**School District of Escambia County, Florida**

**Guidelines for Managing Anaphylaxis in the School Setting**

# Definitions:

**Allergen** is any substance that is capable of causing an allergic or IgE mediated hypersensitivity reaction. Allergens can include food, stinging insects, medications, animal dander, latex rubber, pollen and mold. Exposure to allergens generally produces immediate allergic reactions, but in some cases symptoms may be delayed up to 2 to 4 hours after exposure.

**Anaphylaxis** is the medical term for life-threatening systemic allergic reaction that may occur when allergic individuals are exposed to specific allergens. Anaphylaxis is a collection of symptoms affecting multiple systems in the body. Signs and symptoms include one or more of the following:

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| * Hives, itching (of any body part); | * Flushed, pale skin, dizziness; |
| * Vomiting, diarrhea, stomach cramps; | * Swelling (of any body part); |
| * Red, watery eyes, runny nose; | * Fainting, or loss of consciousness; |
| * Wheezing, coughing, difficulty breathing, | * Impending sense of doom; |
| shortness of breath; | * Change in mental status; |
| * Throat tightness or closing; difficulty   swallowing, change of voice; | * Itchy scratchy lips, tongue, mouth and/or   throat. |

**Epinephrine (adrenaline)** is the single most important medication for treating anaphylactic reactions and should be administered at the first sign of a systemic allergic reaction. Administering epinephrine early in anaphylaxis improves the chances of survival and quick recovery.

# Levels of Care:

**Dependent Care**: Requires trained adult intervention.

**Assisted Care**: Exhibits partial competency in self-care; requires assistance of trained adult.

**Self Care**: Demonstrates knowledge, skills, and ability to manage allergic reactions, including self-administration of epinephrine auto-injector if ordered.

The School District of Escambia County, the Escambia County Health Department, the American Lung Association, the School Health and Wellness Advisory Council, and local physician experts in the field of allergy and pulmonology have approved these guidelines to manage life-threatening allergic reactions in the school setting. Guidelines are revised as needed by the Escambia County School District Coordinator of School Health Services in collaboration with the contracted provider.

Florida Statute 1002.20(3)(i) (Kelsey Ryan Act) allows students who are at risk for life-threatening allergic reactions to carry and self-administer an epinephrine auto-injector while attending school or participating in school activities if the school has been provided with parental and physician authorization. **The parent of a student authorized to carry an epinephrine auto-injector assumes all liability with respect to the student’s use of the medication.**

# Responsibilities:

# Parent/Guardian

# Document annually, diagnosis on *Student Health Verification Form*

# Notify school nurse as soon as possible when a student is newly diagnosed or upon school entry

# Provide and maintain current emergency contact phone numbers

# Collaborate in the development of the student’s individual health care plan

# Consult with the school administrator, nurse, and/or classroom teacher regarding environmental triggers that affect their student

# Provide prescribed medication with matching Dispersion of Medication form:

# Inform school nurse of changes in the student’s allergy management

# Provide student with a medical identification tag or jewelry and encourage student to wear daily if recommended by student’s health care provider

# Work with health care provider, school nurse, and student to promote self-sufficiency in allergy management, including:

# safe and unsafe foods

# Strategies for avoiding exposure to unsafe foods

# Symptoms of allergic reactions

# How and when to tell an adult they may be having an allergy-related problem

# How to read food labels (age appropriate)

# Indemnify the school district and its agents for any and all liability with respect to the student authorized to carry and self-administer an epinephrine auto injector

# Accept financial responsibility for 911 call and transportation to hospital

# Student

# Participate with school personnel in developing and implementing plan of care

# Demonstrate competence in self-administration of auto-injector if ordered. The parent, school nurse, or school administrator may request re-evaluation of student’s competency whenever indicated

# Wear medical identification tag or jewelry daily if recommended by student’s health care provider

# Seek adult help immediately at first awareness of allergen exposure (all levels of care)

# Self-administer epinephrine auto-injector at first awareness of allergen exposure (self-care)

# Practice responsible individual use and safe keeping of medication (self-care)

# Should not trade food with others, eat anything with unknown ingredients, or eat any allergen containing food

# Healthcare Provider

# Complete *Dispersion of Medication* form for epinephrine auto-injector if student is to carry/self-administer medication at school

# Collaborate in the development of the student’s individual health care plan

# Provide child-specific consultation as needed for anaphylaxis management

# School Nurse

# Provide appropriate level of Anaphylaxis Education for unlicensed assistive personnel (UAPs), school staff, and bus drivers

# Develop and maintain student health care plan to include allergy management in the classroom, cafeteria, during school-sponsored activities, and on school bus if applicable

# Distribute *Emergency Action Plan* to appropriate school staff

# Delegate and document child specific allergy management to trained and competent designees

# Assess student competency and responsibility in self-management in the school setting

# Call 911 immediately when any student experiences a systemic allergic reaction and/or respiratory distress

# Call 911 immediately when any student requires epinephrine auto-injector administration

# Communicate with parent/guardian about acute episodes and any difficulties in controlling allergies at school

# Act as a liaison between student’s health care provider, parent, and school staff

# Notify health care provider if epinephrine is administered

# Provide student health education about allergies to promote responsible self-care

# Troubleshoot reason for occurrence after anaphylactic crisis subsides

# Unlicensed Assistive Personnel (Health Technicians and Principals’ Designees)

# Complete Levels 1, 2, and 3 of Anaphylaxis Education

# Perform delegated allergic reaction management per child specific training

# Call 911 immediately when any student experiences a systemic allergic reaction

# Call 911 immediately when any student requires epinephrine auto-injector administration

# Alert school nurse of any severe allergic reactions

# School Staff

# Principal

* Identify 2 willing staff members to receive training and provide child-specific care as needed.
* Require school staff to complete appropriate level of Anaphylaxis Education.
* Identify staff to wash designated “allergen-safe” table and chairs thoroughly after

each meal period.

* Include food-allergic students in school activities, rather than excluding students

based solely on their food allergy.

* Enforce school rules for bullying and threats.
* Encourage that buses and cars not idle while waiting for students

**2. All School Staff**

* Complete appropriate level of Anaphylaxis Education
* Call 911 immediately when any student experiences a systemic allergic reaction
* Call 911 immediately when any student requires epinephrine auto-injector administration
* Alert school nurse of any severe allergic reactions

**3**. **Food Services Manager and Dietician**

* Participate in team meeting regarding Health Care Plan for student with life threatening food allergies
* Discuss allergy relationship to menus (breakfast, lunch, school snacks, field trips); a la carte items; vending machines; recipes; food products and ingredients; food handling practices; cleaning and sanitation practices; and responsibilities of other Food Service staff
* Designate, in coordination with principal, a specific area to be maintained allergen safe, i.e., peanut-free table located away from trash can or food disposal area
* Coordinate with principal to identify staff to wash designated “allergen-safe” table and chairs thoroughly after each meal period
* Recommend a statement from student’s physician that documents the medical need for food substitution/s, including recommended substitute food/s.
  + Make appropriate substitutions on a case by case basis for the required meal components; review with school nurse and parent.
  + Maintain a copy of physician’s statement in Cafeteria Manager’s office; give original document to school nurse to file in the student’s cum health folder.
* Enter allergy data into point of sale program
* Review with all Food Services Personnel the procedures for handling students with food allergies
* Maintain an ongoing process for reading of food labels to identify potential allergens and calls to manufacturers on questionable ingredients to prevent cross-contamination in food manufacturing or preparation process
* Be aware of how the student with food allergies is being treated; inform administration of bullying and threats
* Distribute monthly School District Menu to all elementary schools for parents’ review
* Provide advanced copy of menu to parent/guardian and alert clinic staff of menu changes
* Assure that all Food Services staff attends in-service regarding safe food handling practices to avoid cross-contamination with potential food allergens
* Maintain clean food production/preparation areas and serving utensils to avoid cross- contamination
* Provide only non-latex gloves for Food Services staff

**G. Medical Community**

* Provide education and updates about allergy management to school staff and health personnel

# Staff Training:

School staff and UAPs must have an understanding of the management of systemic allergic reactions. It is the responsibility of the principal and the school nurse to implement annual education.

**Level 1:** Anaphlyaxis Awareness Education is a brief overview for all school-based staff**.**

**Level 2:** Training utilizing a child specific Emergency Action Plan for all school-based staff that have direct contact with the student to enable staff to recognize child specific needs and to respond appropriately.

**Level 3:** Child-specific training for unlicensed assistive personnel delegated to provide care utilizing delegation checklist.

Revised: July 1, 2019