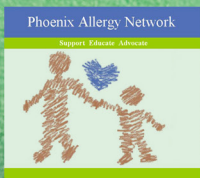




# Arizona Resource Guide

For Supporting Children With Life-Threatening Food Allergies



Revised January 2012

# Arizona Resource Guide For Supporting Children With Life-Threatening Food Allergies

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## Summary

Allergies may result in severe, life-threatening reactions called Anaphylaxis. Anaphylactic reactions are characterized by the sudden onset of two or more of the following symptoms after exposure to an allergen: rash, throat swelling, shortness of breath, and drop in blood pressure, abdominal cramping, vomiting. Food allergens are the most common cause of anaphylaxis in school-aged children. Peanut and Tree Nut allergies are the most common food allergy resulting in anaphylaxis in schools. Best care recommendations state schools prepare to meet the needs of children at risk for anaphylaxis through appropriate prevention and treatment strategies.

Anaphylaxis prevention strategies include:

- Use of Medic Alert Bracelet
- Allergy free zones: designated lunch tables, student specific classrooms, libraries, buses
- Student aware of location of the health office
- Beginning of year parent letter
- Parent provided safe snacks
- Classroom discussion about allergies
- Bullying and sensitivity awareness and education
- Staff (nurse, teacher, lunch worker, coach, bus driver) training on anaphylaxis and epinephrine auto-injector use
- Parent permission to post/circulate food allergic student picture to school staff and bus driver

Educational accommodations include:

- Emergency Action Plan (EAP) including epinephrine auto-injector administration instruction and activation of the 911 emergency response system
- Hand washing and use of disposable wipes
- Encourage no food sharing
- Clean student desks after food events
- For field trips, send medication, wet wipes and EAP with student

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## General Information about Allergies

The first part of this guide is intended to give the reader general information about allergies, the importance of prevention and general considerations when planning meals and snacks for children with life-threatening allergies.

## Introduction

Raising a child with life-threatening allergies is challenging. Parents must ensure strict food avoidance, understand food labeling and be on constant alert. Parents of children with food allergies have crafted ways to keep their children safe in a world that is not presently food-allergy friendly. As their children grow and their world expands, so do the demands for parents to adjust their own thinking and strategies for maintaining a normal, but safe environment for their children. The threat to this balance is never greater than when a child begins school. What had worked so well in their own home is now being entrusted to unfamiliar people, who may or may not be knowledgeable about food allergies.

There are some general considerations for students with food allergies. Remember students with food allergies are children, first and foremost. Do not ask them if it is acceptable to deviate from any of their individual plans. Be aware of signs of anxiety or bullying.

The general population has many misconceptions about food allergies. An “appreciable food allergy knowledge gap exists, especially among physicians and the general public. The quality of life for children with food allergy and their families is significantly affected.” The majority (54%) of the general public believe food allergies can be cured (there is no cure). Almost a third (32%) believes that a daily medication can be taken to prevent a reaction. Additional education is required to close the food allergy knowledge gap. (Gupta et al, BMC Pediatrics)

Every school should expect to have students with life-threatening allergies, especially students with food allergies.

## Children with Food Allergies and their Families

Schools can provide invaluable resources to children with food allergies and their families by helping children feel accepted within the school community. They can teach children to:

- Keep themselves safe
- Ask for help,
- How to trust others
- Develop healthy and strong friendships

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- Acquire social skills
- Accept more responsibility
- Improve their self-esteem
- Increase their self confidence

## Food Allergy Facts

Food allergies are presenting increasing challenges for schools. Because of the life-threatening nature of these allergies and their increasing prevalence, school districts and individual schools need to be ready for the entry of students with food allergies. A recent study reported that 25% of all reactions in the past two years occurred at school (Journal of Allergy and Clinical Immunology, Nowak-Wegrzyn, Anna, et al, 2000; 105:S182). More importantly, of the reactions happening at school, 79% occurred within the classroom (The Journal of School Nursing, Vol. 20, Number 5, page 268).

Food allergies affect 8% of children under age three, 6%-8% of school age children and 2.5% of adults. According to published studies, allergy prevalence has increased significantly in the last five years. Forty to fifty percent of those persons with a diagnosed food allergy are judged to have a high risk of anaphylaxis (a life-threatening allergic reaction). Every food allergy reaction has the possibility of developing into a life-threatening and potentially fatal anaphylactic reaction. A life-threatening reaction can occur within minutes or even hours after exposure to the allergen (FAAN, 2011).

Allergic reactions to foods vary among students and can range from mild to severe life-threatening anaphylactic reactions. Some students, who are very sensitive, may react to just touching or inhaling the allergen. For other students, consumption of as little as one five-thousandth of a teaspoon of an allergenic food can cause death. The severity of a reaction is not predictable. Because there is a cumulative effect from past exposures to an allergen, the severity of a future exposure cannot be predicted.

- Eight foods (peanut, tree nut, milk, egg, soy, wheat, fish, and shellfish) account for 90% of total food allergies.
- Peanut and tree nuts account for 92% of severe and fatal reactions, along with fish and shellfish.
- The student with an undiagnosed food allergy may experience his/her first food allergy reaction at school.

Many students with food allergies who have experienced a life-threatening (anaphylactic) reaction may be aware of their own mortality. The emotional, as well as physical needs of the child must be respected. Children with food allergies are at-risk for eating disorders or teasing. School social workers are available to work with families when teasing occurs.

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Bee/insect stings, medications and latex also result in life-threatening allergic reactions at school.

## Anaphylaxis

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock that are potentially fatal.

**Recognizing Signs of Anaphylaxis** (most commonly includes skin manifestations and one or more of the following):

- Flushing and/or swelling of the face
- Itching and/or swelling of the lips, tongue or mouth
- Itching and/or sense of tightness in the throat, hoarseness, difficulty breathing and/or swallowing
- Hives, itchy rash and/or swelling about the face, body or extremities
- Nausea, abdominal cramps, vomiting
- Shortness of breath, repetitive coughing and/or wheezing
- Faint, rapid pulse, low blood pressure
- Light headedness, feeling faint, collapse
- Distress, anxiety and a sense of dread

## How a Child Might Describe a Reaction

Food Allergy News, Vol. 13, No. 2. © 2003 The Food Allergy & Anaphylaxis Network.

- This food is too spicy
- My tongue is hot (or burning)
- It feels like something is poking my tongue
- My tongue (or mouth) is tingling (or burning)
- My tongue (or mouth) itches
- It (my tongue) feels like there is hair on it
- My mouth feels funny
- There's a frog in my throat
- There's something stuck in my throat



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- My tongue feels full (or heavy)
- My lips feel tight
- It feels like there are bugs in there (to describe itchy ears)
- It (my throat) feels thick
- It feels like a bump is on the back of my tongue (throat)

Anaphylaxis typically occurs either immediately or up to two hours following allergen exposure. The standard of care for the treatment of anaphylaxis is the administration of epinephrine, a prescribed medication that immediately counteracts the life-threatening symptoms. Epinephrine is an injection that is easily administered.

In about one third of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two to four hours later. It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have resolved.

## ~When in Doubt, Use Epinephrine~

Medical evidence indicates it is best care to give the student's prescribed epinephrine and seek medical attention. Fatalities occur when epinephrine is withheld. In many fatal reactions the initial symptoms of anaphylaxis are mistaken for asthma, thus delaying appropriate treatment with epinephrine.

## Individual Health Care Plan Emergency Action Plan & 504 Plan

An Individual Health Care Plan (IHCP) (Appendix B) puts in writing what the school can do to accommodate the individual needs of a child with a life-threatening allergy. Prior to entry into school (or immediately after the diagnosis of a potentially life-threatening allergic condition), the parent/guardian should meet with the school nurse to develop an Individualized Health Care Plan. This plan details the preventative steps a school will take to help protect a student with life-threatening allergies.

Included within the Individual Health Care Plan is an Emergency Action Plan. (See Appendix C). The Emergency Action Plan details specifically what steps staff must take in the event of an emergency. For school staff purposes, the Individual Health Care Plan and the Emergency Action Plan together are components of a 504 Plan.

Parents may request a 504 Plan for their child at the beginning of each school year. The 504 Plan is a legal document providing assurances about the necessary steps the school will take to help prevent an allergic reaction and what steps the school will take in the event of a

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specific emergency. Each parent should check with their own district to see what protocols/procedures or guidelines the individual school district utilizes to enact a 504 Plan.

## Importance of Prevention

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex. Avoidance is the key to preventing a reaction.

School is a high-risk setting for accidental ingestion of a food allergen, due to such factors as the large number of students, increased likelihood of exposure to food allergens, as well as cross-contamination of tables, desks, and other surfaces.

Other high-risk areas and activities for the student with food allergies include:

- the cafeteria
- food sharing
- hidden ingredients in craft, art, and science projects
- bus transportation
- fund raisers & bake sales
- parties and holiday celebrations
- vending machines
- field trips
- before and after school sponsored events (dances, after school sports)
- substitute teachers staff being unaware of the food allergic student
- food/beverage brought into classroom by teachers/parents
- goodie bags sent home with children

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, in rare cases, inhalation exposure. The amount of food needed to trigger a reaction depends on multiple variables. Each food allergic person's level of sensitivity may fluctuate over time. The symptoms of a food allergy reaction are specific to each individual. He/she should be medically evaluated.

