

Protocols for Managing Life-Threatening Allergies at Scituate Public Schools

In order to minimize the incidence of life threatening anaphylactic allergic reactions and to provide a safe educational environment for all students, The Scituate Public Schools will maintain a system-wide plan with protocols for preventing and addressing life threatening allergic reactions. Protocols will focus on anaphylaxis prevention and emergency management of anaphylactic reactions. The school nurse will be responsible for coordinating the management of students with life threatening allergy (LTA) in school. The management of LTA takes a multidisciplinary approach of collaboration between the family, student, principal/administrator, nurse, teachers, specialists, food services, paraprofessionals, custodial staff and the transportation department.

Multidisciplinary Roles and Protocols

Parent/Guardian Responsibilities

The parent/guardian shall notify the school nurse of the child's allergy. A meeting with the school nurse should be scheduled to develop an allergy management and prevention plan which will include an anaphylaxis emergency care plan (AACP) and/or an individualized health care plan (IHCP). See Appendix 1 for the anaphylaxis emergency care plan.

The parent/guardian should provide the following to the school nurse:

- The type of allergies (milk, tree nuts, etc.) and description of the student's past allergic reactions, including triggers and warning signs.
- Licensed provider documentation of life-threatening allergy by completing and signing an anaphylaxis emergency care plan and individual health care plan.
- Licensed provider order for an epinephrine auto-injector as well as any other medications needed. Medication orders must be renewed at least annually.
- Parent/guardian's signed consent for administration of prescription medication in school and permission to share health information with other school staff.
- Parent will participate with the school team to develop a plan that accommodates the child's needs throughout the school including in the classroom, cafeteria, and on field trips.
- A minimum of two up-to-date epinephrine auto-injectors. Provide physician ordered medications in original containers to the school nurse on or before the first day of school. If the auto-injector expiration date occurs during the school year, parent/guardian will provide additional epinephrine auto-injectors as needed.
- Provide the school nurse current emergency contact information and update as appropriate throughout the school year.
- Name/telephone number of the student's primary care provider and allergist.

- A completed Extracurricular Emergency Medical Information Form if the student is participating in any before- or after-school programs (see Appendix 2). Parent will communicate with the provider of the after school program regarding their child's allergy.
- Parent will inform their child's bus driver(s) regarding their child's LTA.
- Provide the school nurse with the licensed provider's statement if the student no longer has allergies.

School Nurse Responsibilities and Protocols

Prior to entry into school (or immediately after the diagnosis of a life-threatening allergic condition), the school nurse will meet with the parent/guardian to develop an anaphylactic emergency care plan and/or an individual health care plan.

The school nurse will:

- Initiate an AECP and/or IHCP. This plan should be signed by the parent/guardian and the physician and is covered by the Family Education Rights and Privacy Act as an "education record." Ensure that the privacy or confidentiality of a student with allergies is protected. The anaphylaxis emergency care plan/individual health care plan should not be posted in a public area but instead stored in an accessible, secure, but unlocked, location(s) for all staff that need to have access. The plan should clearly state where the student's auto-injectors are stored/being carried (this may be in multiple locations).
- The AECP and/or IHCP are based on the information provided by the parent/guardian, primary care provider or allergist, and the nurse's assessment. The plan must include the student's name, picture, specific offending allergens, warning signs of reactions, and emergency treatment. The plan will also include, but not be limited to, risk reduction and emergency response during the school day, before- and after-school programs, and field trips. The AECP and/or IHCP should be signed by the parent(s) and the school nurse.
- Based on the student's age, class, etc., identify who will be part of the multidisciplinary team for the student. These may include, but not be limited to, the principal or designee, classroom teacher, student, school nutrition director/manager, counselor, and physical education teacher. This team will be trained on the student's anaphylaxis emergency care plan and any other information that the school nurse deems appropriate.
- The nurse leader or delegate school nurse shall maintain current registration with the Department of Public Health for the limited purposes of permitting administration of epinephrine by unlicensed personnel to students with diagnosed, life threatening conditions, when the school nurse is not available.
- The school nurse is responsible for following the Massachusetts Department of Public Health regulations (105 CMR210.000) that permit non-licensed personnel to be trained and to administer epinephrine in an emergency. The school nurse will educate/train staff twice yearly and maintain a record of participation in training sessions.

- **In the elementary level**, the school nurse, with the permission of the parent/guardian (of the LTA student), will send an allergy awareness letter to the parents/guardians of students in the **Allergen Free and Allergen Aware classrooms** (see **Teacher Responsibilities and Protocol** section for explanation) to educate parents. The letter will list the foods/allergens not permitted in the classroom.
- Determine the appropriateness for the student to self-carry his/her epinephrine. Students who can manage their own allergies should have quick (within a few minutes) access to an epinephrine auto-injector, both at school and during school-related events. Massachusetts allows students to carry prescribed epinephrine auto-injectors (e.g., in their pocket, backpack, or purse) at school when assessed as appropriate by the school nurse.
- Stock EpiPen and/or EpiPen Jr. or equivalent in nurse's office for emergency use in previously undiagnosed anaphylaxis. Only the school nurse may administer the first dose of epinephrine in a previously undiagnosed food allergy in the school setting.
- Ensure that the epinephrine auto-injectors are stored in an unlocked area in the school.
- Provide medical notations in ASPEN and SNAP programs to alert staff and substitute nurses if a student has a LTA requiring epinephrine.
- Provide school food services director with student specific allergy list to be placed in the point of sale system; update any changes throughout the year.
- When an epinephrine is administered, EMS is automatically called to transport the student to the local emergency department.
- If an epinephrine auto-injector is administered, the school nurse will send the completed Massachusetts Department of Public Health (DPH) notification form to DPH.

Teacher Responsibilities and Classroom Protocols

The teacher has the greatest impact on the student and classroom environment. Making the classroom a safe place where the student can be accepted is essential to learning.

The key responsibilities of teachers are:

- Review class rosters for medical alerts (including allergies) prior to the first day of school and at the beginning of each new term.
- Participate in biannual Anaphylaxis and EpiPen training provided by the school nurse.
- The classroom should have easy communication with the school nurse by such means as functioning phone, intercom, walkie-talkie, or cell phone.
- Review the EACP and/or IHCP with the school nurse and incorporate any classroom accommodations as specified in the IHCP (or 504 Plan if required). Participate in

meeting with parents and school nurse if deemed necessary to help in the development of the EACP and/or IHCP.

- Keep EACP's and/or IHCP's in a folder with teacher lesson plans so that substitute teachers will be aware of students with LTA and accommodations in their classroom.
- Respond immediately to reports of students being teased or bullied about their allergy.
- Avoid the use of food for classroom activities such as craft and science projects as well as celebrations.
- If a student develops symptoms of a LTA in school, the teacher will notify the school nurse immediately for emergency assistance and follow the EACP.
- The teacher will confer with school nurse at least 2 weeks before scheduling field trips so that it can be determined whether a nurse must be present. Parents of students with LTA's should be invited to attend field trips to accompany their child.

Protocols regarding managing the needs of LTA students in the **Elementary Classroom** are as follows:

- At the elementary level, classrooms in Grades K through 3 will be designated "**Allergen Free**" by the school nurse in collaboration with the parent/guardian.
- All students in Allergen Free classrooms will be required to **not bring** food or foods with the designated allergen ingredient(s) to class for snack-time. Classroom parents/guardians will be notified by the school nurse regarding the prohibited allergens/foods in the classroom via email/mail prior to the start of the school year and/or when a student in the class has a newly diagnosed LTA.
- At the elementary level, classrooms in Grades 4 and 5 will be designated "**Allergy Aware**" (students may bring in any snack to the classroom). The LTA student is not restricted to sitting at the allergen free table in the cafeteria or classroom. All food brought to the classroom for general consumption must be free of the specified allergen, be in compliance with the Wellness Policy, and preapproved by the school nurse. Students eating the known allergen are encouraged to wash their hands/use a hand wipe and clean their desk.
- The designation of Allergen Free Classroom or Allergen Aware Classroom in Grades 4-5 will be determined by the school nurse after consultation with the LTA student's parent/guardian during the development of the EACP and/or IHCP.
- The chart below demonstrates the Elementary options when deciding the designation of the classroom:

Parent choices	Classroom	Cafeteria	Celebrations	Grade Level
Allergen Free	Allergen Free snacks only for all students	Allergen Free table seating	Allergen Free: all food for general consumption will be free of specified allergen and checked by nurse prior to entering classroom	Preferred for students K-3
Allergen Aware	No restriction on student snacks (Can require hands and desks of student consuming allergen washed with soap and water)	Open seating in cafeteria	Allergen Free: all food for general consumption will be free of specified allergen and checked by nurse prior to entering classroom	Strongly encouraged for students in Grades 4 & 5 to build independence in small school environment

At the elementary level, follow these procedures for snacks that are eaten in the classroom:

- Reinforce handwashing (or use of hand wipes) before and after eating whenever possible. The LTA student should be especially aware to wash hands before eating snack or lunch.
- If a student inadvertently brings a restricted food to the classroom, he/she will not be able to eat that snack in the class.
- Avoid cross contamination of foods by wiping down eating surfaces with soap and water, or an all-purpose cleaning agent and paper towels. Sponges cannot be used as it can be cross-contaminated with allergens. An allergen-free desk or table may also be established within the classroom and marked with a universal allergy symbol.
- Reinforce no sharing or trading food in the classroom/school.

Protocols regarding managing the needs of LTA students in the **Middle School and High School Classrooms** are as follows:

- Inform and coordinate with parent and school nurse when lesson plan includes foods at least 2 weeks prior to lesson (Wellness/Family Consumer Science).
- Ensure that students are adhering to the "no food" policy in learning spaces with the exception of food labs.
- Ensures that Food Lab equipment is cleaned with disposable wipes and soap and water or an all-purpose cleaning agent and paper towels prior to LTA student's class.

Food Service Director Responsibilities and Cafeteria Guidelines and Protocols

- The Food Service Director will train all food service staff using the Point of Sale system to flag students with LTA's. The Food Service Director and cafeteria manager will maintain a list of students with LTA's provided by the school nurse.
- Ensure that cafeteria staff and paraprofessionals will be trained by the school nurse regarding the signs and symptoms of anaphylaxis and use of the EpiPen biannually.
- The Food Service Director and the cafeteria manager should maintain food ingredient lists for each food served. They will maintain contact with food vendors and purveyors to access food content information.
- The Food Service Director and cafeteria manager will review food labels and recheck periodically for changes.
- Provide advanced copy of menu and post to school website. Promptly post any menu changes to school website.
- Cafeteria staff will only use non-latex gloves when preparing and serving food.
- Paraprofessionals will monitor the seating of LTA students under the direction of the school nurse and principal. The school nurse advises that LTA students in K-3 sit at the allergen free table and older students sit at the end of the regular class table. The school nurse will confer with the LTA student's parent/guardian to establish the proper seating arrangement when developing the LTA student's AECP and/or IHCP. LTA students in Grades K-3 will need written permission from the parent/guardian to sit at the regular class table.
- In the elementary level, a dedicated food allergen table(s) will be established and maintained for students with LTA's. These tables will be designated by a universal symbol/sign indicating it is safe for students with food allergies. The food allergen table will not be used for purposes other than school lunch or snack.
- In the Middle School and High School, a dedicated food allergen table will be established only if requested by parent/guardian during the development of the AECP and/or IHCP.
- All cafeteria tables will be cleaned after each use by the cafeteria hostess or designee with either: disposable all-purpose cleansing wipes and dedicated soap and water, all-purpose spray cleaner and paper towels, or disposable all-purpose cleansing wipes (such as Lysol Wipes) and dedicated water.

School Administrator/SPS Public Schools Responsibilities

- Follow all applicable federal laws including ADA, Section 504 and FERPA, as well as all state laws and district policies and procedures that may apply.

- Ensures district-wide mandatory in-service training and education on reducing LTA risks, recognizing allergy symptoms, and emergency procedures for appropriate staff to include the following topics:
 - a. Description/definition of severe allergies and a discussion of the most common allergic reactions
 - b. The signs and symptoms of anaphylaxis
 - c. The correct use of epinephrine
 - d. The specific steps to follow the event of an emergency

- The SPS district will ensure that all substitutes are anaphylaxis and EpiPen trained at least yearly.

- Provides working communication devices (intercom, classroom phone, walkie-talkies) to teachers and staff.

- Ensure funds for health office to purchase a minimum of 4 weight-based doses of epinephrine auto-injectors for each school.

- Enforce a “no eating” policy on school buses/vans with exceptions made to accommodate special need under federal or similar laws.

- Ensure that the transportation coordinator and the nurse leader inform bus drivers of the LTA protocol and the signs and symptoms of anaphylaxis. District will ensure that all transportation vehicles are equipped with communication devices for emergency calls (911).

- Ensure that staff in the middle and high school buildings is adhering to the “no food” policy in learning spaces with the exception of food labs.

- Will ensure the custodial staff and/or lunch hostess will sanitize tables with either soap and water and paper towels, an all-purpose spray cleaning agent and paper towels, or disposable wipes between lunch periods and after any event that is held in the cafeteria or designated eating space.

- Substitute teachers must receive written information regarding students with LTA’s in their class, information about allergen-free tables or other special modifications, and emergency procedures if a student has an allergic reaction and/or anaphylactic event.

- The substitute teacher must be familiar with the emergency response plan for the school in case there is an anaphylactic event. The following is a letter that teachers can leave with their lesson plans for a substitute:

Dear Substitute Teacher,

The students listed below have severe life-threatening allergies. Please maintain the food allergy avoidance strategies that we have developed to protect these students. While it is important to protect these (and all students), be sure not to single out students related to their allergy and keep this list secure.

Should a student ingest, touch or inhale the substance to which they are allergic, (the allergen), a severe reaction (anaphylaxis) may follow requiring the administration of an epinephrine auto-injector. The anaphylaxis emergency care plan, which states who has been trained to administer epinephrine, is located _____.
Epinephrine is a life-preserving medication and should be given in the first minutes of a reaction.

Students with Allergies

- 1.
- 2.
- 3.

Please treat this information confidentially to protect the privacy of the students. Your cooperation is essential to ensure their safety. Should you have any question please contact the school nurse _____, or the principal _____.

School Field Trip Protocols

- The school nurse should be responsible for determining the appropriateness of each field trip and consideration of safety of the student with LTA prior to the announcement of the trip by the teacher to students regarding said field trip.
- Parents/guardians of LTA students at risk for anaphylaxis should be invited to accompany their child on school trips by the classroom teacher in addition to the chaperone(s).
- In the absence of an accompanying parent/guardian or field trip nurse, an EpiPen trained professional staff member will be assigned to the LTA student. The professional staff member who has been assigned will be identified and introduced to the LTA student as well as the other chaperones. The epinephrine auto-injectors and a copy of the student's emergency action care plan must accompany the student on field trips and will be carried by the designated, trained staff member.
- Nurse and coordinating teacher will consider eating arrangements on field trips and plan for prevention of exposure to allergens.
- Handwashing is always the preferred option but when this is not possible, hand wipes should be used by students and staff after consuming food.
- The school nurse and teacher will ensure that a first aid kit, emergency medications, instructions, and a cell phone are taken on the field trip.
- Staff will call EMS (911) in all instances of epinephrine administration. Parents/guardians and the school principal will be notified by professional staff immediately after EMS is called.

Special Consideration for the Student Returning to School after a Reaction

Students who have experienced an allergic reaction at school 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 their classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parent(s) and reexamining the student's individual health care plan.

The student and parent(s) should meet with the nurse/staff who were involved in the allergic reaction and be reassured about the student's safety, what happened, and what changes will be made to prevent another reaction. If a student demonstrates anxiety about returning to school, checking in with the student on a daily basis would be indicated until his/her anxiety is alleviated. If a child has a prolonged response to an anaphylactic event, strategies should be reviewed and clinical intervention may be recommended. Collaboration with the student's medical provider would be indicated to address any medication changes.

Allergy and Anaphylaxis Emergency Plan

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Child's name: _____ Date of plan: _____

Date of birth: ___/___/___ Age ___ Weight: _____ kg

Child has allergy to _____

- Child has asthma. Yes No (If yes, higher chance severe reaction)
 Child has had anaphylaxis. Yes No
 Child may carry medicine. Yes No
 Child may give him/herself medicine. Yes No (If child refuses/is unable to self-treat, an adult must give medicine)

Attach
child's
photo

IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis What to look for

If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine.**

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

Give epinephrine! What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
 - Ask for ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
3. Stay with child and:
 - Call parents and child's doctor.
 - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
 - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
 - Antihistamine
 - Inhaler/bronchodilator

For Mild Allergic Reaction What to look for

If child has had any mild symptoms, **monitor child.**
Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Monitor child What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: 0.15 mg 0.30 mg (weight more than 25 kg)

Antihistamine, by mouth (type and dose): _____

Other (for example, Inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature

Date

Physician/HCP Authorization Signature

Date

Allergy and Anaphylaxis Emergency Plan

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Child's name: _____ Date of plan: _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: () -

Doctor: _____ Phone: () -

Parent/Guardian: _____ Phone: () -

Parent/Guardian: _____ Phone: () -

Other Emergency Contacts

Name/Relationship: _____ Phone: () -

Name/Relationship: _____ Phone: () -

Sample Extracurricular Emergency Medical Information Form

_____ Public School

Note: The school nurse is not present during before- or after-school programs.

Activity/Sport: _____ Adult supervisor: _____

Student: _____

Address: _____ Home phone: _____

Parent/Guardian cell phone: _____ Work phone: _____

Parent/Guardian cell phone: _____ Work phone: _____

My child has the following medical condition that may require immediate attention (**911**) at after-school athletics.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Allergy to: _____
requires Epi-Pen or Epi-Pen Junior (please circle) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures |
| | <input type="checkbox"/> Other: _____ |

ACTION PLANS

Allergic Reaction

(examples of some of the symptoms include) Difficulty breathing, shortness of breath, wheezing, difficulty swallowing, hives, itching, swelling of any body part.

Action plan: Call **911** and assist child in using Epi-Pen if prescribed and available.

Asthma

Student has difficulty breathing, wheezing, and shortness of breath.

Action plan: If the student has their inhaler, allow them to use it. If no relief of symptoms in 5 minutes, call **911**. If no inhaler available, call **911** immediately.

Diabetes

Low blood sugar reaction—hunger, sweaty, pallor, headache, feels shaky.

Action plan: Allow student to drink a juice box or regular soda, or eat glucose tablets or a snack from their emergency snack pack. Have student test their blood glucose level and record number. If not change in symptoms in 5 minutes, call **911** and have child repeat all of the above.

Seizure

Altered consciousness, involuntary muscle stiffness or jerking movements, drooling/foaming at the mouth, temporary halt in breathing, loss of bladder control.

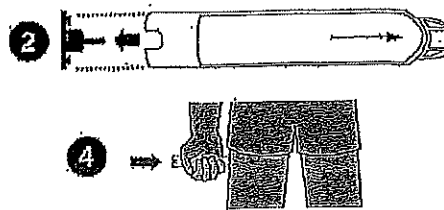
Action plan: Protect student from falling. Call **911**. Never put anything in the student's mouth.

Parent/Guardian child-specific instructions:

Parent/Guardian signature: _____ Date: _____

EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.

**ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS**

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



Graphic provided courtesy of Food Allergy Research & Education (FARE) (www.foodallergy.org) 3/2016