

**LIFE-THREATENING ALLERGIC REACTION (ANAPHYLAXIS)
REGULATION
ELEMENTARY LEVEL
INFORMATION AND AWARENESS**

1. Identification of Anaphylactic Students to the District

It is the responsibility of parents to identify anaphylactic children to the school nurse and provide information regarding:

- a. The particular allergies that could trigger an anaphylactic reaction.
- b. A treatment protocol (which includes an Emergency Health Care Plan) signed by the child's physician and parent. This Plan must be updated annually.
- c. Any changes in the child's condition from previous years or since last reported.
- d. Written permission to distribute personally identifiable information, such as photographs and medical information, to the classroom teachers, school bus drivers, cafeteria aides and other school personnel.
- e. It is strongly recommended that the students wear a Medic Alert bracelet or necklace that identifies specific allergens.

2. Identification of Anaphylactic Students to Staff

- a. With written permission from the parents, an allergy fact sheet shall be provided to all school employees stating the names of students with known life threatening allergies.
- b. Staff that have contact with identified students must become familiar with that student's Emergency Health Care Plan.
- c. The Board policy on managing anaphylaxis in schools shall be provided to all staff, as well as to bus drivers, who come into regular contact with these students.
- d. An Emergency Health Care Plan shall be in the student's health file. The Emergency Health Care Plan should be placed in key locations, such as the health office and classroom. Children with anaphylaxis will also be identified in the cafeteria computer system.

3. Information for Teachers and other School Staff

- a. Staff training shall be provided annually in all schools to school personnel, including substitute teachers, bus drivers, cafeteria staff, and other staff. This training must focus on how to protect anaphylactic children from exposure to known allergens, how to recognize and treat an anaphylactic reaction and training in the protocols for responding to emergencies.
- b. Staff will be required to attend specific in-service sessions regarding anaphylaxis.

- c. All teachers and staff who may be in a position of responsibility for children with anaphylaxis must receive training in the use of an Epi-Pen.
- d. The building principal will ensure that new employees and substitute teachers receive training as needed.
- e. School nurse must maintain a record of all anaphylaxis training provided school personnel.

4. Sharing Information with other Students

The school nurse will identify classrooms with students suffering life-threatening allergies and provide information about allergies/anaphylaxis to the students in those classes. This should be done in a way that is appropriate to the students' age and maturity, without creating fear and anxiety, and in consultation with the parents of individual anaphylactic children. Only after consultation with and written permission from a student's parent may the school nurse identify a specific allergic child.

5. Sharing Information with Parents and Parent Organizations

- a. Parents will be informed that a student with life-threatening food allergies is in their child's classroom and of the measures being taken to protect that student. Letters will be sent home at the beginning of the year asking parents to avoid sending into the classroom foods containing the identified allergen[s].
- b. Around special holidays or other occasions when food is being brought from home to school, parents will be sent follow up reminders by the school nurse regarding problematic foods
- c. If allergens are brought into the classroom or allergen-free area, the school will follow up by:
 1. Reminding students of the dangers involved for the anaphylactic student;
 2. The school principal or designee will send a letter home with the student reinforcing the need for cooperation with the school policy;
 3. Having the nurse and/or teacher telephone the parent/guardian of the student to ask for cooperation.

ANAPHYLACTIC REACTION/RISK REDUCTION PLAN

While it is not possible to eliminate risk altogether, certain precautions will diminish risk and allow the anaphylactic child to attend school with relative confidence.

These precautions are intended to be flexible and allow schools and classrooms to adapt to the needs of individual children.

All of the following precautions should be considered in the context of the anaphylactic child's age and maturity. The school, parents, and student should work together to reduce risks regarding allergens. As children mature, they should become more responsible for avoiding exposure to their specific allergens.

1. Providing allergen-free areas in Elementary Schools

Eliminating food allergens from specified areas within the school will serve to provide safer areas for anaphylactic students.

- a. If possible, avoid using the classroom of an anaphylactic child as a lunchroom.
- b. If the classroom must be used as a lunchroom, establish it as an "allergen-free" area, using a cooperative approach with students and parents.
- c. In the cafeteria noon aides will establish at least one common eating area or a section of the single common eating area-as "allergen-free".
- d. In the cafeteria monitor the designated "allergen-free" areas.

2. Lunchroom and Eating Area Procedures

- a. Encourage anaphylactic students to eat only food prepared at home or approved for consumption in the child's individual emergency health care plan.
- b. Discourage the sharing of food, utensils, and containers.
- c. Provide lunch-hour supervision for an anaphylactic child.

