

PULASKI  
COMMUNITY  
SCHOOL  
DISTRICT

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# Guidelines for Managing Life-Threatening Allergies

July 2014

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## Introduction

The incidence of severe and life-threatening allergies has been rising over the past several years. Ninety percent (90%) of all food allergies are attributed to eight foods. These foods are:

Peanuts

Shellfish – crab, crayfish, lobster, shrimp

Fish

Tree nuts - walnuts, almonds, cashews, pistachios, pecans

Eggs

Milk

Soy

Wheat

Other common allergic reactions are known to be caused by insect venom (e.g. bee stings), medications, latex, and exercise. An allergic reaction can occur within minutes or up to hours of exposure. To address the challenges that life-threatening allergies present, it is important that students, parents, physicians and school personnel work cooperatively to create a safe learning environment for all.

The purpose of this document is to provide policy and guidelines to support students with life-threatening allergies, minimize the risk of accidental exposure to allergens, and have a plan to recognize and manage allergic reactions and anaphylaxis at school. These guidelines are organized by allergy type.

**Pulaski Community School District  
Life-Threatening Allergy Management Policy:**

Pulaski Community School District is committed to providing a safe and nurturing environment for students. The Pulaski Community School District Board of Education understands the increasing prevalence of life threatening allergies among school populations. Recognizing that the risk of accidental exposure to allergens can be reduced in the school setting, Pulaski Community School District is committed to working in collaboration with parents, students, and healthcare providers to minimize risks and provide a safe educational environment for all students. The focus of allergy management shall be on prevention, education, awareness, communication and emergency response.

**The goals for allergy management include:**

1. To define a formal process for identifying, managing and ensuring continuity of care for students with life-threatening allergies across all transitions (PreK-12) in all areas of the school environment. This process shall be outlined in detail in the district's administrative procedures.
2. To maintain the health and protect the safety of children who have life-threatening allergies in ways that are developmentally appropriate, promoting self-advocacy and competence in self-care and provide appropriate educational opportunities.
3. To ensure that interventions and food allergy management plans for students with life-threatening allergies are based on medically accurate information and evidence-based practices.

In accordance with applicable law, it is the policy of the school district to provide all students, through necessary accommodations when needed, the opportunity to participate in all school programs and activities. Accordingly, the administration shall direct all staff, to act affirmatively and work closely with parents to assure that the needs of children with documented allergies are taken into consideration in planning for district programs. The District Food Service Director and the Director of Student Services shall ensure the district's management plan is reviewed and updated regularly.

Legal Ref:	Sections	115 Subchapter V Wisconsin Statute 118.29 118.291 118.292 Section 504 of the Rehabilitation Act of 1973 Americans with Disabilities Act Amendments of 2008 Individuals with Disabilities Education Act USDA Regulation 7CFR Part 15b
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Adopted:

## Guidelines for Food Allergies

### Responsibilities of the Parent/Guardian

- Inform the school nurse of your child's allergies prior to the opening of school (or as soon as possible after diagnosis). **All food allergies must be verified by documentation from a licensed health care provider.**
- Work with the school team collaboratively to develop the Individual Allergy Management Plan. (The Plan should also promote increasing age-appropriate independence (ages 8 - 18) as the student grows and matures. In determining age-appropriate independence the student's level of autonomy and their ability to function autonomously is considered.)
- Complete and submit all required medication forms.
- Provide medication orders and signatures from parent/guardian and a licensed health care provider (LHCP) on district allergy management plans and medication authorization forms.
- Provide the school with current cell phone, emergency contact numbers and medical information.
- Provide a completed Children with Disabilities and Special Dietary Restrictions form (only needs to be completed once unless changes are necessary.)
- Teach your child to: (as age appropriate)
  - a. recognize the first symptoms of a food allergic/anaphylactic reaction.
  - b. communicate with school staff as soon as he/she feels a reaction is starting.
  - c. carry his/her own epinephrine auto-injector when appropriate.
  - d. recognize safe and unsafe food items.
  - e. not Share snacks, lunches, drinks or utensils
  - f. understand the importance of hand washing before and after eating.
  - g. report teasing and/or bullying that may relate to the child's disability.
  - h. take responsibility for his/her own safety.
  - i. As children get older, teach them to:
    - self-advocate of the seriousness of the allergy to adults and peers.
    - Show/Inform supervising adults where their self carry epinephrine is stored for after hours activities.
    - Read labels and ingredients safety.
    - Administer his/her own epinephrine auto-injector and train others in how to help
    - Develop awareness of their environments, including allergy-controlled zones and practice age appropriate behavior regarding health and safety.
    - Recognize other allergen containing materials such as art, physical education 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.
- Provide the school with up-to-date emergency medications (including Epinephrine) so they can be placed in all required locations for the current school year. Medications will comply with the district medication policy of proper labeling and expiration.
- To consider providing a medical alert bracelet for your child. [www.medicalalert.org](http://www.medicalalert.org)
- Provide Epinephrine for after hours activities.
- Go on your student's field trips if possible.
- Provide "safe snacks" for your student's classroom so there is always something your child can choose from during an unplanned special event.
- Review the school lunch menu with your child and discuss items that may contain their

allergen to avoid eating.

