LIFE THREATENING ALLERGIC REACTION AND EPIPEN POLICY
APPROVED
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Life Threatening Allergic Reaction and Epipen Committee

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Springfield Public Schools

Life Threatening Allergic Reactions and Epi-Pen Policy

POLICY
The Springfield Public Schools recognizes that some students have life-threatening allergies. It is imperative that parents/guardians notify school administration regarding allergies and health issues with their children. Upon notification and identification of a student with life-threatening allergies by a parent/guardian, and with complete documentation from a physician, the school will follow the plan of care as identified below.

PROCEDURE
The following procedures will be implemented when a student is found to have life threatening allergies.

Role of School Nurse
- The school nurse will initiate the Individual Health Care Plan (IHCP) with parent/guardian and establish a multi-disciplinary team in order to reduce exposure to allergens and establish procedures to treat exposure to allergens and allergic reactions.
- The school nurse will provide a Life Threatening Allergy Packet to parents/guardians which contains: a copy of this policy; an Allergy Action Plan and two (2) Medication Authorization forms to be completed by parent and health care provider; and an Authorization for Release of Information form.
- The school nurse will meet with members of the multi-disciplinary team to assist them in preparing for their responsibilities. The school nurse will provide basic education concerning life-threatening allergies including prevention and management of exposure to allergens.
- The Individual Health Care Plan will include the Allergy Action Plan. IHCP will be signed by parent and nurse.
- A copy of IHCP will be given to all relevant school staff.
- The Allergy Action Plan and Medication Authorizations must be updated yearly and as needed for changes. The school nurse will provide blank Action Plans and Medication Authorizations to parents upon request.
- The location of the medications will be noted on the IHCP.
- IHCP will have emergency protocol for exposure. If epinephrine is administered student will be sent via ambulance to the hospital. If Benadryl is administered, student will be sent home to be monitored by parent/guardian.
- School nurses will train staff in Epi-pen administration biannually. Those trained in Epi-pen administration will be noted on the student's Action Plan. Training will include information on signs and symptoms of allergic reactions.
**Parent/Guardian Responsibility**

- The parent/guardian will obtain the Life Threatening Allergy Packet from the school nurse. The parent/guardian will ensure all forms are completed by the student's health care provider and returned to the school nurse.
- The parent/guardian will provide all necessary medications to the school nurse and replace used and expired medications.
- The parent/guardian will provide school nurse with current and complete contact information.
- The parent/guardian will inform the bus driver and bus monitors of the student's allergy.
- The parent/guardian, health care provider, and nurse will determine if student can self-medicate and self-carry medication.
- The parent/guardian will provide safe snacks for special occasions.
- The parent/guardian will consider providing the child with a medic alert bracelet or chain for identification.

**Annual Meeting for Individual Health Care Plan**

- The multidisciplinary team will meet yearly, as close to the opening of the school year as possible.
- The multidisciplinary team will include, but is not limited to, the school nurse, parent/guardian, classroom and specials teachers, principal, food services director, representative of the school bus company, and the student, if age appropriate. Other individuals may be invited per the request of the parent/guardian.
- The school nurse will review the IHCP with the team.
- The school nurse will provide all relevant information and training to any individuals unable to attend the IHCP meeting.
- The school nurse will immediately share any changes to the IHCP with the team.

**Cafeteria Guidelines**

- IHCPs and Allergy Action Plans for all life-threatening allergic students will kept in the cafeteria/kitchen.
- An allergen free table will be maintained in the cafeteria. Custodial and food service staff will be trained in cleaning tables.
- Food Services will provide a monthly menu so parents/guardians and students can select appropriate foods.

**Classroom Guidelines**

- Classroom teachers, specials teachers, and paraprofessionals will attend biannual Epi-pen and life-threatening allergy training provided by the school nurse.
- Parents of all students in a classroom (in grades pre-K through 8) with a life-threatening allergic child will be notified via letter of the presence and nature of the life-threatening allergy.
- Student’s IHCP and Allergy Action Plan will be kept in an accessible and prominent format for substitute teachers.
• An allergy free desk and/or table will be designated within all classrooms with a life-threatening allergic child, and will be cleaned by custodians daily.
• The school nurse will teach hand-washing techniques to students for before and after eating. Additional training for the students within the classroom will be provided as appropriate.
• It is preferable and advisable that no food is allowed in the classroom and that special occasions are celebrated without food. Only foods that do not contain the known allergen will be allowed into the classroom. If there is a question about any food being served in the classroom, the parent/guardian will provide a snack for the life-threatening allergic student.
• Students will not be permitted to share food.
• The teacher will send the life-threatening allergic child to the school nurse’s office with an adult if exposure is suspected. If no adult is available to accompany the child to the school nurse’s office or a reaction has begun, the nurse will be called to the student’s location.
• Peanuts may not be used in any projects in classrooms.

Field Trip Protocol
• Teachers will notify the school nurse at least 2 weeks in advance of a field trip.
• School nurse will ensure that at least two adults attending the field trip have been trained in Epi-pen administration and life-threatening allergies.
• School nurse will ensure that Epi-pen is taken on field trips.
• A functioning cell-phone will be brought on field trips to call emergency medical services if exposure to allergen is suspected or student experiences an allergic reaction.

Bus Policy
• Food and beverages are prohibited on school buses. Students are not permitted to share or trade food while on bus. School bus driver and monitor shall enforce this policy.
• School bus drivers and monitors will attend Epi-pen and life-threatening food allergy training biannually provided by school nurse.
• School bus will be equipped with functioning cell phone or other device for communication in the event of a suspected exposure or allergic reaction.
• The parent/guardian will provide Epi-pen to be kept in student’s bag with instructions for use and emergency contact information.

For additional information, please refer to Managing Life Threatening Food Allergies in Schools by the Massachusetts Department of Education which can be found online at: http://www.doe.mass.edu/cnp/allergy.pdf
Dear Parents/Guardians;

This letter is to inform you that a student in your child’s classroom has a life-threatening allergy to _______________________. Strict avoidance of this allergen is the only way to prevent a life threatening allergic reaction. We are asking your assistance in providing the student with a safe learning environment.

To reduce the risk of exposure, the classroom will be _________________ free. Please do not send any product containing this allergen for your child to eat during snack in the classroom. Any exposure to the allergen through contact or ingestion can cause a severe reaction. If your child has eaten anything containing the allergen prior to coming to school, please be sure your child’s hands have been thoroughly washed prior to entering the school. If exposed to the allergen, the student may develop a life threatening allergic reaction that requires emergency medical treatment.

Since lunch is eaten in the cafeteria, your child may bring a lunch that contains the allergen. In the cafeteria, there will be a designated allergen-free table where any classmate without the allergen may sit. If a child sits at this table and has a lunch containing the allergen, the child will be asked to move to another table. Following lunch, the children will wash their hands. The tables will be cleaned after each lunch.

This plan will help to maintain safety in the classroom while allowing non-allergic classmates to enjoy their preferred lunches in a controlled environment in the cafeteria. We appreciate your support of these procedures. Please complete and return this form so what we are certain that every family has received this information. If you have any questions, please contact either of us.

________________________________________       ____________________________________________
Classroom Teacher                                                      School Nurse

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I have read and understand the allergen free classroom procedures. I agree to do my part in keeping the classroom allergen free.

Child’s
Name:__________________________________________________________________

Parent’s
Signature:______________________________________________________________          Date

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FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS

[ ] If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.

LUNG
Short of breath, wheezing, repetitive cough

HEART
Pale, blue, faint, weak pulse, dizzy

THROAT
Tight, hoarse, trouble breathing/swallowing

MOUTH
Significant swelling of the tongue and/or lips

SKIN
Many hives over body, widespread redness

GUT
Repetitive vomiting or severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of mild or severe symptoms from different body areas.

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. Use Epinephrine.

1. INJECT EPINEPHRINE IMMEDIATELY.
2. Call 911. Request ambulance with epinephrine.
   - Consider giving additional medications (following or with the epinephrine):
     » Antihistamine
     » Inhaler (bronchodilator) if asthma
   - Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
   - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
   - Alert emergency contacts.
   - Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

MILD SYMPTOMS

[ ] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

NOSE
Itchy/runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea/discomfort

1. GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN
2. Stay with student; alert emergency contacts.
3. Watch student closely for changes. If symptoms worsen, GIVE EPINEPHRINE.

MEDICATIONS/DOSES

Epinephrine Brand: __________________________

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: __________________________

Antihistamine Dose: __________________________

Other (e.g., inhaler-bronchodilator if asthmatic): __________________________
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.  

AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS  
1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.  
2. Pull off red safety guard.  
3. Place black end against mid-outer thigh.  
4. Press firmly and hold for 5 seconds.  
5. Remove from thigh.  

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.  

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):  
Teachers trained in EpiPen administration:  
Name | Date  
1.  
2.  
3.  

Treat student before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.  

EMERGENCY CONTACTS — CALL 911  
RESCUE SQUAD:  
DOCTOR: | PHONE:  
PARENT/GUARDIAN: | PHONE:  

OTHER EMERGENCY CONTACTS  
NAME/RELATIONSHIP:  
PHONE:  
NAME/RELATIONSHIP:  
PHONE:  
NAME/RELATIONSHIP:  
PHONE:  

PARENT/GUARDIAN AUTHORIZATION SIGNATURE | DATE  
FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG) 8/2013
SPRINGFIELD PUBLIC SCHOOLS
SPRINGFIELD, MASSACHUSETTS
DEPARTMENT OF NURSING

AUTHORIZATION FOR RELEASE OF INFORMATION

Student’s Name ___________________________________________ DOB __________

Address __________________________________________________________

From/To:
School name, address, and telephone number

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

School Staff requesting/providing information

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Provider name, address, and telephone number

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I authorize the release of all medical information necessary to ensure the health, safety, and continuity of care for my child.
This authorization is valid until the end of current school year ________________.

Parent/Guardian name ____________________________________________

Signature ________________________________________________________

Date __________________________________________________________________

Telephone Numbers ________________________________________________
My Child’s Classmate has a Food Allergy: What should I know?

1. **Food allergies are a growing health concern in schools across the country.**

   1 in 25 kids under 18 in this country suffer from food allergies. Experts agree this population is growing exponentially. The incidence of the peanut allergy alone fully doubled in the five-year period from 1997-2002.

2. **Food allergic reactions can be fatal.**

   A food allergy is an overreaction of the immune system that can affect any system of the body (respiratory, cardiovascular, gastrointestinal, and skin). Ingestion of the allergenic food protein triggers this overreaction and causes a variety of symptoms ranging from nausea to **anaphylaxis** (a potentially fatal systemic allergic reaction).

   The severity of an allergic reaction is unpredictable: a seemingly mild reaction can become life-threatening within minutes. Early recognition of symptoms and prompt administration of epinephrine are critical to survival.

   Each year, food allergies are the cause of approximately 200 deaths and over 30,000 emergency room visits. Kids have died in schools from food-induced anaphylaxis.

3. **There is no cure for food allergies.**

   Strict avoidance of the allergenic food is the only way to prevent anaphylaxis.

4. **Ingestion of even trace amounts of the allergen can cause anaphylaxis.**

5. **Kids can introduce a food allergen into their bodies not only via mouth, but also via eyes or nose by inadvertently touching these areas of the face with hands that have come into contact with the food allergen.**

   A child need not eat a food allergen to experience an allergic reaction. Rubbing eyes or putting a finger in the nose after touching a surface contaminated with the allergenic food is enough to potentially trigger an allergic reaction.

*How can I help?*

(A) Respect school rules regarding permissible foods.
(B) Carefully read ingredient and manufacturing labels.
(C) For food to be shared by the class, bring in only store-bought food with a list of ingredients that are safe for all members of the class to eat.
(D) Wash your child’s hands/mouth before school if s/he has eaten a known food allergen.
(E) If necessary, talk to your child about the seriousness of food allergies and the harm caused by teasing.
(F) Don’t hesitate to contact school personnel with any questions or concerns.