- d. Encourage a hand-washing routine before and after eating.
 - e. Provide in-service training for cafeteria staff, with special emphasis on identifying food ingredients by their common, technical or scientific names, and training in prevention of cross-contamination.
 - f. Ensure that tables and other eating surfaces are washed clean after eating, using a cleansing agent and disposable paper towels approved for school use. This is particularly important for peanut-allergic students because of the adhesive nature of peanut butter.
3. Additional Preventive Actions

Not all allergic reactions are a result of exposure to food at meal times.

- a. Schoolyard cleanliness contributes to the safety of children with life-threatening allergies. Yard clean-ups will occur after special occasions such as Halloween, or special outdoor school events.
 - b. Anaphylactic children may not participate in garbage disposal, yard clean-ups, or other activities that could bring them into contact with food wrappers, containers, or debris.
 - c. As foods are often stored in cubbies, lockers and desks an anaphylactic child must keep the same locker and desk all year.
4. Holidays and Special Celebrations

Food is usually associated with special occasions and events. The following procedures will help protect the anaphylactic child.

- a. If foods are to come into the classroom from home, remind parents of the anaphylactic allergens and request that foods be sent in without allergens.
- b. Encourage the anaphylactic child to bring food from his/her own home.
- c. Suggest that the parent of the anaphylactic child provide the school with a supply of non-perishable treats for those times when other parents send food into the school.
- d. Anaphylactic student may not consume food sent in by other families without the express written consent of the student's parent/guardian.

5. Field Trips

In addition to the usual school safety precautions applying to field trips, the following procedures must be in place to protect the anaphylactic child.

- a. All permission slips will include a separate "serious medical conditions" section as a part of the school's registration/permission forms for all field trips in which the details of the anaphylactic student's allergens, symptoms, and treatment can be recorded. A copy of this information must be available at any time during the field trip. The child's parent(s) will be encouraged to serve as a chaperone.
- b. Require a chaperone to be aware of the identity of any anaphylactic child, the allergens, symptoms, and treatment for that child/children.
- c. Ensure access to a telephone, cell phone, or radio communication in case of emergency.
- d. Require the parent of the anaphylactic child to provide at least one Epi-pen (more than one are suggested) to be administered per doctors orders and per Emergency Health Care Plan in applicable cases.
- e. Require the regular classroom teacher to keep information about the anaphylactic student's allergies and emergency procedures at all times.
- f. Require the medications be kept on the same bus with the anaphylactic students.

6. School Bus Safety

The following provisions apply to school transportation.

- a. The identity of all students with severe health issues will be provided to the director of transportation, who will disseminate the information to the appropriate bus drivers. All bus drivers and substitutes will be trained in emergency response procedures.
- b. The school nurse will inform parents that an Epi-pen is to be carried by the anaphylactic student while on the school bus.
- c. At the parent's request, an anaphylactic student shall receive a seat near the front of the bus.

7. Anaphylaxis to Insect Venom

The school is aware that some anaphylactic reactions occur as a result of things over which it has no control such as exposure to bees, hornets, wasps, and yellow-jackets. Nevertheless, certain precautions can be taken by the student and the school to reduce the risk of exposure.

- a. School officials will check for the presence of bees and wasps, especially nesting areas on school property, and arrange for their removal.
- b. At the parent's written request, students who are anaphylactic to insect stings will be allowed to remain indoors for recess during bee/wasp season.

EMERGENCY RESPONSE PLAN

Even with precautions in place, an anaphylactic student may come into contact with an allergen while at school. Therefore, the District has developed this generalized emergency response plan. Additionally a separate emergency health care plan must be in place for each anaphylactic child, developed by the child's parents and physician, and kept in the child's classroom and the nurse's office.

Anaphylactic children may or may not know when a reaction is taking place. School personnel are encouraged to listen to the child. If a child complains of any symptoms that could signal the onset of a reaction, staff must implement this emergency response plan. There is no danger in reacting too quickly and grave danger in reacting too slowly.

1. Emergency Proposal Plan:

Upon an allergic reaction a trained person will:

- a. Administer the Epi-pen (Note: One should never assume that children or teens will self-inject. Individuals of any age may require help during a reaction because of the rapid progression of symptoms or because of the stress of the situation.)
- b. Telephone 911 – inform the emergency operator that a child is having an anaphylactic reaction.
- c. Contact the school nurse.
- d. Telephone the parents of the child.
- e. If no ambulance service is available, transport the child to the hospital at once with at least one adult in addition to the driver.
- f. If on a field trip and no ambulance is available, student can be transported by car or bus with a staff member.
- g. Telephone the hospital to inform them that a child is having an anaphylactic reaction and is en route.
- h. Re-administer epinephrine per doctor's orders and per the child emergency health care plan while waiting for the ambulance and en route to the hospital if symptoms do not improve or reoccur.