- Encourage your child to wash hands before and after handling food. Encourage child to identify the allergy controlled zone when eating and to utilize easy access to soap in or near classrooms.
- Inform the school in writing of any changes in the child's Life-threatening Food Allergy status.
- Provide the school with the physician's statement if the student no longer has food allergies.
- Inform school nurse of all school sponsored activities their child will be participating in.
- If your child carries his/her own Epinephrine, ensure that it is store properly, kept within expiration date, and inform the school nurse of its location. Parents are encouraged to keep a "back-up" Epinephrine in the school health office as well. Epinephrine should not be stored in cars or lockers where they are not easily accessible and exposed to heat or cold. Written consent by parent/guardian and Licensed Health Care Provider is required to self carry.
- Review the school district procedures with your child as appropriate.
- Practice drills and role-playing.
- Provide additional allergy safe food for disaster planning.
- If the student eats meals provided by the school through nutrition services, a licensed health care provider prior to meal service must complete a diet order form. 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.

### **Responsibilities of the student with Life-Threatening Food Allergies**

- Develop a relationship with the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the food allergy in the school. (Trusted adults are people who respect your feelings will listen and help work out a solution to any problem you may have. Trusted adults will provide guidance and support).
- Use proper hand washing before and after eating and throughout the school day.
- Avoid sharing or trading of foods or eating utensils with others. Take responsibility for avoiding food allergens.
- Not eat anything with unknown ingredients or known to contain any allergen.
- Avoid putting anything in mouth such as writing utensils, fingers, or other foreign object.
- Be proactive in the care and management of their food allergies and reactions based on their developmental level. Learn to recognize personal symptoms.
- Notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
- Notify an adult if they are being picked on or threatened by other students as it relates to their food allergy.
- Keep emergency Epinephrine with the student if authorized, along with a copy of the Individual Allergy Action Plan and do not share medication with others. Medication is to be stored in a secure, safe, temperature controlled location.
- Know how to administer own Epinephrine if authorized.
- Develop an awareness of their environment and their allergy-controlled zones.
- Know the overall Individual Allergy Management Plan and understand the responsibilities of the plan.
- Develop greater independence to keep themselves safe from anaphylactic reactions.

- Consult with teacher/staff on any items or materials they suspect may contain their allergen.

### **Responsibilities of the School Administrator**

- Follow all applicable federal laws, including ADA, Section 504, and FERPA, as well as all state laws and district policies/guidelines that may apply.
- Have available the appropriate allergy forms for the parent and explain that the required forms must be returned and approved by the school nurse.
- Meet with parents and listen to their needs and concerns as needed.
- HIPAA Compliant Authorization for Exchange of Health & Education Information will be available to parents for signature to provide needed communication between the supervising physician and school for effective implementation of the plan.
- Establish a core team comprised of Parent, Principal, Teacher, Student, Nurse, Cafeteria Manager and other personnel deemed necessary to make decisions about food allergies.
- Provide support for the creation of an Individual Allergy Management Plan for addressing life-threatening food based allergic reactions by the school nurse, student's parent(s)/guardian(s), and health care provider.
- Ensure district-wide mandatory in-service training and education for appropriate staff on reducing life-threatening allergy risks, recognizing food allergy symptoms, and emergency procedures to include, but not limited to the following topics:
  - a. A description/definition of severe allergies and a discussion of the most common allergens causing allergic reactions.
  - b. The signs and symptoms of anaphylaxis.
  - c. The correct use of an Epinephrine auto injector.
  - d. Specific steps to follow in the event of an emergency.
- Reinforce no-food and no-utensil trading /sharing best practice will be encouraged. A sign in each school shall be posted informing students that they are expected to neither trade nor share food or utensils.
- Provide emergency communication devices for school activities including physical education, and playground
- Ensure that the School Nurse in consultation with suggestions from student's parent(s)/guardian(s) and Health Care Provider will provide the Allergy Management Plan for accommodations and emergency care. The parent(s)/guardian(s) and Health Care Provider will sign off on the medication orders.
- Have knowledge of Individual Allergy Management Plans for students within their building.
- When appropriate, familiarize teachers with the Allergy Management Plans of their students, and any other staff member having contact with the student(s) on a need-to-know basis.
- Establish life-threatening allergy safe zones as needed in each school cafeteria if requested. These zones will be designated by a universal symbol. These zones will be cleaned and sanitized as per district protocol (see Nutrition Services and Custodial Services Section).
- Ensure the Individual Allergy Management Plan is available in the nurse's office and accessible to the student's teacher(s).
- Recommend that parents/guardians attach a photograph of their student with a Life-Threatening Food Allergy to their Allergy Management Plan. When appropriate; student's photos will be placed in the kitchen only for kitchen staff to view as an extra protective measure. Pictures will be out of view of other students and carried out in accordance