District procedures shall be in place at schools to address allergy issues in the following high-risk areas: classrooms and physical education, food service/cafeteria, art, science, and mathematics, projects, crafts, outdoor activity areas, school buses, field trips, and before and after-school activities.

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## Is Banning Specific Foods the solution???

As stated, school districts should establish a Food Allergy Management Plan to address the needs of students with life-threatening food allergies. The plan should focus on prevention, education and emergency response. School wide bans may not render the environment absolutely safe because there is no method for ensuring the allergenic food is not inadvertently brought to the schools. Bans may create a false sense of security, which may lead to less responsible approaches to effective management strategies, education and emergency responses. Banning offending foods detracts from the schools' responsibility to properly plan for children with life-threatening food allergies and to educate all school personnel accordingly. It may also limit the opportunity to teach children with allergies to care for themselves in environments where they may be exposed to allergens at any time. Additionally, banning can be problematic in terms of defining the limits. While it may mean the banning of peanuts for some students, will it also mean the banning of all nuts, milk or another food item for other students? School districts need to consider how to develop a plan that over time will best meet the needs of all students and prepare them for self-management and advocacy as they navigate the worlds of the community, college, work and beyond. School options may include establishing allergen free zones, such as a child's individual classroom, allergen free lunch table(s) or areas in the cafeteria. Schools may also enforce food-free zones, such as libraries, music rooms, and school buses. Individual student and family privacy needs and preferences should be considered in determining appropriate plans. Not all students will need or want to use an allergen-free zone during the school day.

## Sensitivity and Bullying

A student with food allergies may become victim to bullying, intimidation, and harassment related to his/her condition. Bullying, intimidation, and harassment diminish a student's ability to learn and a school's ability to educate.

State law does not address the content of the bullying policy, so each board may consider its local goals for eliminating and preventing bullying and develop, adopt and implement its bullying policy accordingly. The bullying policy should make suitable provisions for instruction in bullying prevention and gang resistance education and training. All grades should include such instruction in the courses of study regularly taught therein. The best practice is for a board to reference bullying prevention education in the bullying policy, but address it through a curriculum content policy that incorporates the student social and emotional development policy.

School boards must annually communicate their bullying policy to students and their parent/guardian and report a student's aggressive behavior to the aggressor's

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parent/guardian. Including a statement in the student handbook and school website will, in part, accomplished this requirement.

A statement might read: “Bullying, intimidation, and harassment are not acceptable in any form and will not be tolerated at school or any school-related activity. The school district will protect students against retaliation for reporting incidents of bullying, intimidation, or harassment, and will take disciplinary action against any student who participates in such conduct.”

1. Remind students and staff that bullying or teasing food-allergic students will not be tolerated and violators will be disciplined appropriately.
2. Offer professional development for faculty and staff regarding confidentiality to prevent open discussion about the health of specific students.
3. Discourage needless labeling of food-allergic students in front of others. A food-allergic student should not be referred to as "the peanut kid," "the bee kid" or any other name related to the student's condition.

## Emotional Wellness

Children can feel a range of emotions associated with their allergy: fear, sadness, anger, and loneliness. The two primary feelings are anxiety and depression. Several factors can influence the intensity of these emotions including: the child’s own temperament, his experience with allergic reactions, his age and the attitudes of his parents and teachers. Children who are naturally more timid may need additional assurance or coaching to ward off anxiety. In contrast, children who are not naturally apprehensive may need parents and teachers to instill a sense of caution. A child who has experienced a severe allergic reaction is more likely to be anxious about his allergy. Children look to the adults in their lives for cues on how to react to a situation. Confident and matter-of-fact handling of the child’s allergy tells him that he can accept his allergy and meet new situations with confidence and sensible caution. Age-appropriate safety education throughout the early years with an allowance of greater responsibility as the child matures will help to build confidence and a sense of control. Children don’t want to be treated differently from classmates; they want to be part of the group and don’t want their allergies highlighted. As a child matures, however, feelings of isolation or being different can develop into sadness and deepen into depression. If anxiety or depression affects schoolwork or relationships with friends or family members, parents/guardians may want to seek out professional assistance and support to help their child cope with these feelings.

Parents/Guardians also can help by showing children, through books and music examples of people with food allergies who have not let food allergies hinder them from pursuing their goals. Another way to help children cope with everyday situations is through role-playing:

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parents and children can practice what to do and say when faced with challenging situations. If a child is invited to a party where food is a central part of the celebration, parents/guardians can provide appealing and safe options so the child doesn't feel left out, as well as provide or suggest food that all can eat. Encouraging children to develop friendships and to participate in activities they enjoy helps them to define themselves and to mature. Allergies are a part of life they cannot ignore, but they are just one part. Parents/Guardians and teachers should help children focus on what they can do, not what they can't, and cheer them on as they follow their dreams. Support groups are available to help families and educators cope with the challenges of dealing with food allergies. Groups and other information can be found by visiting the Food Allergy Initiative Web site ([www.faiusa.org](http://www.faiusa.org)) or the Food Allergy and Anaphylaxis Network Web site ([www.foodallergy.org](http://www.foodallergy.org)) and Phoenix Allergy Network, LLC ([www.phoenixallergynetwork.org](http://www.phoenixallergynetwork.org)).

## General Guidelines

This following section serves as a guide to outline the range of responsibilities staff have concerning a child with a life-threatening allergy. Note that each child's team ultimately determines the responsibilities of individual staff members. This guide will help teams determine which accommodations are necessary for a given child. Have your School Health Advisory Council review your policies.

Epinephrine by auto-injector should be readily accessible and reasonably secure at all times during school hours. It may be carried by the student if appropriate. To promote rapid life-saving steps, emergency medication should be in a safe, accessible, and reasonably secure location that can be properly supervised by a school nurse or other authorized and trained staff members. Key staff members, such as the teacher, principal, and cafeteria staff, should know where the auto-injector is stored even if they are not trained to administer it. All staff trained in the use of epinephrine should know exactly where it is located. Identification of the place where the epinephrine is stored should be written in the student's health care plan. When epinephrine is administered, there shall be immediate activation of the local emergency response services system (911), followed by notification of the school nurse, principal, and student's parents. The school system shall maintain and make available a list of those school personnel authorized and trained to administer epinephrine by auto-injector. A current list should be placed in the school administrator's office as well as the health office and in the classroom of the food allergic child.

## All School Staff Training

Life-threatening allergy awareness training for all school staff should occur each school year. There are several resources available to assist districts in this process. If a video or online

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training media is used, it is recommended a school nurse be present or identified as a resource for staff to direct questions and/or concerns.

## Emergency Care Plan Training

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

## Emergency Management of Anaphylactic Reaction

Adrenaline (epinephrine) is a quick-acting hormone that works to relieve and prevent all of the physiological processes that occur during anaphylaxis. The use of auto-injector epinephrine is recommended in the emergency treatment of an anaphylactic reaction since it does not require manipulation or handling of a syringe, nor calculation or measurement of a dosage. There are more than one type of epinephrine auto-injector products available for use. Staff responsible for administering emergency medications for anaphylactic reactions must be familiar with the operation of all devices used by the students in the school building.

When a person is having or is suspected of having an anaphylactic reaction:

1. Rapidly assess Airway, Breathing, and Circulation (ABC's) and begin CPR as necessary;
2. Follow emergency plan completed by the student's health care provider. This may include administration of diphenhydramine and/or auto-injector epinephrine;
3. Directions for use of auto-injector epinephrine:
  - a. Pull off safety cap or caps (depending on manufacturer there may be one or two caps to be removed to allow the injector to be discharged);
  - b. Make sure thumb or fingers do not contact tip of auto-injector;
  - c. Apply injector directly against the thigh; may administer through clothing, if necessary;
  - d. Place tip on thigh at right angle to leg. Always give in the antero-lateral aspect of the thigh (outside of the mid-thigh);
  - e. Press firmly into the thigh until the auto-injector mechanism discharges the medication, and hold in place for 10 seconds;
  - f. Remove the injector and discard in a biohazard container;

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- g. Massage the injection area for 10 seconds.
4. Call 911 after giving epinephrine and notify dispatcher that epinephrine has been given for an anaphylactic reaction, and that paramedics are needed to provide and continue administration of epinephrine if needed;
5. Lay the student on their back and elevate the legs as long as airway swelling does not make breathing uncomfortable or difficult in that position. Light-headedness or loss of consciousness indicate low blood pressure which necessitate lying the student flat and elevating the legs;
6. Loosen restrictive clothing. Reassure and assist to keep student calm

## Responsibilities of the Student with Life-threatening Allergies

The long-term goal is for the student with life-threatening allergies to be independent in the prevention, care, and management of their food allergies and reactions based on their developmental level. With this in mind, students with life-threatening allergies are asked to follow these guidelines:

- Avoid trading or sharing foods.
- Wash hands or use Wet Ones disposable wipes (Wet Ones is the only recommended brand. Traditional diaper wipes do not have the proper chemical composition to remove allergens from the skin) before and after eating.
- Learn to recognize symptoms of an allergic reaction and notify an adult immediately if a reaction is suspected.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Develop a relationship with the school nurse and at least one other trusted adult in the school to assist in identifying issues related to the management of the allergy in school.
- Do not eat anything with unknown ingredients or ingredients known to contain an allergen.
- Develop a habit of always reading ingredients before eating food.
- If medically necessary, the student is responsible for carrying medication(s). If a Medic Alert bracelet is provided by the parent, the child is responsible for wearing the ID at all times.
- Empower the student to self-advocate in situations they might perceive as compromising their health.

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## Special Considerations for Teens with Food Allergies

Teens with food allergies have unique needs because of the turbulent nature of the teenage years and the characteristics of a typical day of a middle or high school student. As a result, additional factors need to be regarded at the secondary school level in order to provide the best care for teens with food allergies.

The multidisciplinary team should consider the factors below when developing the food-allergy policy, as it pertains to teens.

- Students move to different classrooms, frequently in larger buildings and campuses, presenting needs for updated avoidance strategies, epinephrine availability, and designated assistance.
- Students may have open lunch periods and accompany friends to local eateries.
- Students may have access to vending machines.
- Certain classes give rise to new avoidance issues, e.g., chemistry/biology labs, home economics/culinary class, etc.
- The number of off-site school-sponsored functions increases, e.g., travel, sometimes to other states and foreign countries; athletic games and competitions, sometimes in other towns; dances; etc.
- Risk-taking behaviors frequently accompany the independence of adolescent years.

For students carrying their own medications:

- Follow the medication plan for self-administration of EpiPen and Benadryl. Accordingly, student will bring to and from school, and at all times carry (e.g., in belt-carrying case or in a purse) an up-to-date EpiPen and dissolvable Benadryl tablet, according to the physician's order. If a student chooses to keep emergency medications in her purse, she will keep the purse with her at all times in school, during extracurricular activities, and on field trips.
- They are not allowed to self-administer Benadryl or EpiPen without immediately notifying the school nurse, or another responsible adult, in the absence of the school nurse.
- They cannot keep any medication in his/her locker.

Schools should provide a delegate for the emergency administration of epinephrine even when a student is able to self-administer life-saving medication. Although teenage students will more than likely be permitted to carry and self-administer emergency medications, those students should not be expected to have complete responsibility for the administration of epinephrine. A severe allergic reaction can completely incapacitate a student and inhibit the



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ability to self-administer emergency medication. The school nurse or volunteer delegate should be available during school and school-sponsored functions to administer epinephrine in an emergency.

## Arizona Right to Carry State

Students are allowed to carry and self-administer their injectable epinephrine in school as needed for severe allergies. Please keep in mind that this should be based on maturity level of each child. (See Appendix H)

If you chose to have your child carry and self-administer injectable epinephrine, you and your child must complete the following steps to ensure a safe environment:

1. You and your child's physician will need to complete an authorization form and return it to the school nurse on or before the first day of school.
2. The nurse will review proper EpiPen administration technique with your child and evaluate whether self-administration is safe and appropriate.

The students will then be allowed to carry their prescribed EpiPen with them at all times. You may choose to keep an additional EpiPen in the health office should your child forget his/her EpiPen. If a child self-injects, immediate notification of school staff and the school health office is required and the EAP should be activated. 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.

Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in life-threatening reactions. In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma. This delayed appropriate treatment with epinephrine. All students, regardless of whether they are capable of epinephrine self-administration, will require the help of others. The severity of the reaction may hamper their attempt to self-inject. Adult supervision is mandatory. The American Academy of Allergy, Asthma & Immunology (AAAAI) notes that "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..." American Academy of Allergy, Asthma & Immunology (AAAAI).

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## Responsibilities of the Parents/Guardians

Parents/Guardians are asked to assist the school in the prevention, care, and management of their child's food allergies and reactions. Additionally, parents are encouraged to foster independence on the part of their child, based on her/his developmental level. To achieve this goal, parents are asked to follow these guidelines:

- Inform the school in writing of your child's allergies prior to the opening of school (or immediately after a diagnosis) and request a meeting with the school nurse to develop an Individual Health Care Plan & Emergency Action Plan (and possible 504 Plan). In addition, provide:
  - Medication orders from the licensed provider
  - Up-to-date epinephrine injector and other necessary medication(s)
  - Annual updates on your child's allergy status, including a description
  - Student history of past allergic reactions, including triggers and warning signs
  - A current picture of your child, for the IHCP, to post in school and bus
  - If the child carries medication, periodically check for expiration dates and replace medication as needed
  - Provide a Medic Alert bracelet for your child.
  - In the absence of a school nurse, the parent/guardian will provide appropriate training of staff.
  - Notify supervisors assigned to before and after school activities regarding your child's allergy and provide necessary medication.
  - Introduce your child to the bus driver and head cook to explain your child's allergy. While the school will not exclude a student with allergies from a field trip, a parent may choose to do so. Be willing to go on your child's field trips if requested.
  - Provide safe classroom snacks for your own child.
  - For lunch at school call the head cook to review menus and then reconfirm daily food choices.
  - Eating a lunch provided by the school may not be appropriate.
  - If needed, help decide upon an "allergy-free" eating area in the cafeteria.

It is important that children take increased responsibility for their allergies as they grow older and as they become developmentally ready. Consider teaching your child to:

- Understand the seriousness and recognize the first symptoms of an allergic/anaphylactic reaction and notify an adult immediately.

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- Carry his/her own epinephrine injector when appropriate (or know where the epinephrine injector is kept), and be trained in how to administer her/his own epinephrine injector, when developmentally appropriate.
- Recognize safe and unsafe foods and do not share snacks, lunches, or drinks.
- Encourage the habit of reading ingredient labels before eating food.
- Understand the importance of hand washing before and after eating.
- Report teasing, bullying, and threats to an adult authority.
- Inform others of his/her allergy and specific needs.

## Guidelines for the School Administration

Administrators are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal and in the absence of a school nurse, administrators are asked to consider these guidelines when developing an Individual Health Care Plan & Emergency Action Plan for a student with a life-threatening allergy:

The Individual Health Care Plan (for prevention) and an Emergency Action Plan are components of the 504 Plan for managing life-threatening allergic reactions. A school team should be established to adequately prevent, recognize and respond to allergic reactions. The team may include, but is not limited to:

- School nurse, health aide/assistant
- Administrative representative
- Food service director/staff
- Teachers and specialists (i.e. art, music, science, computer, Physical Therapy, Speech, etc.)
- School counselor
- Coaches and physical education teachers
- Bus driver
- Local EMS
- Other support staff
- Student with food allergy (if age appropriate)
- Parent/Guardian

Offer training and education for staff regarding:

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- Food allergies, insect stings, medications, latex, etc.
- How to read food labels.
- Emergency and risk reduction procedures, including having periodic anaphylaxis drills. These drills should be a practice in the procedures that would be carried out if there were an anaphylactic emergency. The drill may include but is not limited to: who helps the student, who retrieves the epinephrine auto-injector or administers it, who calls 9-1-1, and who directs the paramedics to the child.
- How to administer an epinephrine injector for an emergency.
- Special training for food service personnel and lunch/recess monitors.
- Provide emergency communication devices for all school activities, including physical education, lunch recess and transportation that involve a student with life-threatening allergies.
- Have stickers attached to all building phones that instruct how to dial 911 and how to contact the school nurse.
- If medically necessitated in the 504 Plan, arrange for an allergy free table in the lunchroom and/or provide an allergy free lunch substitute.
- Have disposable Wet Ones wipes available for student use in the lunchroom.
- Have the custodian wash doorknobs, tables, desks, and other potentially contaminated surfaces when cleaning the classroom, as needed.
- Plan for student transitions each spring for the next school year.

## Administrator Guidelines for Substitute Teachers

Make sure a contingency plan is in place for substitute teachers, nurses, or food service personnel.

Include the following statement in the substitute folder, “If this is your first-time in this classroom, see the school nurse or appropriate personnel for training in implementing the Emergency Action Plan and how to administer an epinephrine injector.” (See Appendix F)

The school nurse and/or administrator should be responsible for discussing with the substitute teacher students’ food allergy conditions and should make sure the substitute teacher is qualified to handle the situation.

## Guidelines for the School Nurse

(Not all schools in Arizona have school nurses. This shall apply to those who do have a school nurses on site.) When it comes to the care of children with life-threatening allergies, school nurses may carry the largest responsibility. School nurses are asked to assist the

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school team in both prevention and emergency management of children with food allergies and reactions.

## Students with Food Allergies without an EAP, IHCP or 504 Plan

Once a school learns that a student has food allergies and does not have an EAP, IHCP or 504 Plan, school officials must discuss the student's individual needs with the student's parents/ guardians and put an appropriate management plan in place according to the school district's policy.

If the student's parent/guardian refuses to cooperate with the school for an evaluation and implementation of an appropriate management plan (EAP/IHCP/504 Plan), then best practices call for the school to implement a simple EAP stating to call 911 immediately upon recognition of any symptoms along with sending written notification to the parent/guardian of the student's EAP. Each jurisdiction should have a procedure or protocol that addresses what to do in the event the parent has not provided an epinephrine auto-injector.

Facilitating immediate access to epinephrine auto-injector to avoid treatment delay is the objective in determining the quantity and location(s) of the epinephrine auto-injector. When planning, the following should be considered:

- Size and layout of the school building;
- Feasibility for having an auto-injector located at multiple sites within the building;
- Feasibility for having the auto-injector safely passed from teacher to teacher as the student moves throughout the building (e.g. a fanny pack)
- A current and updated list of all students who are carrying their own Epinephrine should be placed in the nurse's office.

**Special Note:** The effects of epinephrine injection may wear off rapidly and place the student at risk for recurrence of symptoms. Therefore, school nurses should discuss with the family the need to have a second auto-injector available.

## Auto Injectors

School nurses are responsible for the training of unlicensed personnel in the administration of medications, including the administration of epinephrine auto-injector in an emergency. Students have successfully, for several years now, self-administered the auto-injector cartridge known as EpiPen® for epinephrine delivery, in large part due to its ease of use and safety in terms of OSHA requirements. Currently, new types of auto-injector cartridges are coming on the market and practitioners (physicians and nurses) are reviewing them for ease

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of use and safety protections. It is important for school nurses and parents to review orders for new types of auto-injectors to ensure they meet the criteria for “auto-injector cartridge,” for employee safety under OSHA standards, and for ease of use when a true emergency occurs. Needle handling by unlicensed personnel, except as provided in an auto-injector cartridge, may be unwise both from clinical and risk management perspectives.

## Standing Orders

It is recommended each district have a medical advisor to support the medical needs of their students. It is best practice to have standing orders written by a medical advisor. School procedures should include a standing order from the school medical advisor for the school nurses to administer epinephrine to students who are not known to have a life-threatening food allergy, do not have their own medication order, and have their first anaphylactic reaction in school. This standing order should also include an order to administer a second dose of epinephrine if the symptoms of an anaphylactic reaction have not subsided within a specified number of minutes first epinephrine dose administration. These orders need to be reviewed and signed by the school medical advisor on an annual basis.

School nurses are encouraged to foster independence on the part of children, based on their developmental level. To achieve this goal, school nurses are asked to consider these guidelines when developing an Individual Health Care Plan & Emergency Action Plan for a student with a life-threatening allergy:

- Schedule a meeting including the classroom teacher (team), and the student’s parent/guardian to develop the Individual Health Care Plan for the student.
- Distribute final copies as outlined in the Individual Health Care Plan and Emergency Action Plan.
- Conduct and track attendance of in-service training for staff who work with the child at beginning of school and after mid-year break. All specific training protocols should be available in the Health Office Procedure Manual.
- In the health office, child’s classroom or other appropriate locations post, and label, the locations of Individual Health Care Plans and emergency medication (e.g. EpiPen or Twinject).
- For epinephrine injectors stored in the health office, periodically check medication expiration dates. Contact parent/guardian for replacement as needed.
- Make sure there is a contingency plan in place in the case of a substitute school nurse.
- Be able to communicate with playground staff and physical education teachers via communication devices. With parental permission, provide posters, which include

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children(s) photo(s) and EAP in private areas of the front office, staff lounge, and lunchroom.

## Guidelines for the Classroom Teacher

Since many Arizona schools do not have school nurses on site, the teachers are ultimately the students' first line of defense. Teachers are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on their developmental level. To achieve this goal, teachers are asked to consider these guidelines as they work with their team to develop an Individual Health Care Plan and Emergency Action Plan for a student with a life-threatening allergy. Prior to the start of school, teachers will receive the 504 Plan (which includes the Individual Health Care Plan and Emergency Action Plan) of any student(s) in the classroom with life-threatening allergies.

- Participate in any team meetings or in-service training.
- Keep the student's Individual Health Care Plan & Emergency Action Plan accessible, including photo, in the classroom.
- In the event of an allergic reaction, the Emergency Action Plan should be activated. A list of trained staff who may administer emergency medication must be posted in the classroom and the appropriate person must be contacted immediately.
- Be sure student, teacher, and classroom aides are informed of the student's food allergies. (Seek training and information from school nurse when notified.)
- Concerning substitute folders, make sure a brightly colored sticker is attached to the student's folder, alerting a substitute teacher that a child in the classroom has a life-threatening allergy. Leave information for the substitute teachers in an organized, prominent, and accessible format. (See Appendix F)
- Include the following statement in the sub folder, "If this is your first-time in this classroom, see the school nurse, administrator, or appropriate personnel for training in implementing the Emergency Action Plan and how to administer an epinephrine injector.
- The school nurse and/or administrator should be responsible for providing the substitute teacher needed information regarding the student with food allergies and ensure the substitute teacher is qualified to handle the situation.
- Notify parents that their child has a classmate with a life-threatening food allergy. This should be done in writing and should include the seriousness of this condition (See Appendix A).
- Refer to the district Wellness Policy addressing bringing food into the classroom.
- Provide all parents with advance notice of any classroom events where food will be served.

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- Never question or hesitate to immediately initiate the Emergency Action Plan if a student reports signs of an allergic reaction.
- Secure disposable wipes (Wet Ones) for the “classroom supply list” for “in class” hand washing, anytime students come into contact with food in the classroom.
- Have an allergen free table/desk in the student’s classroom
- If activity is done have surfaces wiped down with Clorox wipes or warm soap and water
- Prohibit sharing or trading food in the classroom
- Notify parent before the snack supply is exhausted, that additional snacks are needed for the child with food allergies
- Never have the student with food allergies engaging in surface cleaning.
- Avoid endangering, isolating, stigmatizing or harassing students with food allergies.

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.

The student with a significant allergy should not be singled out at school. Every student deserves to have his or her confidential health information protected as stated in FERPA regulations. School staff should discuss health issues in confidential settings and learn to protect the student from allergens without isolating the student or labeling them in front of others. A student with a food allergy should not be referred to as “the peanut kid” or other nickname. A student with an allergy deserves a positive school experience. The school nurse can work with the classroom teacher to promote an atmosphere of respectful confidentiality and warmth. Including student’s in developmentally appropriate discussions and decisions regarding their health allows them to take on responsibility for their own health and well-being. Developmentally younger students need more awareness within the classroom and school, whereas older students may prefer more autonomy, and a respect for privacy.

## Snacks/Lunch Time

- If the teacher discovers unknown or restricted food in the classroom, refer to the student’s Individual Health Plan.
- If it is suspected the student(s) desk has been contaminated, the desk(s) will need to be cleaned by someone other than the child with allergies.
- Reinforce hand washing before and after eating.



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- A parent or guardian of a student with food allergies is responsible for providing classroom snacks for his/her own child. These snacks should be kept in a separate snack box or chest and the parent notified when the supply needs replenishing.

## Classroom Activities

- Consider the presence of allergens and allergenic foods in classroom activities (e.g., arts and crafts, science projects, sports equipment, celebrations, or other projects). Modify class materials as needed.
- If a food event has been held in an allergic child's classroom(s), have the custodian wash the tables and chairs.
- Encourage the use of stickers, pencils, or other non-food rewards usable by all students.
- If an animal is invited to the classroom, special attention must be paid to other allergies children may have (e.g. dander) and to the animal's food (peanuts, soy milk).
- Consider a once-a-month birthday celebration, with non-food treats, as an alternative to individual parties.

## Field Trips

See Appendix I for Field Trip Check List for Supervising School Staff.

- When planning a field trip, consider the student and risk of allergen exposure; if possible, discuss with the school nurse prior to finalizing plans.
- Ensure the epinephrine injector and Emergency Action Plan are taken on field trips with trained personnel.
- Consider eating situations on field trips and plan for prevention of exposure to the food allergens.
- Invite parents of student(s) at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone(s); however, the parent's presence during a field trip is not required.
- Clearly specify any special meals needed before the field trip.
- Avoid meals that may be food allergy related.
- Package meals appropriately to avoid cross-contamination.
- Provide two disposable Wet Ones wipes with each meal (for cleaning hands before and after meals).
- Identify one staff member who will be assigned the task of watching out for the student's welfare and handling any emergency.

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- A cell phone or other communication device must be available on the trip for emergency calls.

In the absence of accompanying parents/guardians or school nurse, another individual must be trained and assigned to ensure the student's welfare and for handling any emergency. The trained staff or parent carrying the epinephrine should be identified and introduced to the student as well as the other chaperones.

- Field trips should be chosen carefully; no student should be excluded from a field trip due to risk of allergen exposure.
- Disposable wipes should be used by students and staff after consuming food.

## Lunchroom Guidelines

A cook cannot guarantee food served in the general lunch program is allergen free. Parents or students may be given access to food labels to identify ingredients in the products used by a school's cafeteria. If necessary, as indicated in the IHCP, a cook will make available an allergy free lunch substitute. It is ultimately the responsibility of the parent to decide whether the child will buy the allergy-free lunch substitute or bring a lunch to school.

## Guidelines for Food Service Director and/or School Cafeteria Manager

- Work with administration to determine if peanut and other nut-containing products are on the menu, and if so, consider removing them.
- Meet with parent/guardian to discuss student's allergy.
- Review the Emergency Action Plan and a photograph of the student with life-threatening allergies (per parent permission).
- Maintain contact information for manufacturers of food products. (Consumer Hotline)
- Follow cleaning and sanitation protocol to prevent cross-contamination.
- Create specific kitchen areas that will be allergen safe (e.g. allergen-free prep tables, fryers). If unable to accommodate, ensure cook space is thoroughly sanitized between preparation and/or use barriers to allow for an allergen-free prep area.
- Make appropriate substitutions or modifications for meals served to students with food allergies.
- Provide advance copies of the menu to parents/guardian when requested.
- If requested, have safe meals for field trips.

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- When necessary, avoid the use of latex gloves by food service personnel. Order non-latex gloves instead.
- Read all food labels and re-check with each purchase for potential food allergens. (Manufacturers can change ingredients.)
- All food service staff should be trained on how to read product labels and recognize food allergens.
- For non-English speaking staff provide a simple list of basic allergens (e.g. peanuts, milk, eggs) in their native language.
- Cross contamination of a food allergen poses a serious risk to a child with food allergies.
- Training all food service personnel about cross-contamination should be a part of the regularly scheduled sanitation program.
- Consider creating a peanut-free table (same practice applies for other allergens)
- Train cafeteria monitors to observe the situation surrounding a child with allergies and intervene quickly to help prevent trading of food or bullying activities. All students eating lunch in the cafeteria should be encouraged to wash their hands before and after eating so that no traces of allergens will be left on their hands.
- After all meal services, tables and chairs should be thoroughly washed with soap and water. Use disposable wipes and dedicated water to avoid cross-contamination.
- Provide sound food handling practices to avoid cross-contamination with potential food allergens. (Food Allergy and Anaphylaxis Network video is available).

## Guidelines for Recess/Lunch Room Monitors

- Teachers and staff responsible for lunch and/or recess should be trained to recognize and respond to a severe allergic reaction or anaphylaxis.
- Take all complaints seriously from any student with a known life-threatening allergy by immediately contacting the school nurse.
- Encourage hand washing or use of disposable wipes for students after eating.
- Thoroughly clean all tables and chairs after lunch.
- Reinforce that only children with “safe lunches” eat at the allergy free table.
- A Medic Alert bracelet should not be removed.
- Adult supervisors may be asked to hold an epinephrine injector for a child.
- Staff in the gym, playground and other sites used for recess should have a walkie-talkie, cell phone or similar communication device for emergency communication.
- A relationship should be established between the student(s) with food allergies and monitors to encourage communication.

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## **Guidelines for Physical Education Teachers, Coaches and Supervisors of School Funded Activities** (Before and After School Activities)

- Review the Individual Health Care Plan and Emergency Action Plan with the school nurse.
- After school activities sponsored by the school must be consistent with school policies and procedures regarding life-threatening food allergies.
- Participate in training and education regarding life threatening allergies. Annual Epinephrine auto-injector training should be available.
- Make certain that emergency communication devices (e.g. walkie-talkie, intercom, cell phone, etc.) are always present.
- Call 911 if you suspect an allergic reaction and follow the Emergency Action Plan.
- Clearly identify who is trained to administer the epinephrine injector and emergency medication and where it will be kept.
- Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities. Schools should permit the student-athlete to wear the medical alert bracelet and not have it considered jewelry. Medical alert bracelet should be taped to the body (wherever it is usually worn), but parts of it should remain visible for medical personnel to view in case of emergency.
- Consider the presence of allergenic foods in classroom activities (e.g. arts and crafts, sports equipment, celebrations, or other projects). Modify class materials as needed.
- Comply with School Board policies and procedures regarding life-threatening allergies for all bake sales (or similar events) held on school grounds. Food should be tightly wrapped or sealed. The display table must be washed after use. Food should not be consumed in classroom(s) after the sale/event.
- Know EMS procedures and how to access the EMS system from the site of the after school activity or event.
- If student self-administers Epinephrine, remind the student to bring the epinephrine auto-injector to all practices, games and events. If school supervisor is administering, request an epinephrine auto-injector from parent to be kept during the activities and events.

## **Cleaning and Sanitation**

- Common household cleaning agents, such as Formula 409®, Lysol® sanitizing wipes and Target® brand cleaners with bleach, removes allergens from table tops.
- Dishwashing liquid can leave traces of the allergen on tables. Do NOT use dishwashing liquid to clean surface areas.

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- Allergens must be physically removed from the surface

## Custodial Staff Checklist

- Review the school district Food Allergy Policy and direct any questions to the Nurse.
- Participate in all in-service training on the identification of food-allergic reactions, risk- reduction and emergency response procedures.
- Take all complaints seriously from any student with a life-threatening allergy. Immediately advise nurse or attending staff member of situation.
- Clean tables and chairs routinely after each sitting with school district-approved cleaning agents, paying special attention to designated allergen-free eating areas.
- Use separate cloths for allergen safe tables.
- Clean classrooms, desks, computer keyboards, doorknobs and lockers routinely with school district-approved cleaning agents, with special attention to classrooms attended by students with food allergies. The 504 Plan or Individual Health Care Plan (IHCP) may direct the frequency of cleaning.

## Maintenance/Transportation Department Guidelines

A student with food allergies needs a safe environment while being transported to and from school. School districts must provide free transportation for any student in the school district as required by law. Therefore, school district transportation directors should determine the best process for their individual school districts to provide training for all school bus drivers on managing life-threatening food allergies. How this training is accomplished will depend on whether the school district owns its own school buses and employs its own school bus drivers. For school districts that do not own buses and use a private sector bus company for their transportation needs, the school district's transportation director may wish to consider inviting the private sector bus company to provide a representative for any school district-wide team meetings to assist with the school district's implementation of life-threatening food allergy guidelines. In either situation, the school district transportation directors should examine their respective school district's transportation administrative procedures with an eye toward implementing the considerations within the following Transportation Checklist.

- Provide training for all school bus drivers on managing life-threatening allergies. This includes sharing with bus drivers the IHCP & Emergency Action Plan(s), and a photograph(s) of the student(s) with life-threatening allergies (with parent permission).
- Provide each school bus driver with the EAP for every student with food allergies on his/her assigned route.

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- Initiate company or school guidelines for students having an allergic reaction. A student with a suspected allergic reaction, already in progress, must not board the bus.
- Maintain policy of no food consumption allowed on school buses, unless medically necessary.
- Do not leave a student having a suspected allergic reaction alone. Call 911 if needed.
- Provide functioning emergency communication device (i.e., cell phone, two-way radio, walkie-talkie or similar).
- Ensure careful attention to cleaning bus surfaces, including seats and handrails. (Appendix H).

## Transportation Checklist (School District-owned Transportation)

- Provide school bus driver training in risk reduction procedures, recognition of allergic reactions, and specific implementation of Emergency Action Plan (EAP) (Appendix C) for students on their specific routes.
- Provide each school bus driver with the EAP (Appendix C) for every student with food allergies on his/her assigned route.
- Initiate company or school guidelines for students having an allergic reaction. A student with a suspected allergic reaction, already in progress, must not board the bus.
- Maintain policy of no food consumption allowed on school buses, unless medically necessary.
- Do not leave a student having a suspected allergic reaction alone. Call 911 if needed.
- Provide functioning emergency communication device (i.e., cell phone, two-way radio, walkie-talkie or similar).
- Ensure careful attention to cleaning bus surfaces, including seats and handrails. (Appendix G).
- School bus drivers shall be trained by appropriate personnel in risk reduction procedures, recognition of allergic reaction, administration of emergency medications, and implementation of bus emergency plan procedures.
- The school bus driver must have a cell phone or other means of communication for emergency calls. Administer the epinephrine auto-injector or other prescribed medications when an allergic reaction is suspected and then Call 911.
- If your school participates in “breakfast on the bus” or “mobile feeding”, a policy should be in place to support students with food allergies.

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## Transportation Checklist (Private Sector Bus Company)

- Provide a representative from the bus company for team meetings to discuss implementation of a student's Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan.
- Designate the school district transportation director to communicate regularly with the private sector bus company regarding training for school bus drivers on managing life-threatening food allergies.
- Do not leave a student having a suspected allergic reaction alone. Call 911 if needed.
- Discuss whether the private sector bus company could incorporate the school district's Transportation Checklist above.

## Return to School After an Allergic Reaction

Students who have experienced an allergic reaction at school may need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether his/her classmates witnessed the reaction. A mild reaction may need little or no intervention other than speaking with the student and parents, and re-examining the student's Emergency Action Plan (EAP) (Appendix C), the Individual Health Care Plan (IHCP) (Appendix B) and/or 504 Plan. In the event that a student has a moderate to severe reaction, implement the action items for a Return to School After an Allergic Reaction (Appendix D).

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## Appendix A

### Sample Food Allergy Letter

Date:

Dear Parent/Guardian,

One of the children in our school has an allergy to nuts. This allergy can be fatal. We ask that you assist us in providing this student with a safe school environment. Our classroom will be a peanut and nut free room.

This is how you can help:

- Do not send any nuts or items containing nuts to school. This includes containers that used to have nuts or peanut butter in them.
- Talk to the teacher before sending food to school for parties.
- If your child eats peanut butter before school, please make sure they wash their hands before coming to school.
- Peanut butter and nuts are not served in the school cafeteria. Some children bring their lunch to school. Peanut butter sandwiches may be brought to school. There will be a special table in the cafeteria for children who have food allergies. Peanut butter sandwiches and nuts will not be allowed at that table.

