

Life Threatening Allergies

In order to keep all students with life threatening allergies in the district as safe as possible, procedures shall be in place in all schools in the district to address allergy issues in the classrooms, gym, outdoor activity areas, school buses, field trips, and before and after school activities. The procedure components will include responsibilities of school administration, school staff including teachers, bus drivers, cafeteria workers, coaches, and the school nurse, parents and students.

Anaphylaxis is usually an immediate reaction occurring within seconds or minutes to an hour following exposure to an allergen (food, insect sting, latex, medication). Anaphylactic reactions could occur at school when a child is accidentally exposed to a substance to which he/she is allergic or when a child is exposed to an undiagnosed allergen that has not previously been identified. There is no predictable pattern with anaphylaxis. Each subsequent episode may be the same, more severe, or less severe. Allergic reactions that appear mild at first can gradually worsen over 1-3 hours.

School is a high risk setting for exposure to allergens. This is due to such factors as a large number of students, cross contamination of tables, desks, and chairs, food sharing, hidden ingredients, field trips, bake sales and holiday celebrations, community activities in the building, bus transportation, and substitute teaching staff and volunteers who may be unaware of individual student allergens.

Common Allergens:

- Food allergies include peanuts, tree nuts, fish and shellfish, milk, eggs, wheat, and soy. Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (touch) exposure or inhalation exposure.
- Latex allergies include balloons, gloves, and rubber cement.
- Insect allergies include stings from bees and wasps (yellow jackets / hornets).
- Medications

Life Threatening Allergy Procedure Epinephrine Auto injector Medication Administration

The staff assigned will complete the DPI emergency medication training including the webinar and test. In addition, the trained staff will complete a skill checklist with the contracted school nurse. The purpose of this procedure is to assure that the epinephrine is appropriately administered in the correct emergency scenario. It is imperative that the symptoms of anaphylaxis be recognized whether or not the exposure is known. The following steps should be taken:

1. Symptom Recognition
2. Administration of Epinephrine (Storage of Epinephrine at room temperature 59-86°, out of sunlight, in a secure place)
3. Rapid Deployment of Emergency Medical Services
4. Prompt transfer of student by the Emergency Medical System to a hospital

1. **Symptom Recognition:** Anaphylactic symptoms may include one or more of the following and not necessarily in the order listed:

Nose/Eyes:	Itching, sneezing, congestion, runny nose, red eyes, tearing	observe/antihistamine.
Mouth:	Itching, tingling	observe/antihistamine
Skin:	Hives, itchy rash, swelling (except as described below)	observe antihistamine.
Gut:	Nausea, abdominal cramps, vomiting, and diarrhea	observe/antihistamine.

Swelling:	Swelling of lips, tongue, eyes, mouth or face	Epinephrine/Call 911
Throat:	Tightening of throat, hoarseness, hacking cough, difficulty swallowing, difficulty speaking	Epinephrine/Call 911
Lung:	Shortness of breath, repetitive coughing, wheezing, chest tightness, noisy breathing	Epinephrine/Call 911
Heart:	Weak pulse, low blood pressure, fainting, paleness, blueness	Epinephrine/Call 911
Other:	Stupor, agitation, restlessness, unconsciousness	Epinephrine/Call 911



2. **Administration of epinephrine:** Identify student by name if possible. Obtain any subjective data including allergen, bee sting, or food ingested/contacted, onset, duration, and past occurrences. Ask about stomachache, vomiting or diarrhea. Note any appearance of hives or swelling. Ask about difficulty breathing and assess respiratory effort—wheezing. Determine by student’s weight or appearance if necessary to use the EpiPen Jr.® or EpiPen® (EpiPen Jr.® 33 - 66 pounds, EpiPen®>66 pounds)
 - a. Call 911
 - b. Remove EpiPen® from container.
 - c. Remove blue cap from the pen (pull straight up).
 - d. Firmly press the orange tip against the student’s outer thigh and hold for 10 seconds. It is made to go through clothing and is not necessary to disrobe.
 - e. Monitor student for redevelopment of initial symptoms, pulse, and respirations. Stay with student until an ambulance arrives.
 - f. Administer CPR as necessary.
 - g. When student is transported to hospital, document the event.
 - h. Wash hands.
 - i. Dispose of sharp in appropriate disposal container.
 - j. Notify parent.
 - k. Notify building principal.

3. **Rapid Deployment of Emergency Medical Services:** Emergency medical services or 911 should always be called when epinephrine is administered. If alone, administer medication and then call 911.