- with patient confidentiality regulations.
- When appropriate, students are allowed and encouraged to carry their Epinephrine on them, as allowed by the district's Administration of Medication Policy and their completed Allergy Management plan.
- Ensure information is in an organized, prominent and accessible format for a substitute teacher with the universal symbol displayed for ease of access. A bright colored label will be on the outside of sub folders (MEDICAL ALERTS). The medical information will be included inside the folder.
- Provide instruction to teachers annually on how to access health information regarding the students they have access to in the district student data base including Health Alerts, Health Conditions, and Health Plans.
- Work with the Facilities Director to instruct and reinforce with facilities personnel the cleaning protocol to ensure that the threat of allergens is minimized.
- Establish procedures at the elementary level to ensure written communication to all parents of children assigned to a classroom where one or more of the students have been identified as having a Life-Threatening Allergy. This will be carried out in accordance with patient confidentiality regulations.
- Notify staff of the locations of Epinephrine in the school.
- Ensure there is a contingency plan in place using designated building staff and understood by all staff and students in the event the nurse is not in the office or in the building. Staff will call 911 in all instances of Epinephrine administration. In addition, parent/staff severe allergy educational meetings may be scheduled as medical personnel are available.
- Ensure staff follows the District Wellness Policy and guidelines.

### **Responsibilities of the School Nurse**

- Provide to parent/guardian(s) of a student with a life-threatening allergy an Individual Allergy Management Plan to be completed for the student.
- Maintain updated Individual Allergy Management Plan in the health office, in the classroom when appropriate, and with Epinephrine that is carried by identified students. The Allergy Management plans will also be stored with the Epinephrine.
- Review and retain all forms and documents submitted by parents and medical professionals related to students with life-threatening allergies.
- Meet with parents/guardians of students with life-threatening allergies as needed.
- Assist the principal in providing information about students with life-threatening allergies to staff where there is a need-to-know basis.
- In conjunction with the principal, provide yearly in-service training and education for staff regarding life-threatening allergies, symptoms, risk-reduction procedures, and emergency procedures including DPI approved training on the use of Epinephrine. The school nurse shall retain documentation of those personnel who have received training on a yearly basis.
- Provide teachers/substitutes with the Individual Allergy Management plans of their students and any other staff member who has contact with student on need-to-know basis.
- Nurses are responsible for following the regulations that permit non-licensed personnel to be trained and to administer emergency medications such as Epinephrine per Wisconsin laws.
- Educate parents and students on the appropriate locations for storing the Epinephrine and the possibility of receiving more than one Epinephrine as necessary. Locations for

storage will follow the manufacturer's guidelines for avoidance of light and extreme temperatures.

- Inform the school principal and parent/guardian of any student who experiences an allergic reaction that has not been previously diagnosed.
- Provide the Food Services Department a list of students with food allergies including pictures.
- Store Epinephrine in the health room in a secure but unlocked location. Expiration dates will be checked on a regular basis, and notify parent when refills are needed.
- Prepare all Epinephrine and related medications including the Allergy Management Plan(s) for field trips.
- Work with the building principal to have a contingency plan in place in the event the nurse is not in the building utilizing trained and identified back-up personnel.
- Provide the Transportation Department a list of students with life threatening food allergies, and including any students known to be carrying an Epinephrine auto-injector.