2. Location of Epinephrine Epi-pen:

- a. Epi-pens will be kept in the Health Office in a covered and secure area, but unlocked for quick access. Although epinephrine is not a dangerous drug, it can cause injury if it is injected into a fingertip, major blood vessel, or nerve.
- b. Students may carry their own Epi-pens with physician's orders and parent permission.

3. Crisis Response Team Simulation

The Crisis Response Team may simulate an anaphylactic emergency to ensure that all elements of this emergency response plan are in place.

- a. Administer the Epi-pen as per doctor's orders and per emergency response protocol.
- b. Follow board-approved communication procedure to secure help.
- c. Help that student remain calm.
- d. Monitor the student and await the arrival of emergency help.

4. Review Process

In the event of an emergency response, an immediate evaluation of the procedure should be undertaken, and any Epi-pens used must be replaced immediately.

**LIFE-THREATENING ALLERGIC REACTION (ANAPHYLAXIS)
REGULATION
SECONDARY LEVEL
INFORMATION AND AWARENESS**

1. Identification of Anaphylactic Students to the District

It is the responsibility of parents to identify anaphylactic children to the school nurse and provide information regarding:

- a. The particular allergies that could trigger an anaphylactic reaction.
- b. A treatment protocol (which includes an Emergency Health Care Plan) signed by the child's physician and parent. This Plan must be updated annually.
- c. Any changes in the child's condition from previous years or since last reported.
- d. Written permission to distribute personally identifiable information, such as photographs and medical information, to the classroom teachers, school bus drivers, cafeteria aides and other school personnel.
- e. It is strongly recommended that the students wear a Medic Alert bracelet or necklace that identifies specific allergens.

2. Identification of Anaphylactic Students to Staff

- a. An allergy fact sheet shall be provided to all school employees stating the names of students with known life threatening allergies.
- b. Staff that have contact with identified students, especially teachers and guidance counselors, must become familiar with that student's Emergency Health Care Plan.
- c. The Board policy on managing anaphylaxis in schools shall be provided to all staff, as well as to bus drivers, who come into regular contact with these students.
- d. An Emergency Health Care Plan shall be in the student's health file. The Emergency Health Care Plan should be placed in the health office. Children with anaphylaxis will also be identified in the cafeteria computer system.

3. Information for Teachers and other School Staff

- a. Information sheets shall be provided annually in all schools to school personnel, for substitutes including teachers, bus drivers, cafeteria staff, and other staff. This information must focus on how to protect anaphylactic children from exposure to known allergens, how to recognize and treat an anaphylactic reaction and training in the protocols for responding to emergencies.
- b. Staff will be required to attend specific in-service sessions regarding anaphylaxis, when deemed appropriate.

- c. Teachers and staff who may be in a position of responsibility for children with anaphylaxis must receive training in the use of an Epi-Pen.
- d. The building principal will ensure that new employees and permanent substitute teachers receive training as needed.
- e. School nurse must maintain a record of all anaphylaxis training provided school personnel.

ANAPHYLACTIC REACTION/RISK REDUCTION PLAN

While it is not possible to eliminate risk altogether, certain precautions will diminish risk and allow the anaphylactic child to attend school with relative confidence.

These precautions are intended to be flexible and allow schools and classrooms to adapt to the needs of individual children.

All of the following precautions should be considered in the context of the anaphylactic child's age and maturity. The school, parents, and student should work together to reduce risks regarding allergens. Secondary school students should become more responsible for avoiding exposure to their specific allergens.

1. Lunchroom and Eating Area Procedures

- a. Encourage anaphylactic students to eat only food prepared at home or approved for consumption in the child's individual emergency health care plan.
- b. Prohibit the sharing of food, utensils, and containers.
- c. Provide in-service training for cafeteria staff, with special emphasis on identifying food ingredients by their common, technical or scientific names, and training in prevention of cross-contamination.
- d. Ensure that tables and other eating surfaces are washed clean after eating, using a cleansing agent and disposable paper towels approved for school use.

2. Additional Preventive Actions

Not all allergic reactions are a result of exposure to food at meal times.

- a. Schoolyard cleanliness contributes to the safety of children with life-threatening allergies.
- b. Anaphylactic children may not participate in garbage disposal, yard clean-ups, or other activities that could bring them into contact with food wrappers, containers, or debris.