4. **Prompt transfer by Emergency Medical Personnel to the hospital.**

- Educate classmates
- Use allergen free products for classroom activities
- Use non allergen items as rewards
- Provide lists of acceptable & non acceptable foods / snacks for parents of classmates
- Instruct students not to share food or trade food
- Staff training on anaphylaxis signs / symptoms
- Staff training / demonstration on use of EpiPen®
- Instruction on need to call 911 after EpiPen® administration by staff or self-administered by student

School Field Trips and Before / After School Activities:

- If for safety reasons medical alert identification (ID bracelet / necklace) needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed
- Available cell phone for emergency calls
- Medications including EpiPen® and a copy of the student's LTAP must accompany the student, teacher, coach or field trip organizer with written parental permission
- In absence of parent / guardian, another individual must be trained and assigned responsibility of caring for and handling any medical emergency
- Field trips need to be chosen carefully; no student should be excluded from a field trip due to risk of allergen exposure
- If there is food distribution including bake sales held on school grounds, consideration should be given to students with life-threatening allergies

Parent / Guardian:

- Inform school of your child's allergies before the first day of school or as soon as possible after a diagnosis.
- Provide the school with a way to contact you (cell phone, beeper, etc)
- Provide the school with medication orders from the licensed provider
- Provide the school with any medications needed, including an up-to-date EpiPen® (more than 1 if needed)
- Provide the school with information if student no longer has allergies
- Assist the school in determining if student will carry EpiPen®
- Participate in team meetings and development of an emergency action plan and review the plan as needed
- Provide information to your child's classroom teacher that will be shared with parents of the students class
- Provide school with any changes in students status or medical orders

Student:

- Learn to recognize symptoms of an allergic reaction
- Do not trade or share food
- Wash hands before and after eating
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear
- Take as much responsibility as possible to avoid allergens (age appropriate)

***Cross Contamination** is the cooking or serving of different foods with the same utensils and surfaces. When preparing and serving food, it is critical to make sure that food preparation and serving utensils are not exposed to allergens and then used for another food.

- a. Lifting peanut butter cookies with a spatula and then using the same spatula to lift sugar cookies.
- b. Using a knife to make peanut butter sandwiches, then wiping the knife and using the same knife to spread mustard on a peanut allergic child's sandwich.

***Cleaning and Sanitation** of any surface used for the preparation and service of meals is a necessity. For preparation area, work surfaces, and all utensils and pots and pans need to be washed with hot soapy water. The work surface areas, counters, and cutting surfaces, need to be cleaned thoroughly between uses.

- a. Wash trays or cookie sheets after each use as oils can seep through the wax paper or other liners and contaminate the next food cooked on the sheet or tray.

Approved: March 19, 2012

**Life Threatening Allergic Reaction (Anaphylaxis)
Standing Medical Order**

Anaphylaxis is an allergic reaction that may be triggered by a food allergy, latex allergy, insect sting, or drug reaction. It may occur within minutes or hours after a triggering event. In the event of an anaphylactic reaction of a student or staff member (see signs /symptoms below) who does not have their own prescribed EpiPen®, or whose EpiPen cannot be located, an “unassigned” EpiPen® may be administered by a staff member who has been adequately trained.

Serious Signs and Symptoms of Anaphylaxis

• Swelling	Swelling of lips, tongue, eyes, mouth or face.
• Throat	Tightening of throat, hoarseness, hacking cough, difficulty swallowing, difficulty speaking
• Lung	Shortness of breath, repetitive coughing, wheezing, chest tightness, noisy breathing
• Heart	Weak pulse, low blood pressure, fainting, paleness, blueness
• Other	Stupor, agitation, restlessness, unconsciousness



- A. **Give EpiPen®** if weight >66 pounds (approx. 8 years old / 3rd grade)
Give EpiPen Jr.® if weight 33-66 pounds (preschool – approx 8 yrs old)
- B. **CALL 911** and inform them you are giving an EpiPen® for anaphylaxis.
- C. **CALL** parent or guardian.

First Aid: 1. Maintain airway and monitor circulation.

Start CPR as necessary:

- 1. Position on side if vomiting.
- 2. Keep student warm but not overheated.
- 3. Do not administer any solids or fluids by mouth.
- 4. If bee stinger is noted in skin, remove by gently scraping at skin level.
- 5. Monitor student closely, as sudden clinical deterioration can occur despite treatment.
- 6. **DO NOT LEAVE STUDENT ALONE**

Physician Signature

Date