### **Responsibilities of the Teacher**

- Have knowledge of the signs and symptoms of a severe allergic reaction, and be aware of and implement an emergency plan if a reaction is suspected.
- Review all Individual Allergy Management Plan(s) provided.
- Participate in in-service training about students with life-threatening allergies if they working with student's with a known allergies. Participation is encouraged for all staff even if not directly working with a student with a known severe allergy.
- Participate in DPI approved epinephrine training especially if supervising students after hours or off grounds.
- Review classroom health condition information in the student database prior to school starting, noting any life-threatening allergies. Review on a regular basis for any updates.
- Keep Individual Allergy Management Plans accessible but secure. Inform substitutes and paraprofessionals of the plan location.
- Provide additional allergy information in the sub-folder.
- Participate in any meetings as needed related to a student's life threatening allergy.
- Provide accommodations in the classroom per the Individual Allergy Management Plan.
- Share with classroom support staff on a need to know basis information about students with severe allergies.
- Participate in the planning of a student's re-entry into school after an anaphylactic reaction.
- Notify all parents by written communication of any school related activity or celebration that includes the use of food in advance of a project or activity (K-9). (Learning activities will be controlled as much as possible) Limit use of food for instructional lessons.
- Provide written communication to all parents of children assigned to a classroom where one or more of the students have been identified as having a Life-Threatening Allergy (PK-5). This will be carried out in accordance with patient confidentiality regulations.
- Respond immediately to reports of students being teased or bullied about their allergies.
- Immediately follow the Allergy Management Plan, contact building E-team and call 911 when life-threatening allergy related symptoms occur.

### **Snacks/Lunchtime**

- Reinforce no-food and no-utensil trading /sharing at school.
- Reinforce appropriate classroom hygiene practices/hand washing before and after eating.

- Clean table surfaces before and after snack time with a district approved cleaning agent.
- Refer to the student(s) Allergy Management Plan for restricted foods and snack time accommodations. Establish a daily procedure with the parent/school nurse to ensure compliance with the plan.
- Cold lunch sacks of students with life-threatening allergies should be stored separately from other student lunches.

### **Classroom Activities**

- Use allergen-free products for classroom activities (i.e. arts & crafts, science projects, sensory tables, math manipulatives, cooking, celebrations.)
- If a food event is held in a classroom, clean the tables with a district approved cleaning agent.
- Use non-food items as rewards
- Be aware of allergy concerns of students before inviting an animal into the classroom as well as the animal's food.

### **Field Trips**

- Consider the risk of exposure to food allergens when planning a field trip
- Notify the school nurse/school health office 2 weeks in advance if taking students off school grounds or participating in outdoor activities that are not in the immediate area of the building.
- Pick up any emergency medication(s) including the Allergy Management Plan from the health office prior to leaving on field trips or outdoor activities that are not in the immediate area of the building.
- Ensure there is a functional method of communication available while on the field trip
- Parental attendance is to be offered for field trips, but not required.
- Sack lunches of children with food allergies should be stored separately to minimize cross-contamination.
- A trained district employee such as the classroom teacher will accompany the class on the field trip and will maintain each applicable student's Epinephrine and will follow each child's Allergy Management Plan.
- Copies of student's Allergy Management Plan will be carried on all field trips.
- Staff will call 911 in all instances of Epinephrine use. Parent(s)/Legal Guardian(s), school nurse and Principal will be notified.
- Students with allergies and emergency meds will stay under the district supervision of a trained staff member at all times on field trips unless their parent accompanies the field trip. The medication must always stay with the trained adult directly supervising the student.
- Consider eating situations on field trips and plan to reduce the risk of exposure for students with life threatening allergies.
- Require hand washing before and after eating.

### **Responsibilities of the Substitute Teacher**

- Review the sub folder for any information about health conditions and life-threatening allergies.
- Review all Allergy Management Plans available
- If the substitute has any questions about allergies, he/she should contact the school

health office or principal.

- Substitute staff should never hand out or allow student to disperse classroom shared treats without verifying that there are no students with allergies.
- If on a field trip, the substitute should not be supervising students with life-threatening allergies alone. These students should be under the supervision of another staff member who has completed the necessary training.

### **Staff Responsibilities during Recess and Physical Education**

During recess and physical education classes held away from the immediate area of the building or off school grounds, the school shall have the following responsibilities:

- Children will be under the supervision of at least one adult. Epinephrine Packet will be taken outside if off school grounds or participating in outdoor activities that are not in the immediate area of the building.
- Epinephrine will be carried by a designated district employee or by the student with a completed Epinephrine Self-Administration Authorization on file.
- Emergency communication device (walkie-talkie, cell phone) will be accessible and functional.

### **Responsibilities of Nutrition and Food Services**

- Provide in-service to nutritional service employees regarding safe food handling practices to avoid cross contamination with potential food allergens.
- Food service employees will wear non-latex gloves. Gloved hands will be washed or changed during extended use to avoid cross contamination with potential food allergens.
- Maintain a list of students with food allergies within the food service area with a photo of the student wherever possible. (not for public viewing)
- maintain knowledge of which food products contain allergens
- Allow allergen-safe zones at schools where students with applicable food allergies are identified with universal symbol.
- Participate in in-service training for students with life-threatening allergies including demonstration of Epinephrine use when necessary.
- With parental approval, set up reasonable procedures for cafeteria regarding food allergic students, including entering student's allergy into computerized database. Information will remain confidential and shared on a need-to-know basis in compliance with federal privacy regulations.
- Respond appropriately to all complaints/concerns from any student with a life-threatening allergy, including allowing student to see school nurse if complaining of any potential symptoms. A response to complaints/concerns would also include any type of hazing or inappropriate behavior on the part of other students.
- Provide allergen alerts to food items on the school menu.
- For students identified with a disability, review the Special Diet Statement and make the identified accommodations to omit and substitute food. This form must be completed by the parent and a licensed health care provider.

### **Responsibilities of Custodial Services and/or Lunch Room Supervisors**

The custodial service department shall under the direction of the Facilities Director:

- Use a separate wash bucket and cloth with district-approved cleaning agents solely for the cleaning of allergen-safe zones. This will include disinfecting solution and PH7 all-

- purpose soap as effective cleaning solutions.
- Receive training on allergen zone maintenance areas.
- Participate in in-service training for students with life-threatening allergies including demonstration of Epinephrine use.
- Lunch room supervisors to monitor allergen-safe zone tables to ensure foods eaten at that table are allergy free.

### **Responsibilities of Transportation Services**

- Review provided health alert lists, noting any life threatening allergies or emergency medications.
- Have functioning emergency communication devices (e.g., cell phones, two-way radios, etc.) on each bus.
- Maintain and reinforce the policy of discouraging eating food on the bus except for those students with documented medical needs, i.e., diabetics. In cases of medically documented needs, those students must bring allergen safe foods for eating on the bus.
- Students with life-threatening allergies should sit immediately behind and to the right side of the bus driver when transporting to/from school if preferred seating is requested by parent.
- Bus drivers will not hand out food treats even on special occasions.
- Participate in in-service training for students with life-threatening allergies including DPI approved Epinephrine training. (When Epinephrine is carried on the bus)
- Have knowledge (via parent or school nurse) of the location of Epinephrine self carried by the student.

### **Responsibilities of Coaches and Supervisors of School Sponsored Activities**

Person(s) in charge of school-sponsored extracurricular programs shall have the following responsibilities:

- Notify school nurse of all students participating in their activity if it is conducted outside school hours or off school grounds.
- Review completed Student Activity Emergency Forms for any life threatening allergy information and contact the School Nurse/Health Office for a copy of the Allergy Management Plan if allergies are indicated.
- District employees will participate in in-service training regarding life-threatening allergies including DPI approved Epinephrine training at least annually. The training will be documented and kept on file.
- Have knowledge of the signs and symptoms of a severe allergic reaction, and be aware of and implement an emergency plan if a reaction is suspected.
- Review the Individual Allergy Management Plan(s).
- Provide accommodations as indicated in the Individual Allergy Management Plan.
- Have functioning emergency communication devices (e.g., cell phones, two-way radios, etc.).
- Discuss with the parent/student the location where self-carried Epinephrine or staff managed Epinephrine will be stored.

# **Guidelines for Insect Venom Allergies**

(in addition to those outlined in Food Allergies)

## **Responsibilities for Parents/Guardians**

- Notify supervisors of activities and clubs of your child's allergy, and provide necessary medication.
- Introduce your child to the bus driver and explain their allergy and if any medication are carried on the student for the bus.
- Consider attending field trips with your child. Parent attendance is not mandatory.
- Teach your child to avoid eating outside during high insect season, and away from garbage containers.

## **Responsibilities for students with Insect Allergies**

- Learn to recognize symptoms of an allergic reaction and tell an adult
- Wear a medical alert bracelet as provided by the parent.
- Know how to administer his/her own Epinephrine (as age appropriate)
- Avoid areas of high insect activity.
- Avoid eating outside during high insect activity and near garbage containers.
- Avoid wearing heavily scented products, brightly colored clothing, or open toed shoes to prevent attracting insects.

## **Responsibilities for the Administrator**

- Provide emergency communication devices for school activities including physical education, and playground
- When appropriate, students are allowed and encouraged to carry their Epinephrine on them, as allowed by the district's Administration of Medication Policy and their completed Allergy Management plan.
- Work with the Facilities Director to instruct and reinforce with facilities personnel the importance of insect reduction practices around the school grounds.

## **Responsibilities for the Building Nurse**

- Work with parent/guardian to develop and Individual Allergy Management Plan. Provide copies/access to necessary staff.
- Provide training to selected staff on anaphylaxis and Epinephrine use annually
- Prepare Epinephrine and other emergency medications to be sent on field trips.

## **Responsibilities of the Classroom Teacher**

- Review student database health information noting any Life-threatening allergies prior to school starting, and on a regular basis for updates.
- Review Individual student Allergy Management Plans.
- Inform substitute teachers and classroom aids of allergies.
- Never question or hesitate to act immediately if student reports signs or symptoms of an allergic reaction.
- Avoid eating outdoors during high insect activity.

### **Field Trips:**

- Consider the student with the allergy and his/her level of exposure when planning field trips.

- Inform/collaborate with the building nurse 2 weeks prior to a field trip. Ensure Epinephrine and the Allergy Management Plan are taken on the field trip.
- Ensure a functioning communication device is available while on the field trip.
- Invite parents of students with life-threatening allergies to accompany their child on school trips. Parent presence is not required.
- Avoid eating outdoors during high insect activity and near garbage containers.

### **Responsibility of Recess Monitors**

- Notify the facilities department of any insect nests observed near the school building or equipment.
- Ensure a communication device is available at all times (walkie-talkie or cell phone).
- Discourage students from eating and drinking outdoors.
- Act immediately if a student reports an insect bite- Ask the student if they have a known allergy. contact the school office to verify student health history. Escort to the health office for care and observation. If symptoms occur, activate the building emergency response and administer emergency medication if indicated.

### **Responsibilities of Facilities Department**

- Avoid placing garbage containers outdoors near entry ways.
- Remove/treat any biting insect nests observed or reported as soon as possible.

### **Responsibilities of Coaches and Supervisors of School Sponsored Activities**

- Review completed student Activity Emergency Forms for health information.
- Inform the school nurse of students participating in the activity and request copies of Individual Allergy Management Plans.
- Ensure that a phone or other communication device is available at all times.
- Clearly identify who is responsible for keeping the Epinephrine and other emergency medications, and the location where they will be stored.
- Ensure that emergency medications are store properly, as recommended to avoid heat, cold, and light.
- Medical Alert tags can be covered, but should not be removed.
- Discuss with students who self-carry, a plan for emergency medication storage and accessibility.
- Inform activity support staff of allergies, treatment plan, and emergency medication location on a need-to-know basis.
- Attend training sessions regarding anaphylaxis, allergies, and Epinephrine use.
- Avoid areas outdoors with high insect activity
- Notify the facilities department as soon as possible of any insect nests observed.
- Once trained, administer Epinephrine as needed for allergic reactions, and call 911.

### **Responsibility of the Transportation Department**

- Review health information list to note students with insect allergies.
- Review Individual Allergy Action Plans.
- Obtain training in Epinephrine use if Epinephrine is carried by student on the bus.
- Take measures to avoid insects entering the bus during high insect activity.
- Provide preferred seating if requested by parent
- Inquire with parent/student location of epinephrine if carried by student.

## **Guidelines for Latex Allergies**

(in addition to those outlined in Food Allergies)

### **Responsibilities of the Parent/Guardian**

- Teach your child to recognize products that may contain latex and advise them to avoid these items.
- Work with your child to develop self-advocacy skills with informing others of their allergy and speaking up when there is a concern.
- Inform the school of past symptoms with exposures, and any changes to their allergy.

### **Responsibilities of the Student with Latex Allergies**

- Refrain from handling items that may contain latex (health care products, rubber bands, gym & art supplies, and balloons.)
- Notify an adult immediately of any reaction, or contact with any materials possibly containing latex.

### **Responsibilities of the Administrator**

- Ensure building staff are evaluating their materials for the presence of Latex if working with a student with a latex allergy.
- Work with the Food Service Director to ensure that latex free gloves are used in the kitchen with food handling and prep.

### **Responsibilities of the School Nurse**

- Assist school staff in evaluating items for the presence of Latex if needed.
- Provide Latex free materials when available for use in health rooms.

### **Responsibilities of the Teachers**

- Do not allow Latex balloons in the classroom or immediate area
- Remove and use only allergen free products for classroom activities (markers, erasers, rubber bands, gloves, gym equipment, etc.)

### **Responsibilities of Food & Nutrition Services**

- Use Latex free gloves only

### **Responsibilities of Coaches and Supervisors of School Sponsored Activities**

- Evaluate and avoid use of any materials or equipment that contain latex.