3. Field Trips

In addition to the usual school safety precautions applying to field trips, the following procedures must be in place to protect the anaphylactic child.

- a. All permission slips will include a separate "serious medical conditions" section as a part of the school's registration/permission forms for all field trips in which the details of the anaphylactic student's allergens,

symptoms, and treatment can be recorded. A copy of this information must be available at any time during the field trip.

- b. Require a chaperone to be aware of the identity of any anaphylactic child, the allergens, symptoms, and treatment for that child/children.
- c. Ensure access to a telephone, cell phone, or radio communication in case of emergency.
- d. Require the parent of the anaphylactic child to provide at least one Epi-pen (more than one are suggested) to be administered per doctors orders and per Emergency Health Care Plan in applicable cases.
- e. Require the supervising field trip teacher to keep information about the anaphylactic student's allergies and emergency procedures at all times.
- f. Require the medications be kept on the same bus with the anaphylactic students.

4. School Bus Safety

The following provisions apply to school transportation.

- a. The identity of all students with severe health issues will be provided to the director of transportation, who will disseminate the information to the appropriate bus drivers. All bus drivers and substitutes will be trained in emergency response procedures.
- b. The school nurse will inform parents that an Epi-pen is to be carried by the anaphylactic student while on the school bus.

5. Anaphylaxis to Insect Venom

The school is aware that some anaphylactic reactions occur as a result of things over which it has no control such as exposure to bees, hornets, wasps, and yellow-jackets. Nevertheless, certain precautions can be taken by the student and the school to reduce the risk of exposure.

- a. School officials will check for the presence of bees and wasps, especially nesting areas on school property, and arrange for their removal.
- b. At the parent's written request, students who are anaphylactic to insect stings will be allowed to remain indoors during bee/wasp season.

6. General Consideration

- a. Secondary students shall be encouraged to speak up immediately if they believe they have been exposed to an allergen or if they begin to suffer any symptoms of an allergic reaction. Anaphylactic students will be informed that school staff have been trained and will take all student concerns with the utmost seriousness.
- b. Anaphylactic students will be encouraged to designate a buddy who is familiar with the student's allergic reactions and will be able to seek staff assistance in an emergency.
- c. Allergic students should carry on Epi-pen at all times in addition to their designated Epi-pen held in the school nurse's office.

EMERGENCY RESPONSE PLAN

Even with precautions in place, an anaphylactic student may come into contact with an allergen while at school. Therefore, the District has developed this generalized emergency response plan. Additionally, a separate emergency health care plan must be in place for each anaphylactic child, developed by the child's parents and physician, and kept in the child's classrooms and the nurse's office.

Anaphylactic children, even of secondary school age, may or may not know when a reaction is taking place. School personnel are encouraged to listen to the child. If a child complains of any symptoms that could signal the onset of a reaction, staff must implement this emergency response plan. There is no danger in reacting too quickly and grave danger in reacting too slowly.

1. Emergency Proposal Plan:

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- a. Administer the Epi-pen (Note: One should never assume that children will self-inject. Individuals of any age may require help during a reaction because of the rapid progression of symptoms or because of the stress of the situation.)
- b. Telephone 911 – inform the emergency operator that a child is having an anaphylactic reaction.
- c. Contact the school nurse.
- d. Telephone the parents of the child.
- e. If no ambulance service is available, transport the child to the hospital at once with at least one adult in addition to the driver.
- f. If on a field trip and no ambulance is available, student can be transported by car or bus with a staff member.
- g. Telephone the hospital to inform them that a child is having an anaphylactic reaction and is en route.
- h. Re-administer epinephrine per doctor's orders and per the child emergency health care plan while waiting for the ambulance and en route to the hospital if symptoms do not improve or reoccur.

2. Location of Epinephrine Epi-pen:

- a. Epi-pens will be kept in the Health Office in a covered and secure area, but unlocked for quick access, Although epinephrine is not a dangerous drug, it can cause injury if it is injected into a fingertip, major blood vessel, or nerve.
- b. Students may carry their own Epi-pens with physician's orders and parent permission.

3. Crisis Response Team Simulation

- a. The Crisis Response Team may simulate an anaphylactic emergency to ensure that all elements of this emergency response plan are in place.
- b. Administer the Epi-pen as per doctor's orders and per emergency response protocol.
- c. Follow board-approved communication procedure to secure help.
- d. Help that student remain calm.
- e. Monitor the student and await the arrival of emergency help.

4. Review Process

In the event of an emergency response, an immediate evaluation of the procedure should be undertaken, and any Epi-pens used must be replaced immediately.

Adopted: January 23, 2006