Thank you for your help. If you have any questions about food allergies, please contact the teacher, school nurse, or the cafeteria manager at \_\_\_\_\_. We will be happy to help you.

Please fill out the bottom of this letter, and return it to your child's teacher.

Sincerely,

\_\_\_\_\_  
Teacher/Nurse/Principal signature

I have read the food allergy letter. I agree to do my part for the health of the children with food allergies.

My child's name \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



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## Apéndice A

Ejemplar: carta de alergias a alimentos

Fecha:

Estimado/a padre o madre de familia o tutor(a):

Uno de los niños que asiste a nuestra escuela tiene alergia a las nueces. Esta alergia pudiera resultarle fatal. Le pedimos que nos ayude a proporcionarle a tal estudiante un ambiente de estudios sin peligros. No habrá cacahuates ni nueces en el salón de clases.

Podrá ayudarnos de las maneras siguientes:

- No mande a la escuela nueces ni artículos que contengan nueces. En esto se incluyen envases que antes contuvieran nueces o crema de cacahuates.
- Hable con su maestro/a antes de enviar a la escuela alimentos para fiestas.
- Si su niño o niña comiera crema de cacahuates antes de ir a la escuela, asegúrese de que se lave las manos antes de que llegue a la escuela.
- El comedor escolar no sirve crema de cacahuates ni nueces. Algunos niños traen la comida del mediodía a la escuela. Pueden traer sándwiches de crema de cacahuates a la escuela. En el comedor escolar habrá una mesa especial destinada para los niños que tengan alergias a los alimentos. No se permitirán nueces ni sándwiches con crema de cacahuates en esa mesa.

Le agradecemos su ayuda. Si tuviera cualquier duda sobre las alergias a los alimentos, comuníquese por favor con su maestro/a, enfermero/a escolar o encargado/a del comedor escolar al \_\_\_\_\_. Le ayudaremos con todo gusto.

Por favor, rellene esta carta al calce y regrésela al o a la maestro/a de su niño o niña.

Atentamente,

\_\_\_\_\_  
Maestro/a • Enfermero/a • Director(a)

Leí esta carta sobre alergias a alimentos. Me dispongo a poner de mi parte por la salud de los niños con alergias a alimentos.

Nombre de mi niño o niña \_\_\_\_\_

Firma de padre/madre de familia o tutor(a) \_\_\_\_\_ Fecha \_\_\_\_\_

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## Appendix B

### Sample Individual Health Care Plan (Anaphylaxis)

Student \_\_\_\_\_

Date \_\_\_\_\_

Teacher and room \_\_\_\_\_

Home Phone \_\_\_\_\_

History of emergency care required. (Document dates, age of child, allergen, symptoms, treatment). Attach all relevant medical documentation.

**Prevention strategies** (Review each item at team meeting and check those that apply)

\_\_\_\_\_ Use of Medic Alert Bracelet,

\_\_\_\_\_ Allergy free lunch table

\_\_\_\_\_ Student aware of location of the health office

\_\_\_\_\_ Beginning of year parent letter

\_\_\_\_\_ Parent provided safe snacks

\_\_\_\_\_ Classroom discussion about allergies

\_\_\_\_\_ Staff training about allergies and Epinephrine auto-injector use

\_\_\_\_\_ Parent permission to post/circulate student picture to school staff and bus driver

\_\_\_\_\_ Additional strategies:

**Educational accommodations** (Review each item at team meeting and check those that apply)

\_\_\_\_\_ Emergency Action Plan (EAP) attached

\_\_\_\_\_ Hand washing and use of disposable wipes

\_\_\_\_\_ Encourage no food sharing

\_\_\_\_\_ Clean student desks after food events

\_\_\_\_\_ For field trips send medication, wet wipes and EAP with student

\_\_\_\_\_ Additional accommodations:

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## Appendix C

### Emergency Action Plan

Place Child's  
Picture Here

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

**Asthmatic:** Yes\* No \*Higher risk for severe reaction

### STEP 1: TREATMENT

Symptoms	Give Checked Medication ** ** To be determined by physician authorizing treatment	
If a food allergen has been ingested, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Throat† Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Lung† Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Other†	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
If reaction is progressing (several of the above areas affected), give: _____	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

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

### DOSAGE

Epinephrine: inject intramuscularly (circle one)

EpiPen® EpiPen® Jr. Twinject™ 0.3 Twinject™ 0.15 mg  
(see reverse side for instructions)

Antihistamine: give \_\_\_\_\_ medication/dose/route

Other: give \_\_\_\_\_ medication/dose/route

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

## STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. \_\_\_\_\_ Phone Number \_\_\_\_\_
3. Parent: \_\_\_\_\_ Phone Number \_\_\_\_\_
4. Emergency Contacts:

Name/Relationship	Phone Number(s)
a. _____	1. _____ 2. _____
b. _____	1. _____ 2. _____

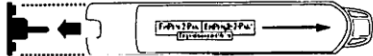
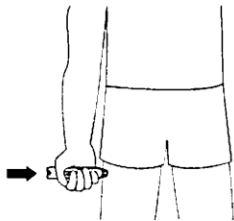



**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Trained Staff Members	
• _____	Room
• _____	Room
• _____	Room

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<p><b>EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions</b></p> <ul style="list-style-type: none"> <li>First, remove the EPIPEN Auto-Injector from the plastic carrying case</li> <li>Pull off the blue safety release cap</li> </ul>  <ul style="list-style-type: none"> <li>Hold orange tip near outer thigh (always apply to thigh)</li> </ul>  <ul style="list-style-type: none"> <li>Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds</li> </ul>  <p><small>DEY™ and the Dey logo, EPIPEN®, EPIPEN 2 PAK®, and EPIPEN Jr 2 PAK® are registered trademarks of Dey Pharma, L.P.</small></p>	<p><b>Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions</b></p>  <p>Remove GREY caps labeled "1" and "2."</p>  <p>Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.</p> <p>A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.</p> <p>A kit must accompany the student if he/she is off school grounds (i.e., field trip).</p>
--	---

**Contacts**

Call 911 (Rescue squad: ( ) - ) Doctor: \_\_\_\_\_ Phone: ( ) -  
 Parent/Guardian: \_\_\_\_\_ Phone: ( ) -

**Other Emergency Contacts**

Name/Relationship: \_\_\_\_\_ Phone: ( ) -  
 Name/Relationship: \_\_\_\_\_ Phone: ( ) -

Form provided courtesy of the Food Allergy & Anaphylaxis Network ([www.foodallergy.org](http://www.foodallergy.org)) 9/2011

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## Appendix D

### Steps to Take After a Reaction

1. Implement EAP.
2. Delegate notification of parent/guardian, notification of school administrator, needs of students, classmates and meeting/directing of EMS.
3. Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
4. Accompany the student to emergency care facility.
5. Save food eaten before the reaction, place in a plastic zipper bag (e.g. Ziploc bag) and freeze for analysis.
6. If food was provided by school cafeteria, review food labels with head cook.
7. Follow-up:
  - a. Review facts about the reaction with the student and parents/guardian and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations shall be age-appropriate.
  - b. Amend the IHCP and EAP as needed. Specify any changes to prevent another reaction.

### Return to School After a Reaction Checklist

- Obtain as much accurate information as possible about the allergic reaction. Helpful information might include:
  - a. Items ingested (food drink, OTC medications or Rx medications)
  - b. Any insect stings or bite
  - c. Timing from ingestion to symptoms
  - d. Type of symptoms
  - e. Exercise involved
  - f. Time and response of medications that were given
- Identify those who were involved in the medical intervention and those who witnessed the event.
- Meet with the staff or parent/guardian to discuss what was seen and dispel any rumors.

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- Provide factual information. Although the school may want to discuss this with the parents, factual information that does not identify the individual student can be provided to the school community without parental permission (i.e., a letter from the principal to parents/guardians and teachers that doesn't disclose identity but reassures them the crisis is over, if appropriate.)
- If an allergic reaction is thought to be from a food provided by the school food service, request assistance of the Food Service Director to ascertain what potential food item was served/consumed. Review food labels from Food Service Director and staff.
- Agree on a plan to disseminate factual information to and review knowledge about food allergies with schoolmates who witnessed, or were involved in the allergic reaction, after both the parent/guardian and the student consent.
- Explanations shall be age appropriate.
- Review the Emergency Action Plan (EAP) (Appendix B-5), Individual Health Care Plan (IHCP) and/or 504 Plan. Amend the student's EAP, IHCP and/or 504 Plan to address any changes that need to be made. If a student does not have an EAP, IHCP and/or 504 Plan, then consider initiating one.
- Review what changes need to be made to prevent another reaction; do not assign blame.

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## Appendix E

### Medical Statement Foods in Child Nutrition Programs

Name of student: \_\_\_\_\_

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

Name of parent/guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

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

(The following needs to be completed by the child's physician)

Diagnosis (include description of the patient's medical or other special dietary needs that restrict the child's diet):

List food(s) that may be substituted:

Additional information:

Signature of Child's Physician \_\_\_\_\_

Phone number: \_\_\_\_\_ Date \_\_\_\_\_



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## Appendix F

### Medical Alert for Substitute Teachers Food Allergy

Student: \_\_\_\_\_

This student has a life threatening allergy to: \_\_\_\_\_

This student has an “Emergency Action Plan” on file.

To ensure this student’s safety please follow these instructions:

- If you have recently eaten, please wash your hands with soap and water.
- No food allergy causing foods are allowed in the classroom.
- Students are not allowed to share food.
- Staff and children are to wash with soap and water after eating.

### Emergency Instructions

IF AN ALLERGIC REACTION OR INGESTION OF ALLERGEN IS SUSPECTED:

*CALL THE OFFICE IMMEDIATELY*

- Trained school staff must administer emergency medications immediately.

SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY OF THE FOLLOWING:

### Mild Symptoms\*:

- MILD SKIN REACTIONS- Hives only in the areas of food contact, itching and swellings only around the face or lips.

### Serious Symptoms:

- SKIN- wide spread hives and flushing, widespread swellings
- MOUTH- swelling of the tongue
- THROAT- itching, tightness in the throat, hoarseness, hacking cough.
- GUT- vomiting, nausea, cramps, diarrhea
- LUNGS- repetitive coughing, wheezing, trouble breathing
- HEART- rapid heart rate, lightheadedness and dizziness

**CALL 9-1-1 IF ANY SERIOUS SYMPTOMS NOTICED. THE SEVERITY OF SYMPTOMS CAN QUICKLY CHANGE. ALL ABOVE SYMPTOMS CAN POTENTIALLY PROGRESS TO A LIFE THREATENING SITUATION.**

\*This medical information can be shared with staff “who need to know”. In an effort to standardize care, the Food Allergy Action Plan or Substitute Teacher Letter should be copied on orange paper, in order to help others to quickly identify Food Allergic Students in the classrooms.

# Arizona Resource Guide For Supporting Children With Life-Threatening Food Allergies

## Appendix G

### Cleaning Research

Scientists investigated how effective cleaning agents were in removing peanut allergens. The study was published in the Journal of Allergy and Clinical Immunology.

#### Surfaces

Researchers looked for cleaning methods for removing peanut allergens (Ara h1) from surfaces. They found that common household cleaning agents, such as Formula 409®, Lysol® Sanitizing wipes and Target® brand cleaners with bleach, removed peanut allergen from tabletops. However, dishwashing liquid left traces of the allergen on 25% of the tables. Do not use dishwashing liquid to wash surfaces.

#### Hands

To test the efficacy of cleaning methods for removing peanut allergens from hands, researchers applied peanut butter to the hands of non-allergic volunteers and then removed the allergen by using different cleaning methods.

- 25 percent of the hands cleaned using water only still had detectable levels of allergen (peanut butter). Do not use water only to wash hands.
- 50 percent of the hands cleaned using antibacterial hand sanitizer still had detectable levels of allergen (peanut butter). Do not use antibacterial hand sanitizer to wash hands.
- All hands cleaned using commercial wipes (Wet Ones®, Tidy Tykes® flushable wipes) were free from the allergen (peanut butter).
- All hands cleaned using liquid soap or bar soap were free from the allergen (peanut butter).

To Summarize:

- Do not use water only to wash hands.
- Do not use antibacterial hand sanitizer to wash hands.
- Do not use surface wipes like Lysol® sanitizing wipes or Target® brand cleaners to wash a student's hand or face. Wet wipes manufactured for the use on skin should be the only wipes used on a student.

(Perry, T.T., Conover-Walker, M.K. Journal of Allergy and Clinical Immunology)

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## Appendix H

### Arizona Student Medication Self-Administration Assessment and Contract

**EpiPen / Metered Dose Inhaler (MDI)**

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

DOB: \_\_\_\_\_ Physical/ Behavioral Limitations: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

#### Self Medication Criteria:

A. Student is capable of identifying individual medication: ( ) Yes ( ) No

Comments: \_\_\_\_\_

B. Student is knowledgeable of purpose of individual medication: ( ) Yes ( ) No

Comments: \_\_\_\_\_

C. Student is able to identify/associate specific occurrence and need for medication administration: ( ) Yes ( ) No

Comments: \_\_\_\_\_

D. Student is knowledgeable/capable of medication dosage: ( ) Yes ( ) No

Comments: \_\_\_\_\_

E. Student is knowledgeable/capable of administration method: ( ) Yes ( ) No

Comments: \_\_\_\_\_

F. Student is able to state side effects/adverse reactions to his/her medication:

( ) Yes ( ) No

Comments: \_\_\_\_\_

G. Student is knowledgeable of how to access assistance for self if needed in an emergency:

( ) Yes ( ) No

Comments: \_\_\_\_\_



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- Always notify staff member, nurse or responsible adult when medication is self-administered.
- If no relief from medication while in school or on field trip notify responsible adult immediately.
- 911 must be called when an EpiPen is administered.

Comments: \_\_\_\_\_

H. An Individual Health Care Plan has been developed for the student which will monitor and evaluate student's health status: ( ) Yes ( ) No

Comments: \_\_\_\_\_

I. Student and parent/legal guardian have been informed of the consequences of improper use of the student's medication in any manner, which may include up to suspension and/or expulsion: ( ) Yes ( ) No

Comments: \_\_\_\_\_

## Based on Assessment:

- ( ) Student is not a candidate for self administration of medication at this time.
- ( ) Student is a candidate for self administration with supervision.
- ( ) Student has successfully completed self administration of medication training and demonstration of independent self administration.

Comments: \_\_\_\_\_

Principal and teacher notified: ( ) Yes Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ RN Date: \_\_\_\_\_

## Signatures:

I understand how to properly use the EpiPen/Metered Dose Inhaler/\_\_\_\_\_ (Circle one or both or write in diabetes medication) as prescribed by my healthcare provider.

I am aware that use of the EpiPen/Metered Dose Inhaler/\_\_\_\_\_ (Circle one or both or write in diabetes medication) in any manner other than prescribed will result in disciplinary measures as stated in line I.

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

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## Appendix I

Individualized Accommodation Plan Life Threatening Food Allergy

(For use by the school nurse during the “care team” planning meeting)

### INDIVIDUALIZED ACCOMMODATION PLAN: LIFE THREATENING FOOD ALLERGY

Student Name: \_\_\_\_\_

BD: \_\_\_\_\_

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

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

Contact person: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

#### Disabling condition that affects major life activity:

- This student has a potentially life threatening allergy to: \_\_\_\_\_.
- The life system of breathing is affected which makes the child eligible for Section 504.
- The onset of the reaction can be sudden, and fatal within minutes/hrs.
- The reaction must be treated immediately.

#### Evaluation criteria (basis for determining the disability):

- Documentation from Physician re: Medical Diagnosis
- Other:

**Impact of Disability:** Restricted opportunity to participate in the educational program due to a potentially life threatening condition.

#### NECESSARY ACCOMMODATIONS: (check all that apply)

##### 1. Emergency Action:

- Completed Emergency Action Plan (EAP) on file. Determine distribution.
- Doctors orders for medication/treatments on file.
- Medication/Equipment at school.

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- Emergency “kit” (medication, EAP and DR’s orders) located: \_\_\_\_\_
- “Medical Alert for Substitute teachers” given to \_\_\_\_\_ for placement in sub folder.
- Other:
  - \_\_\_\_\_

## 2. Staff Training:

- General all staff training (video) Date: \_\_\_\_\_ by \_\_\_\_\_
- Emergency medication training, i.e. Epi-pen/Twinject (by nurse) Date: \_\_\_\_\_
- EAP review with staff working closely with student (by nurse) Date: \_\_\_\_\_
- Other:
  - \_\_\_\_\_

## 3. Classroom Management:

- “Severe Food Allergies: Teacher Recommendations” given to teacher.
- Parent notification letter needed for classmates. Given to \_\_\_\_\_
- Teacher will contact parent regarding school projects involving food/allergen.
- Education of classmates requested and provided by: \_\_\_\_\_.  
(Resource information available for varying grade levels from Nutrition Services/school nurse)
- Hand washing after meals and classroom activities (science kits, working with food)
- Other:
  - \_\_\_\_\_

## 4. Snacks/Parties/Treats:

- The child will only consume food considered safe provided by the food allergic child’s parents.
- Parent will provide a supply of safe snack/party foods to be kept on hand at school for their child.
- To avoid cross contamination, the safe snacks will be located \_\_\_\_\_
- Parent will supply enough safe snacks for the entire classroom.
- Parents and teacher will be encouraged to communicate openly and in advance about classroom activities involving food.
- Birthdays, parties, celebrations will be encouraged to be non-food events.

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Food allergic student will not participate in classroom clean-up activities involving food products.

Other:

\_\_\_\_\_

## 5. Cafeteria/School Lunches:

Student will not eat school prepared lunches (only food brought from home).

Parent will monitor school menus and student will eat cafeteria prepared meals.

“Diet prescription” substitution section of EAP must be completed if student eats cafeteria prepared meals.

Student needs to eat at allergen free lunch table.

No food sharing, and no trading of food items or utensils.

Other:

\_\_\_\_\_

## 6. Field Trips:

Parent will be notified of all field trips.

Parent requests to accompany class on all field trips.

Teacher will know how emergency services are accessed throughout all field trips.

Teacher will take “emergency kit” and cell phone on field trips.

Other:

\_\_\_\_\_

## 7. Bus Transportation:

Student rides the bus and transportation department has copy of EAP.

Specialized training for bus drivers is needed.

Other:

\_\_\_\_\_

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## 8. Fire/Emergency drill procedures:

- In the event of a fire drill or fire, \_\_\_\_\_ will take the emergency "kit" outdoors.
- School staff will conduct one emergency drill utilizing ECP per school year.
- Other:
  - \_\_\_\_\_

## 9. Child currently participates in the following after school activity/program(s):

- 
- EAP, etc. will be distributed to after school activities/programs by: \_\_\_\_\_
  - Training is needed for these staff and will be provided by: \_\_\_\_\_
  - Other:
    - \_\_\_\_\_

PARENTS ARE RESPONSIBLE FOR ALERTING ANY SPECIAL ACTIVITIES/PROGRAMS THAT THE CHILD MAY PARTICIPATE IN (Express, sports, clubs, trips, etc.).

## 10. Other:

- When moving to a new school, PARENTS are responsible for providing school copies of all needed information. Parent should keep a copy of all key forms for their records.
- \_\_\_\_\_
- \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

Cc: May be attached to SPS 504 Plan

Parent  
Teacher  
Office binder with EAP  
School Nurse



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## Appendix J

### Field Trip Checklist For Supervising School Staff

#### Key reminders:

1. Plan ahead.
2. Call 9-1-1 in an emergency. When in doubt, CALL.

#### Check List:

- Emergency Action Plans/Health Care Plans for ALL students with plans.
- Any medications needed during the field trip (daily/emergency/as needed).
- If district provided food is necessary, use the Sack Lunch Order or Outdoor Educational Camp form to request appropriate food.
- Verify district provided food is received and appropriate for students with life threatening conditions.
- First Aid trained person.
- Cell phone must be available (Confirm coverage area for trip).
- Determine how to contact emergency services, to and from location.
- Call 9-1-1 if an emergency arises (confirm 9-1-1 is available).
- Verify ALL student healths issues, and inform all participating teachers.
- Trained DISTRICT staff must be available to administer student medications.

Remember: Parent volunteers should not be assigned responsibility for students with life threatening conditions or students needing medication.

# Arizona Resource Guide For Supporting Children With Life-Threatening Food Allergies

## Glossary

**Acute** - Symptoms that occur suddenly and have a short and fairly severe course

**Adrenaline** - Synonym for epinephrine

**Allergen** - A substance that can cause an allergic reaction.

**Allergic Reaction** - An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When an allergen is eaten, the food allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock) Each person with a food allergy reacts to the allergy differently. Each reaction by a food allergic student may differ in symptoms.

**Allergy Warning Label** - A bright colored label placed on the substitute teacher's folder in the classroom alerting the substitute to look for information in the folder regarding the food allergic student.

**Anaphylactic Reaction** - Syn. for Anaphylaxis

**Anaphylaxis** - It is a potentially life-threatening allergic reaction. The most dangerous symptoms include breathing difficulties, and a drop in blood pressure or shock, which can be fatal. Asthmatic students are at an increased risk for anaphylaxis. Anaphylaxis often involves various areas of the body at once such as the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). The drug to immediately use to abate anaphylaxis is Epinephrine (contained in an EpiPen, EpiPen Jr. or Twinject).

**Antihistamine** - A drug that blocks a histamine response during an allergic reaction. Benadryl is an example of an antihistamine.

**Ara h 1** - the major molecule in peanut that causes an anaphylactic reaction.

**Asthma** - A chronic inflammatory disorder of the airways. The primary manifestations of asthma are bronchospasm leading to bronchoconstriction, increased bronchial mucus, and inflammation of bronchial tissue leading to edema. These cause recurrent episodes of

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“wheezing, breathlessness, chest tightness, and cough...that is associated with widespread but variable airflow obstruction that is often reversible either spontaneously or with treatment”. (National Asthma Education & Prevention Program Expert Panel Report, 2002). - Symptoms that occur frequently or last a long time.

**Consumer Hotline (for food staff)** - Major food distributors toll-free numbers usually found on packaging. Can be used to check for information on ingredients in a food or the foods’ processing procedures. (e.g., cross-contamination).

**Cross Contamination** - Occurs when the proteins from various foods mix rendering a “safe” food “unsafe”. Often this is done in the cooking process –using contaminated utensils, pans, frying oils, grills, etc.

**Disposable Wipes** - Wet Ones brand only. Traditional diaper wipes do not have the proper chemical composition to remove allergens from the skin.

**Emergency Action Plan** - EAP is written documents that evolves from the Individual Health Plan and provides the educational staff with all necessary information should an emergency occur regarding the student who has a serious health condition. This information should include the physical signs of a health emergency, action to be taken and emergency contact information.

**EpiPen** - By prescription only. It is a device that, once activated, will automatically inject one measured dose of epinephrine when jabbed into the thigh. It looks like a black magic marker. The EpiPen is contained in an orange cylindrical container as the medicine is light sensitive. Always call for emergency personnel when epinephrine is given.

**EpiPen Jr.** - It operates the same as the EpiPen. It has the same medicine as in the EpiPen but at a lower dose for lighter weight children. Like the EpiPen, it delivers one dose only. The newer EpiPen Jr. has green packaging which distinguishes it from the yellow EpiPen. Always call for emergency personnel when epinephrine is given.

**Epinephrine** - The medicine contained in the EpiPen, EpiPen Jr., and Twinject. The drug of choice for anaphylaxis. It is the first medicine that should be used in the emergency management of a child having a potentially life-threatening allergic reaction. It is synonymous with adrenaline. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction. Always call for emergency personnel when epinephrine is given.

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**FAAN** - Acronym for the Food Allergy and Anaphylaxis Network that has educational material on food allergies. Each school nurse has FAAN's School Food Allergy Program. It is recommended that each school nurse has FAAN's School Food Allergy Program.

**FERPA** - The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level.

**504 Plan** - The Rehabilitation Act of 1973 contains Section 504 Regulations, 34 C.F.R. Part 104. This section states that a recipient of Federal financial assistance cannot discriminate, excluded from participation in, or deny the benefits of any program or activity on the basis of an individual's handicap. As it relates to the educational setting, this is a regular education issue not a special education issue. Procedural safeguards are handled through due process or the Office of Civil Rights and discrimination court case. A person is defined as handicapped if they have a mental or physical impairment that significantly limits the following major life activities: caring for one's self, walking, seeing, hearing, speaking, breathing, learning, working or performing manual tasks.

**Food Allergy** - An immune system response to a certain food. Upon ingestion, the body creates antibodies to that food. When the antibodies react with the food, histamine and other chemicals are released from cells. The release of those chemicals may cause hives, difficulty breathing, or other symptoms of an allergic reaction. See Allergic Reaction, above.

**Histamine** - A chemical released by the body during an allergic reaction. It causes the symptoms listed above in Allergic Reaction.

**Hives** - Itchy, red, mosquito-like bumps that may appear anywhere on the skin. Often a symptom of an allergic reaction.

**Individual Health Care Plan** - This written plan is developed by the school nurse using the nursing process to address the needs of students with chronic health conditions. With the input of the family, student and, if possible, the primary care provider, the nurse develops a plan that identifies the student's health needs, describes how the nursing care will be provided and identifies the outcomes expected from that intervention.

**Latex** - A synthetic rubber. It is an allergen for some people. It is commonly found in rubber gloves and balloons.

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**Life-threatening Food Allergy** - Students with allergies have over-reactive immune systems. The immune system produces chemicals and histamine which cause the severe symptoms in the body (e.g., swelling, breathing difficulty or shock). See Allergic Reaction, above. Epinephrine found in the EpiPen or Twinject is the recommended treatment.

**Medic Alert Bracelet/Necklace** - A necklace or bracelet worn by an allergic student that states the allergens and gives a telephone number for additional information.

**Nurse** - “Nurse” means a licensed practical or professional nurse.” ARS § 32-1666 Unlawful Acts A. It is unlawful for a person who is not licensed or certified under this chapter to: Practice or offer to practice professional or practical nursing in this state. Represent or use any title, abbreviation, letters, figures, sign, card or device to indicate that the person or any other person is a registered, graduate or professional nurse.

**Periodic Anaphylaxis Drill** - AZ State Board of Nursing - R4-19-101. Definitions – School Nurse means a professional (registered nurse) who is certified under R4-19-309. AZBN R4-19-101

**Twinject** - auto-injector that delivers epinephrine rapidly and easily. If symptoms reappear before emergency help arrives, Twinject provides a built-in second dose of medication. Epinephrine, the active ingredient in Twinject, is the recommended treatment for severe anaphylaxis. It is administered by way of injection through the skin into the thigh, and begins working immediately. Epinephrine helps you breathe by relaxing constricted airways in the lungs. It also reverses dropping blood pressure by constricting small blood vessels.

**Twinject Jr.** - It operates the same as the Twinject. It has the same medicine as in the Twinject but at a lower dose for lighter weight children. Twinject provides a built-in second dose of medication. The newer Twinject Jr. has green packaging which distinguishes it from the blue Twinject. Always call for emergency personnel when epinephrine is administered.

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