## Appendix A

### Life-Threatening Allergy Information

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#### **BACKGROUND**

Allergic reactions can span a wide range of severity of symptoms. The most severe and potentially life threatening reaction is anaphylaxis. This protocol is to be used for students who are at risk for anaphylaxis and in circumstances where a previously undiagnosed life-threatening allergic response occurs. When a physician assesses that a child's allergy will result in anaphylaxis, the child's condition may meet the definition of "disability" and is covered under the Federal Americans with Disability Act (ADA), Section 504 of the Rehabilitation Act of 1973, if the allergy management affects the student's ability to make educational progress.

Anaphylaxis, a life threatening allergic reaction, refers to a collection of symptoms affecting multiple systems in the body, the most dangerous of which are breathing difficulties and a drop in blood pressure. The most common-causes of anaphylaxis are foods, insect stings, latex, exercise, or medications. These severe allergic reactions can occur within minutes or a reaction can be delayed for up to two hours. Some reactions are "biphasic" in nature with an initial period of symptoms, a symptom free period of 2-3 hours followed by severe shock-like symptoms. Student's who are asthmatic are at higher risk of having a severe allergic reaction. At present there is no cure for food allergies and strict avoidance is the key to preventing reactions. Exposure may occur by eating the food or food contact.

#### 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.

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 most common food allergens are peanuts, tree nuts, shellfish, milk, wheat, soy, fish, and eggs, although an individual can have an allergy to any food. 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

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.

## 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. Latex should be avoided by students and staff at risk for anaphylaxis.

## OTHER CAUSES OF ANAPHYLAXIS

Other causes of anaphylaxis may include: medications, exercise, temperature extremes, certain medical procedures, and psychological as well as other unknown causes.

## APPENDIX B

### SYMPTOMS OF ANAPHYLAXIS

Life-threatening anaphylaxis symptoms usually happen within the first 20 minutes of exposure or up to 2 hours later. Approximately 30% of people having an allergic reaction will have a “rebound” reaction, meaning after the initial treatment, they are symptoms free for a period of time (up to 3 hours) then have a second, often more severe reaction.

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

<b>System</b>	<b>Symptoms</b>
Skin	Hives, rash, flushing, swelling of the face or extremities
Mouth	Itching , tingling, swelling of lips, tongue, mouth, difficulty swallowing
Gut	Nausea, abdominal cramps, vomiting, diarrhea
Throat	Swelling, tightness, hoarseness, hacking cough
Lung	Shortness of breath, coughing, wheezing
Heart	Weak/thready pulse, low blood pressure, fainting, pale, blue color
Psychological/Mental	Sense of doom, anxiety

More subtle symptoms of a severe reaction may include:

Infants or Toddlers may exhibit screaming or crying.

Very young children will put their hands in their mouth or pull at their tongues.

Or the person may say:

“There’s something stuck in my throat”

“My tongue and throat feel thick”

“My mouth feels funny. I feel funny or sick”

## APPENDIX C

### TREATMENT OF ANAPHYLAXIS

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, 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 person 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.**

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.**

#### Treatment of allergic reaction

1. Students with a Life-Threatening allergic reaction, potentially requiring the use of medication, should have an Allergy Management Plan updated annually at the start of each school year. In the event of exposure to allergen, or symptoms of an allergic reaction, individualized student Allergy Management Plan should be followed using prescribed student specific medication.

2. For persons with unknown allergies who develop an anaphylactic response or for those with known allergies when on rare occasions their personal emergency medication is found to be flawed or unavailable The Pulaski Community School District has stock epinephrine at each school. The epinephrine will be used in emergencies (see Medication/Stock Epinephrine Policy/Standing Order)
3. In the event that Epinephrine is administered at school, 911 will be called and the person should be transported via ambulance to a hospital. This is for the safety and the well-being of the person in the event of a “rebound” reaction.

#### Epinephrine Options:

Epinephrine is administered via intramuscular auto injector. Current Brands available include, but are not limited to:

- EpiPen®, EpiPen Jr®
- Auvi-Q™ auto injectors. (includes voice prompted directions)
- Adrenaclick® /Adrenaclick® Generic
- Twinject®

Epinephrine is available in both 0.15mg or 0.3mg dosages based on weight.

**Note:** The EpiPen®, Auvi-Q™, and Adrenaclick® are each single dose auto-injectors, while the Twinject® contains two doses of epinephrine – the first dose in an auto-injector and the second dose in the form of a traditional injection.

\*\*Treatment orders from the parent/healthcare provider may also include an antihistamine and/or an inhaler.

#### **Epinephrine Administration Procedure:**

- A. Have person lying down with feet elevated (turn on their side if vomiting) or sitting.
- B. Obtain Epinephrine Injection Kit
- C. If available, delegate someone to call E team (during school hours) **and 911.**
- D. Refer to individual student care plan if available
- E. Check 5 rights of medication administration
- F. Remove extra clothing of necessary (can be given through pants)
- G. Administer Epinephrine per auto injector instructions:

##### EPI Pen®-

1. Remove auto injector from the plastic case
2. Check window for medication color/clarity
3. Check expiration date
4. Pull off the blue safety release cap
5. Hold orange pen tip against out thigh; push firmly to release injection
6. Hold in place for 10 seconds
7. Remove and massage area for 10 seconds

##### Auvi-Q™

1. Check expiration date
2. Remove auto injector from the plastic case
3. Check window for medication color/clarity
4. (Follow voice prompted instructions)
5. Pull off the red safety cap
6. Hold black end against outer mid thigh; push firmly to release injection

7. Hold in place for 5 seconds
8. Remove and massage area for 10 seconds

#### Adrenacllick®

1. Remove the outer case.
2. Check Expiration Date
3. Check medication window for color and clarity
4. Remove grey caps labeled “1” and “2”.
5. Place red rounded tip against mid-outer thigh.
6. Press down hard until needle penetrates
7. Hold for 10 seconds.
8. Remove from thigh and massage area for 10 seconds.

After Epinephrine is administered, the following should be followed:

1. Note time Epinephrine was given
2. Call 911 if alone or note previously done by another.
3. Administer additional medications as ordered (Diphenhydramine and/or Inhaler) and note time given.
4. Repeat Epinephrine dose as prescribed if needed
5. Upon arrival, Inform Emergency Personnel of medications and times administered.
6. Document incident and medications given in student records and on student incident report.

## Appendix D

### CARE PLAN CONSIDERATIONS

**Individual Allergy Management Plan-** The Pulaski Community School District will have available an Individual Allergy Management Plan which is a merged document consisting of both the Emergency Care Plan (ECP) and the Individual Health Plan (IHP) for accommodations. The Individual Allergy Management plan is created in conjunction with the parent, school nurse, physician and school staff when appropriate. The original plan will be housed in the school health office and copies will be kept with the emergency medications. Additional copies will be provided/accessible to appropriate staff when necessary.

The Allergy Management plan 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 will be offered awareness training yearly for symptoms of anaphylaxis and how to respond. Selected staff members will be required to complete training on anaphylaxis and Epinephrine per the Medication Administration Policy and procedure.

**Section 504 Plan-** The intent of Section 504 of the Rehabilitation Act of 1973 is to provide students with disabilities equal access to educational programs, services, and activities. Students with disabilities may not be denied participation in school programs and activities solely on the basis of disability.

The law provides that a team of knowledgeable persons must make eligibility determinations on a case-by-case basis; these guidelines cannot provide specific guidance on the eligibility question. Nevertheless, school districts have an obligation to provide reasonably safe environments for all students. Whether students with life-threatening food allergies are identified under Section 504 as disabled individuals or not, Pulaski Community School District will provide these students with Individualized Allergy Management Plans to address their health and safety needs.

## **EMERGENCY CARE TRAINING**

Staff designated to implement the emergency response section of a student's allergy management plan must be trained by the school nurse 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.

Emergency Plan training components include:

- Avoidance strategies for identified allergen(s)
- Instruction on administration of epinephrine utilizing Wisconsin DPI approved training
- Instruction on the administration of oral medication and/or inhaler utilizing Wisconsin DPI approved training. The student's LHCP may also order an antihistamine or inhaler.
- School notification procedures for calling 911 (EMS), parents, school nurse, and school administration.
- Pertinent blood borne pathogen information training with emphasis on safe handling of sharps.
- Recording of the incident, including medications administered the amount of medication administered, 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.

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.

## **RESOURCES**

**The Food Allergy and Anaphylaxis Network (FAAN).** FAN is a great resource for current research, informational newsletter, support groups, and information of food products. Their phone number is 800-929-4040, and the Web address is: [www.foodallergy.org](http://www.foodallergy.org)

**Liberty Public School District; Liberty, Missouri "Food Allergy Policy & Guidelines"**

**Waunakee Community School District, Waunakee, WI "Guidelines for Managing Life-Threatening Allergies- Feb 2012"**

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

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

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

- **The Food Allergy & Anaphylaxis Network (FAAN)**

FAAN is a great resource for current research, informational newsletter, support groups, and information of food products. Their phone number is 1-800-929-4040.

- **Allergy, Asthma Information Association of Canada (AAIA)**

- **American Academy of Allergy, Asthma & Immunology (AAAAI)**

- **National Association of School Nurses (NASN)**

- **Asthma & Allergy Foundation of America (AAFA)**

- **Food & Drug Administration's Website**

- **Food Anaphylaxis Education's Websi**