered Nurse can delegate (train and supervise) unlicensed staff to administer oral medications at school under specific conditions. In nursing practice laws, an exception also allows for the administration of medication in an emergency situation. This includes the administration of injectable epinephrine in a life-threatening emergency.

**5. How do I ensure my child's safety during before- and after-school activities?**

Students may be involved in a number of school-sponsored activities throughout the year. It is extremely important that parents talk to the supervising staff of any activity occurring before or after-school.

**6. Can food be restricted from a classroom?**

In some situations it may be reasonable on a case-by-case basis, to request that students do not bring foods containing an allergen into the classroom, especially for younger children who eat meals in the classroom.

**7. How do I ensure that the school will provide safe meals for my child?**

Follow the school district's policies and procedures. In general the following information must be provided: (See sample Diet Prescription for Meals form)

**A diet order completed by a licensed physician including:**

- The disability.
- The restriction of the disability.
- The major life activity affected.
- A list of foods to be omitted and substituted.

*It is highly recommended that the student and family work with the school nurse and the nutrition service department while they are in the process of obtaining a diet order from the physician.*

**8. Will the school menu provide me with enough information to accommodate my child's life-threatening food allergies?**

No. The school menu is subject to change for a variety of reasons. Recipes and food labels are constantly changing. Please contact your district nutrition service department for any questions or concerns. See FAQ number 7 above.

**9. Will school staff assist my child in reading labels?**

No, school staff will be advised not to assist or interpret labels for any child. If in doubt, do not ingest the questionable item!

**From School Staff**

**10. How else might a student be exposed to food allergens (other than through meals)?**

Many classroom activities involving art, nature/science projects, and home-life activities often use food based items including paints (some are egg based).

**11. Can the Nursing Care Plan (IHP/ECP) also serve as the 504 plan?**

Yes, the IHP and/or the ECP may serve as the Section 504 accommodation plan.

**12. If a student appears to be having an allergic reaction, but I am uncertain if the student was truly exposed to any food containing the allergen, what should I do?**

Treat the student immediately with epinephrine, call 911, and follow the care plan. When in doubt, treat the student! Students may have a delayed reaction! Fatalities frequently occur because the epinephrine was delivered too late!

**13. What is the most effective way to clean surfaces to remove food allergens?**

Thoroughly cleaning hard surfaces (tables/desks) with methods commonly used in school cafeterias are likely to adequately remove any allergen residue. District policies and procedures should address cleaning methods. It is especially important to use a separate rag or disposal wipe on the allergen-safe tables.

**14. Can we use hand sanitizer to clean student's hands?**

No, hand sanitizer will not remove residue and may in fact spread the residue more easily. Rigorous hand washing with soap and water is the most effective method for students and staff.

**15. What is a gluten sensitivity or intolerance?**

Some students may have a diagnosed condition that causes gluten sensitivity such as Celiac Disease or Dermatitis Herpetiformis. Gluten intolerance is the result of an immune-mediated response producing Immunoglobulin (IgA) and/or Immunoglobulin G (IgG) antibodies to the ingestion of gluten (wheat, durum, semolina, kamut, spelt, rye, barley, and triticale). Strict avoidance of all gluten products is the only treatment. For additional dietary information see <http://www.celiac.com/>.

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## SECTION 8

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### REFERENCES

1. American Academy of Allergy Asthma and Immunology (AAAAI), "Tips to Remember: What is an Allergic Reaction?" 2008, <http://www.aaaai.org/patients/publicedmat/tips/whatisallergicreaction.stm>, accessed on October 6, 2008.
2. AAAAI, "Fact Sheet Food Allergies and Reactions," 2005, [http://www.aaaai.org/patients/resources/fact\\_sheets/food\\_allergies.pdf](http://www.aaaai.org/patients/resources/fact_sheets/food_allergies.pdf), accessed on February 26, 2008.
3. "How a Child Might Describe a Reaction," Food Allergy News, Vol. 13, No. 2. 2003. FAAN.
4. AAAAI Press Room, "Position Statement the Use of Epinephrine in the Treatment of Anaphylaxis." 2008, [http://www.aaaai.org/members/academy\\_statements/position\\_statements/ps26.asp](http://www.aaaai.org/members/academy_statements/position_statements/ps26.asp), accessed on October 30, 2008.
5. AAAAI Board of Directors, "Position Statement Anaphylaxis in Schools and Other Child-Care Settings," 2008, [http://www.aaaai.org/media/resources/academy\\_statements/position\\_statements/ps34.asp](http://www.aaaai.org/media/resources/academy_statements/position_statements/ps34.asp), accessed on February 26, 2008.
6. "Epinephrine: The Drug of Choice for Anaphylaxis—A Statement of the World Allergy Organization." World Allergy Organization Journal, Supplement 2, July 2008.
7. Staff Model for the Delivery of School Health Services. NCQAC and OSPI. April 2000, <http://www.k12.wa.us/HealthServices/pubdocs/SchHealth.pdf>.
8. USDA, Food, and Nutrition Service, Fall 2001, p. 5. Accommodating Children with Special Dietary Needs in the School Nutrition Programs. Guidance for School Nutrition Services Staff.

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## SECTION 9

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### COMMON DEFINITIONS

**Anaphylaxis** - Anaphylaxis is a life-threatening allergic reaction that may involve systems of the entire body. Anaphylaxis is a medical emergency that requires immediate medical treatment and follow-up care by an allergist/immunologist.

**Diet Order** - A medical statement which documents the special nutritional needs of a child requiring dietary modifications.

**FAPE** - Under the law public school districts have a duty to provide a free and appropriate public education (FAPE) for students with disabilities. See section 2.

**FERPA** - The Family Education Rights and Privacy Act of 1974 (FERPA). See Section 2.

**Food Allergy** - Food allergy is a group of disorders distinguished by the way the body's immune system responds to specific food proteins. In a true food allergy, the immune system will develop an allergic antibody called Immunoglobulin E (IgE).

**Food Intolerance** - Food intolerance refers to an abnormal response to a food or food additive that is not an Immunoglobulin E (IgE) allergic reaction. See Appendix B.

**IDEA** -The Individuals with Disabilities Act of 1976 (IDEA). See Section 2.

**504** - Section 504 of the Rehabilitation Act of 1973. See Section 2.

## APPENDIX A

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## APPENDIX B

### Food Intolerances

Students may suffer from food intolerances that do not result in a life-threatening food allergy reaction (anaphylaxis) but still hamper the student's ability to perform optimally.

Food intolerance is sometimes confused with food allergy. Food intolerance refers to an abnormal response to a food or food additive that is not an Immunoglobulin E (IgE) allergic reaction. For instance, an individual may have uncomfortable abdominal symptoms after consuming milk. This reaction is most likely caused by a mild sugar (lactose) intolerance, in which the individual lacks the enzymes to break down milk sugar for proper digestion. Another example is noted in Celiac Disease. Individuals develop food intolerance to gluten by producing Immunoglobulin G (IgG) and/or Immunoglobulin (IgA) antibodies. Such individuals must avoid all gluten products. Licensed Health Care providers assist families in establishing accurate diagnoses and treatment plans.<sup>2</sup>

Students and families of children with food intolerances should complete a Health Registration Form and a Student Food Allergy Form in order to identify the food item(s) that cause symptoms. The student, family, school nurse, and other appropriate school staff should create a plan to accommodate the individual needs of the student. An IHP may be developed and disseminated to staff as needed in order to meet the student's dietary concerns. A 504 accommodation plan is typically *not* required for a student with a food intolerance *not* considered a life-threatening condition. See USDA guidelines (page 5) at [http://www.fns.usda.gov/cnd/Guidance/special\\_dietary\\_needs.pdf](http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf).