

Westerville City Schools Resource Guide For Supporting Children with Life-Threatening Allergies

Committee Consensus 9.21.11 FINAL

The purpose of this manual is to provide a guideline for supporting children with life-threatening allergies in the school. This resource is to assist teams in developing individual plans for children.

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General Information about Allergies

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

Common causes of life-threatening allergies may include food allergies, bee or insect stings, as well as medicine and latex.

Latex Allergy Facts

Latex is the sap from the *Hevea brasiliensis* tree. When chemicals are added to the sap to increase durability, strength, and elasticity, rubber is formed. Latex-containing items are found in many medical products used in the hospital, clinic, and school setting. Latex items also are commonly found in nonmedical objects used in the home, school and community. The following items **may** contain latex.

Medical & Nonmedical Items:

Gloves	Balloons
Tape or elastic bandages	Rubber balls or toys
Wheelchair cushions or tires	Art supplies
Crutch pads	Elastic clothing
Swimming caps	

Allergic reactions to natural latex rubber frequently have been reported, particularly in children with chronic conditions, such as spina bifida, and urological anomalies.

Bee Sting Allergy Facts

Only a very limited portion of the population is allergic or hypersensitive to bee or wasp stings. Stinging insects are limited to the order Hymenoptera, which includes wasps, bees, and ants. The stinger is a modified egg-laying apparatus; so, only females can sting. Remove the stinger as quickly as possible, because venom continues to enter the skin from the stinger for 45 to 60 seconds following a sting. If removed within 15 seconds of the sting, the severity of the sting is reduced. Symptoms can begin immediately following the sting or up to 30 minutes later and might last for hours.

Food Allergy Facts

Food allergies are presenting increasing challenges for schools. Because of the life-threatening nature of these allergies and the 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).

According to published studies, allergy prevalence has continued to increase 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.**

Allergic reactions to food 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. 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. *However, the student with an undiagnosed food allergy may experience his/her first food allergy reaction at school.*

Eight foods account for 90% of total food allergies.	
Peanut	Tree Nut
Milk	Egg
Soy	Wheat
Fish	Shellfish

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 the physical, needs of the child must be respected. Children with food allergies are at-risk for eating disorders or teasing. School staff is available to work with families when teasing concerns are indicated.

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

- 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 or chest, 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
- Tingling in hands, feet, lips or scalp

How a Child Might Describe a Reaction

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- 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
- 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)
- My throat hurts

Anaphylaxis typically occurs either immediately or up to several hours following allergen exposure. Anaphylaxis is often treated with the administration of epinephrine, a prescribed medication that immediately counteracts the life threatening symptoms. Epinephrine is administered by 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 department even if the symptoms appear to have been resolved.** When in doubt, medical advice indicates that it is better 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 were mistaken for asthma. This delayed appropriate treatment with epinephrine.**

Individual Health Care Plan

An Individual Health Care Plan puts in writing what the school can do to accommodate the individual needs of a child with a life threatening allergy. Prior to initial entry into school (or immediately after the diagnosis of a life threatening allergic condition), the parent/guardian should meet with the building 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 Allergy Action Plan. (See Appendix B – Allergy Action Plan). The Allergy Action Plan details specifically what steps staff must take in the event of an emergency.

For school staff purpose, 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 updated annually providing equal access to the educational curriculum.

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 exposure of the food allergic student 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
- Craft, art and science projects
- Bus transportation
- Fundraisers
- Bake sales
- Parties and holiday celebrations
- Keyboards
- Field trips
- Before and after school hours school sponsored events (dances, after school clubs and sports)
- Substitute teaching staff being unaware of the allergic student

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 school to address allergy issues in the following high-risk areas: classrooms and physical education, food service/cafeteria, for art, science, and

mathematics, projects, crafts, outdoor activity areas, school buses, field trips, and before and after-school activities.

General Guidelines

This next section serves as a guide to outline the range of responsibilities staff can 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.

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 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 notification 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. In an emergency when the school nurse is not immediately available or in cases when there is no school nurse, a current list should be placed in the health office.

Guidelines for Students 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 allergies and reactions based on their developmental level. To this end students with life-threatening allergies are asked to follow these guidelines.

- It is important NOT to trade or share foods.
- Wash hands with soap and water before and after eating. *Hand sanitizers are not a substitute for proper hand washing with soap and water.*
- 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 building 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.
- Don't wear colorful outfits that might be seen to insects as a flower bed.
- Don't wear perfume, cosmetics, soap or hair sprays.
- Don't walk outside barefoot.

- Don't provoke a known nest or hive for stinging insects.
- Never board the bus if you are experiencing any symptoms of an allergic reaction.
- 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.
- Advocate in situations that the student might perceive as compromising their health.

Guidelines for Parents/Guardians

Parents/guardians are asked to assist the school in the prevention, care and management of their child's 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 building nurse 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 & Allergy Action Plan (and possible 504 Plan) be scheduled. Provide if appropriate:
 - 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 of student's 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
 - Consider a Medic Alert bracelet for your child.
- Participate in developing an Individual Health Care Plan, which includes an Allergy Action Plan, with the building nurse.
- Notify supervisors of before and after school activities regarding your child's allergy and provide necessary medication.
- May introduce your child to the bus driver and provide an Allergy Action Plan with student photo to explain your child's allergy.
- May introduce your child to the cafeteria staff to explain your child's allergy.
- The school will not exclude an allergic student from a field trip. Be willing to go on your child's field trips if requested.
- Parents may request the nurse provide classroom education.

Food at School:

- If needed, help decide upon an "allergy-free" eating area in the cafeteria.
- Provide safe classroom snacks for your own child.
- For lunch at school, check the district website, at www.wcsoh.org, to find the 5 Week Cycle Food Allergen document. If further information is required, contact the district Director of Business Management Services. Eating a lunch provided by the school may not be appropriate.

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.
- 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 this is an age-appropriate task.
- 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 your allergy and specific needs.

Guidelines for School Administration

A school team should be established to adequately prevent, recognize and respond to allergic reactions. Administrators are asked to assist the school team in the prevention, care and management of children with allergies and reactions, using the Individual Health Care Plan (for prevention) and the Allergy Action Plan. These plans are components of the 504 Plan for managing life-threatening reactions.

- The team may include, but is not limited to:
 - School Nurse
 - Administrative representative
 - Food service director/staff
 - Teacher and specialists (i.e. – art, music science, computer etc.)
 - School counselor
 - Coaches and physical education teachers
 - Bus driver
 - Local EMS
 - Other support staff
 - Student with food allergy (if age appropriate)
- Offer training and education for staff regarding:
 - Food allergies, insect stings, medications, latex, etc.
 - How to read food labels.
 - How to recognize symptoms of anaphylaxis.
 - Emergency and Risk reduction procedures including having periodic anaphylaxis training. This training should be a practice in the procedures that would be carried out if there were an anaphylactic emergency. The training may include but is not limited to: who helps the student, who retrieves the epinephrine injector or administers it, who calls 911, and who direct 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.
- If requested, arrange for an allergy free table in the lunchroom and/or provide an allergen free lunch substitute.

- 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.
- Educators are encouraged to foster independence on the part of children, based on her/his development level.

Administrator Guidelines for Substitute Teachers

- Make sure a contingency plan is in place for substitute teachers, nurses, or food service personnel.
- Substitutes are responsible for security and reading the information in the Substitute Teacher Student Health and Emergency Procedures Handbook.
- Substitutes will be provided a Substitute Teacher Student Health Handbook and Emergency Procedure Binder containing information for students requiring an Allergy Action Plan. Emergency procedures and contacts are provided in the folder. Substitutes are required to sign off that they have reviewed the student's medical needs and are able to meet the requirements of the students. No snacks or food are permitted on the day there is a substitute in the classroom, if there are students with severe allergy needs in the classroom. Signs are posted in the classroom alerting visitors of Major Food Allergies.

Specific Guidelines for Business Manager

Provide sound food handling practices to avoid cross-contamination with potential food allergens (Food Allergy and Anaphylaxis Network video is available).

- Have cooks trained on safe food handling procedures pertaining to food allergies *e.g.* cross contamination.
- Have cooks trained on proper cleaning and sanitation pertaining to food allergies.
- Provide information about reading product food labels and food allergens.
- Provide training for custodians on proper cleaning and sanitation pertaining to food allergies.
- For non-English speaking staff provide a simple list of basic allergens (*e.g.* peanuts, milk, eggs) in their native language.

Guidelines for the Building Nurse

When it comes to the school care of children with life-threatening allergies, nurses may carry the largest responsibility. Nurses are asked to assist the school team in both preventative and emergency care of children with food allergies and reactions. Nurses are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal, nurses are asked to consider these guidelines when developing an Individual Health Care Plan for a student with a life-threatening allergy.

- Schedule a meeting including the classroom teach (team), and the student's parent/guardian to develop the Individual Health Care Plan for the student.
- Use the WCS's Allergy Action Plan and distribute final copies as needed.

- Conduct and track attendance of in-service training for staff that works with the child on a yearly basis. **All specific training protocol is available in the Health Office Procedure Manual.**
- In the clinic, post and label location of Allergy Action Plans and emergency medication *e.g.* EpiPen, Twinject or Adrenacllick.
- For Benadryl and epinephrine injectors stored in the health office, periodically check medications for expiration dates. Contact parent/guardian for replacement as needed.
- Make sure there is a contingency plan in place in the case of the absence of a trained employee in the clinic.
- Be able to communicate with playground staff and physical education teacher via communication device.
- Nurses are your wellness expert available for educational consultation if requested.

Guidelines for the Classroom Teacher

Since many WCS buildings 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 preventative care and management of children with 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 Allergy Action Plan for a student with a life-threatening allergy.

- Prior to the start of school, teachers will receive the Individual Health Care Plan and Allergy Action Plan (also known as a 504 Plan) of any student(s) in the classroom with life-threatening allergies.
- Participate in any team meetings for the student with life-threatening allergies and in-service training.
- Keep accessible the student's Individual Health Care Plan (which includes Allergy Action Plan) with photo in classroom.
- In the event of an allergic reaction the Allergy Action Plan should be activated. Be sure both student teacher and classroom aides are informed of the student's food-allergies and care management.
- Parents may request that the teacher notify parents in the class that there is a child in the class with a life-threatening food allergy. This should be done in writing and should include the seriousness of this condition (See Appendix A Sample Letter).
- Reinforce school guidelines on bullying and teasing to avoid stigmatizing, or harassing students with food allergies.
- When possible inform parents of the allergic child in advance of any in class special events where an allergen may be present.
- **Never question or hesitate to immediately initiate Allergy Action Plan if a student reports signs of an allergic reaction.**
- Students with severe allergies should not be sent home on the bus if they report any symptoms of an allergic reaction, no matter how "minor".
- Have students wash hands if they come in contact with an allergen.
- Sharing or trading food in the classroom should be prohibited.
- Nurses are the wellness experts available for classroom education.

Snacks/Lunch Time

- If contamination from foods is suspected, have the students clean the desks with a fresh paper towel and soap for every desk (to avoid cross-contamination).
- Reinforce hand washing before and after eating.
- 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.

Classroom Activities

- Consider the presence of allergenic foods in classroom activities (e.g., arts and crafts, science projects, and 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.
- Try not to isolate or exclude a child because of allergies (e.g. using candy as part of a math lesson).
- Encourage the use of stickers, pencils, or other non-food items as rewards instead of food.
- 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).
- For birthday parties, encourage non-food treats.

Field Trips

- Consider the student when planning a field trip due to a risk of allergen exposure. Field trips should be chosen carefully; no student should be excluded from a field trip due to risk of allergen exposure.
- Collaborate with the building nurse prior to planning a field trip. Ensure Benadryl, epinephrine injector and Allergy Action Plan are taken on field trips with trained personnel.
- Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- 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 at a field trip is not required.
- Notify parents if special meals are needed before the field trip.
- Keep allergic child's meal separate to avoid cross-contamination.
- Encourage hand washing before and after meals.
- A cell phone or other communication device must be available on the field trip for emergency calls.

Guidelines for the Lunchroom

Because a cook cannot guarantee that food served in the general lunch program is allergen free, parents or students may have access to reading food labels to identify these ingredients in the products used by a school's cafeteria. If medically necessitated through a 504 Plan, 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 medically necessitated allergy-free lunch substitute or bring a lunch to school.

Guidelines for Coordinators and Managers (also known as Head Cooks)

- Work with administration to determine if peanut and other nut-containing products are on the menu, and if so, consider removing them.
- If requested, meet with parent/guardian to discuss student's allergy.
- Review the Allergy Action Plan and photograph of the student with life-threatening allergies (per parent permission).
- Provide sound food handling practices to avoid cross-contamination with potential food allergens. (Food Allergy and Anaphylaxis Network video is available).
- 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 this related to space, make sure the 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 when appropriate or permissible.
- Make available advanced copies of the menu to parents/guardian when requested.
- If requested, have safe meals for field trips.
- 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 allergies.)
- 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 service, all table and chairs should be thoroughly washed with soap and water. Use disposable wipes and dedicate 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).

- Have cooks trained on safe food handling procedures pertaining to food allergies (e.g. cross-contamination).
- Have cooks trained on proper cleaning and sanitation pertaining to food allergies.
- Provide information about reading product food labels and identifying food allergens.

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 life-threatening allergy by immediately contacting the building nurse.
- Encourage hand washing or use of hand 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 but may be covered.
- 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.

Guidelines for Coaches and Supervisors of School Funded Activities

- Review the Individual Health Care Plan and Allergy Action Plan with the building nurse.
- After school activities sponsored by the school must be consistent with school policies and procedures regarding life-threatening allergies.
- Make certain that emergency communication device (e.g. walkie-talkie, intercom, cell phone, etc.) is always present.
- Call 911 if you suspect an allergic reaction and follow the Allergy Action Plan.
- Clearly identify who is trained and responsible for keeping the epinephrine injector and emergency medication and where it will be kept.
- Medic Alert identifications may be covered or taped.
- Consider the presence of allergenic foods in extra-curricular activities (e.g. arts and crafts, celebrations, or other projects).

Transportation Department Guidelines

Parents are strongly encouraged to share any pertinent information with transportation personnel that will allow the best service to students.

At the request of the parent, Westerville City Schools may provide annual training for all school bus drivers on managing life-threatening allergies and this training shall be conducted by licensed health care professionals. Training will include emergency medication administration. It would be the parent’s responsibility to provide a copy of the Allergy Action Plan and student photo to the department of Transportation Services.

Guidelines for the School Bus Driver

- A student who is suspected of or has been confirmed to be having an active allergic reaction, should never be allowed to board the bus. In this case, the driver should notify transportation of the situation. If the incident is during a field trip, the driver should notify a trip chaperone immediately.
- School bus drivers shall adhere to the school bus policy of no food eating allowed on school buses.
- All school bus drivers are to either have a cell phone available, be able to contact transportation via the two way radio, or have someone call 911 for them when an allergic reaction is suspected.
- School bus drivers shall review the WCS Emergency First Aid Guidelines and a photo (if approved by parent) of the student with life-threatening allergies not less than quarterly or upon changes in student's allergy status.

Appendix A
Sample Classroom Allergy Letter

Date:

Dear Parent/Guardian,

Occasionally a health concern arises in the school setting that requires the support of Parents/Guardians and classmates to help make the classroom a safe and healthy place for all. This letter is to inform you that a student in your child's classroom has a severe allergy to:

Peanuts	Milk	Soy	Fish	Shellfish
Tree Nuts	Eggs	Wheat	Latex	Bee Stings

Strict avoidance of the allergic product(s) is the only way to prevent a life-threatening allergic reaction. Even touching a small amount of a product or accidental ingestion could result in a life-threatening situation. We are asking your assistance in providing the students with a safe learning environment.

This is how you can help to reduce the risk of exposure:

- Do not send any product or items containing the above circled allergy to school. For nut allergies this includes containers that used to have nuts or peanut butter in them.
- Please contact me before sending any food or related allergic products to school to be shared with classmates.
- Please consider alternatives to celebrate a child's birthday: pencils, book marks, stickers, donate a book in your child's name to the classroom, etc.
- Please remind your child not to share any food, eating utensils, or food containers with other students.

I appreciate your help and understanding about this important health and safety matter. I ask that you please sign and return the tear-off below. It acknowledges that you have received this letter and that you will do your best to make sure that the classroom is a safe and healthy place for all children.

Sincerely,

(Teacher's Signature)

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

My Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

Allergy Action Plan

Name : _____

D.O.B.: _____

Place Student
Picture Here

Allergy to: _____

Weight: _____ lbs. Asthma: [] Yes (higher risk for a severe reaction) [] No

STEP 1 For a suspected or active allergic reaction:

FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS

[] If checked, give epinephrine immediately if the allergen was definitely eaten or encountered, 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 or encountered.



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 Medications: _____

PARENT AND PHYSICIAN SIGNATURES REQUIRED FOR TREATMENT TO BE INITIATED

Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____

Doctor's Name, Address, Phone _____

**WESTERVILLE CITY SCHOOLS
ALLERGY ACTION PLAN
PAGE 2 of 2**

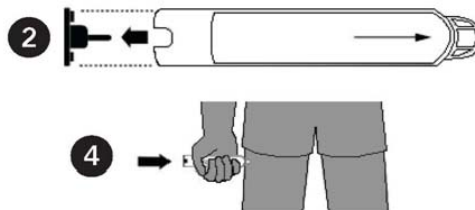


FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

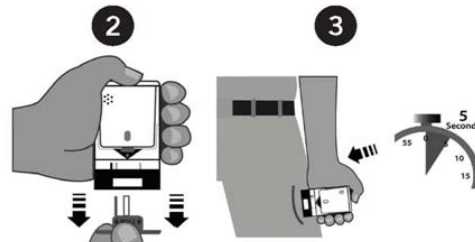
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

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.



STEP 2: EMERGENCY CONTACTS

NAME/RELATIONSHIP:

PHONE NUMBER:
