

BROOKS COUNTY ISD

POLICY AND GUIDELINES FOR THE CARE OF

STUDENTS WITH LIFE-THREATENING

FOOD ALLERGIES



Allergy Management Policy

Board Policy BCISD

Brooks County Independent School District is committed to providing a safe and nurturing environment for students. The Brooks County ISD Board of Education understands the increasing prevalence of life threatening allergies among school populations. Recognizing that the risk of accidental exposure to allergens can be reduced in the school setting, Brooks County ISD is committed to working in cooperation with parents, students, and physicians, to minimize risks and provide a safe educational environment for all students. The focus of allergy management shall be on prevention, education, awareness, communication and emergency response.

The goals for allergy management include:

1. To define a formal process for identifying, managing, and ensuring continuity of care for students with life-threatening allergies across all transitions (PreK-12). This process shall be outlined in detail in the district's administrative procedures manual.
2. To maintain the health and protect the safety of children who have life-threatening allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
3. To ensure that interventions and individual health care plans for students with life-threatening allergies are based on medically accurate information and evidence-based practices.

In accordance with applicable law, it is the policy of the district to provide all students, through necessary accommodations where required, the opportunity to participate in all school programs and activities. Accordingly, the superintendent shall direct executive directors, district building administrators and staff, to act affirmatively and work closely with parents to assure that the needs of children with documented allergies are taken into consideration in planning for district programs. The district health services coordinator shall ensure the district's management plan is reviewed and updated annually.

Life-Threatening Allergy Guidelines

BACKGROUND

Allergic food reactions can span a wide range of severity of symptoms. The most severe and potentially life threatening reaction is anaphylaxis. This protocol is to be used for students who are at risk for anaphylaxis and in circumstances where a previously undiagnosed life-threatening allergic response occurs. When a physician assesses that a child's food allergy will result in anaphylaxis, the child's condition meets the definition of "disability" and is covered under the Federal Americans with Disability Act (ADA), Section 504 of the Rehabilitation Act of 1973, if the allergy management affects the student's ability to make educational progress.

The Brooks County Independent School District has stock epinephrine at each school. The epinephrine will be used in emergencies for students with unknown allergies who develop an anaphylactic response and for those students with known allergies when on rare occasions their personal emergency medication is found to be flawed.

Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body, the most dangerous of which are breathing difficulties and a drop in blood pressure. Foods that most commonly cause anaphylaxis, a life threatening allergic reaction, are peanuts, tree nuts, shellfish, milk, wheat, soy, fish, and eggs. These severe allergic reactions can occur within minutes of ingestion or a reaction can be delayed for up to two hours. Some reactions are "biphasic" in nature with an initial period of symptoms, a symptom free period of 2-3 hours followed by severe shock-like symptoms. At present there is no cure for food allergies and strict avoidance is the key to preventing reactions. Exposure may occur by eating the food or food contact.

MEDICATIONS

The most commonly prescribed medications for the treatment of anaphylaxis are:

Epinephrine – Brand names include, but are not limited to EpiPen®, EpiPen Jr®, Twinject® autoinjectors. Parents usually bring epinephrine to school in the form of an EpiPen® (0.3 mg), EpiPen Jr® (0.15 mg) or Twinject® (0.3 mg or 0.15 mg) auto injectors.

Note: The EpiPen® is a single dose auto-injector, while the Twinject® contains two doses of epinephrine – the first dose in an auto-injector and the second dose in the form of a traditional injection.

CARE PLAN CONSIDERATIONS/OPTIONS

There are a variety of student accommodation and care plans that are appropriate to use for students in our schools that experience health conditions that may impact a student's school day and academic program. The plans that are most often seen are:

Allergy Action Plan – a plan completed by the student's licensed physician or physician's designated licensed extender, i.e., a Nurse Practitioner or Physician's Assistant that is designed for use by both nursing and school personnel. It outlines the care that a student could need in an emergency situation and used as a guide to respond to a student who is experiencing a potentially critical situation.

Individual Healthcare Plan for Accommodations – A document developed by the nursing staff in collaboration with parents and the school team to identify reasonable accommodations for the child's needs throughout the school day.

Section 504 Plan- The intent of Section 504 of the Rehabilitation Act of 1973 is to provide students with disabilities equal access to educational programs, services, and activities. Students with disabilities may not be denied participation in school programs and activities solely on the basis of disability.

There are substantial differences across the country in legal interpretations and school district practices regarding Section 504, its definition of a qualified person with a disability, and the eligibility of students with life-threatening food allergies. Since the law provides that a team of knowledgeable persons must make eligibility determinations on a case-by-case basis, these guidelines cannot provide specific guidance on the eligibility question. Nevertheless, school districts have an obligation to provide reasonably safe environments for all students. Whether students with life-threatening food allergies are identified under Section 504 as disabled individuals or not, Brooks County ISD will provide these students with individualized health care plans to address their health and safety needs.

Responsibilities of the Parent/Guardian of an Anaphylactic Student

Each parent/guardian of their child with a Life-Threatening Allergy shall:

1. Teach your child to:
 - a. Recognize the first symptoms of a food allergic/anaphylactic reaction.
 - b. Communicate with school staff as soon as he/she feels a reaction is starting.
 - c. Carry own epinephrine auto-injector when appropriate.
 - d. Not share snacks, lunches, drinks or utensils.
 - e. Understand the importance of hand washing before and after eating.
 - f. Report teasing and/or bullying that may relate to the child's disability.
2. Instill in them the need to take responsibility for their own safety. Teach them to:
 - a. Encourage self-advocacy of the seriousness of the allergy to adults and peers.
 - b. Communicate symptoms as soon as they appear to the school nurse and teacher.
 - c. Encourage education on label reading and ingredient safety.
 - d. Administer his/her own epinephrine auto-injector and be able to train others in its use.
 - e. Develop awareness of their environments, including allergy-controlled zones and to practice age appropriate behavior regarding health and safety.
3. Inform the school nurse of your child's allergies prior to the opening of school (or as soon as possible after diagnosis). **All food allergies must be verified by documentation from physician or physician's designated licensed extender (Nurse Practitioner (NP) or Physician Assistant (PA)).**
4. Work with the school team collaboratively to develop the Individual Health Plan for accommodations, in the classroom, in the cafeteria, in after-care programs, during school sponsored activities, and provide an Allergy Action Plan. Medical information from the child's treating physician must be provided as needed to write the Plans. (A licensed physician is defined as a doctor of medicine (MD) or a doctor of osteopathy (DO) is recognized.)
5. The Plan should also promote increasing age-appropriate independence (ages 8 -18) as the student grows and matures. In determining age-appropriate independence the student's level of autonomy and their ability to function autonomously is considered.
6. Complete and submit all required medication forms.
7. A physician signature is required on district allergy action plans and self-administration plan.

Sign release for school personnel to consult with family physician/allergist and all medical providers.

8. Provide the school with current cell phone, pager, etc and maintain updated emergency contact numbers and medical information.
9. Provide the school nurse with up-to-date emergency medications (including Epinephrine) so they can be placed in all required locations for the current school year. Medications will comply with the district medication policy of proper labeling and expiration.
10. To consider providing a medical alert bracelet for your child. Nationally accepted bracelets may be found at: Medic Alert, 1-800-432-5378; 2323 Colorado Avenue, Turlock, CA 95382; www.medicalalert.org
11. To complete appropriate forms requested by Transportation or other appropriate departments and/or programs.
12. Provide Epinephrine on field trips.
13. To go on your student's field trips if possible and if requested.
14. To provide "safe snacks" for your student's classroom so there is always something your child can choose from during an unplanned special event.
15. Encourage child to wash hands before and after handling food. Encourage child to identify the allergy controlled zone when eating and to utilize easy access to soap in or near classrooms.
16. Inform the school of any changes in the child's Life-threatening Food Allergy status.
17. Provide the school with the physician's statement if the student no longer has food allergies.

EXPECTATIONS OF STUDENT

Each student with a Life-Threatening Allergy shall be expected to do the following:

1. To develop a relationship with the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the food allergy in the school.
(Trusted adults are people who respect your feelings will listen and help work out a solution to any problem you may have. Trusted adults will provide guidance and support).
2. Use proper hand washing before and after eating and throughout the school day.
3. To avoid sharing or trading of foods or eating utensils with others. Take responsibility for avoiding food allergens.
4. To not eat anything with unknown ingredients or known to contain any allergen.
5. To avoid putting anything in mouth such as writing utensils, fingers, or other foreign object.
6. To be proactive in the care and management of their food allergies and reactions based on their developmental level. Learn to recognize personal symptoms.
7. To notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
8. To notify an adult if they are being picked on or threatened by other students as it relates to their food allergy.
9. To keep emergency epinephrine with the student, in the nurse's office or in the classroom. If the student is authorized to carry the emergency medication with them at all times, he/she will demonstrate responsibility of this practice by completing the skills checklist with the school nurse (found in the appendix within the Epinephrine Self-Administration Authorization packet for Anaphylaxis).
10. To develop an awareness of their environment and their allergy-controlled zones.
11. To know the overall Individual Healthcare Plan and understand the responsibilities of the plan.
12. To develop greater independence to keep themselves safe from anaphylactic reactions.

RESPONSIBILITIES OF SCHOOL ADMINISTRATOR

Brooks County ISD school administrator shall ensure the following:

1. Follow all applicable federal laws, including ADA, Section 504, and FERPA, as well as all state laws and district policies/guidelines that may apply.
2. To have available the appropriate allergy forms to the parent and explain that the required forms must be returned and approved by the school nurse prior to the child attending school.
3. Meet with parents and listen to their needs and concerns.
4. The HIPAA Compliant Authorization for Exchange of Health & Education Information will be presented to parents for signature to provide needed communication between the supervising physician and school for effective implementation of the plan.
5. Establish a core team comprised of Parent, Principal, Teacher, Student, Nurse, Cafeteria Manager, and other personnel deemed necessary to make decisions about food allergies.
6. Create an emergency action plan for addressing life-threatening food based allergic reactions with consulting the school nurse, student's parent(s)/guardian(s), and physician.
7. Ensure district-wide mandatory in-service training and education on reducing life-threatening allergy risks, recognizing food allergy symptoms, and emergency procedures for appropriate staff to include, but not limited to the following topics:
 - a. A description/definition of severe allergies and a discussion of the most common foods causing allergic reactions.
 - b. The signs and symptoms of anaphylaxis.
 - c. The correct use of an Epinephrine.
 - d. Specific steps to follow in the event of an emergency.
In addition, parent/staff severe allergy educational meetings may be scheduled as medical personnel are available.
8. Reinforce a no-food and no-utensil trading /sharing best practice will be encouraged. A sign in each elementary school shall be posted informing students that they are expected to neither trade nor share food or utensils.
9. Ensure that the School Nurse in consultation with suggestions from students' parent(s)/guardian(s) and the physician or designated licensed extender will prepare the Individual Health Plan for accommodations. The physician will prepare and sign off on the Allergy Action Plan.
10. Establish life-threatening allergy safe zones as needed in each school cafeteria including allergy safe zones. These zones will be designated by a universal symbol. These zones will be cleaned and sanitized as per district protocol (see Nutrition Services and Custodial Services Section).
11. Ensure the Individual Health Plan for accommodations is available in the nurse's office and a student's homeroom at the elementary levels ;and in the nurse's office at the secondary schools.
12. Recommend that parents/guardians attach a photograph of their child with a Life-Threatening Food Allergy to their Allergy Action Plan. When appropriate; student's photos will be placed in the kitchen only for kitchen staff to view as an extra protective measure. Pictures will be out of view of other students and carried out in accordance with patient confidentiality regulations.
13. When appropriate, allow and encourage child to carry their Epinephrine on them, as allowed by the district's Administration of Medication Policy and Self-Administration Epinephrine Authorization Plan.
14. Ensure that information is in an organized, prominent and accessible format for a substitute teacher with the universal symbol displayed for ease of access. A bright colored label will be on the outside of sub folders (MEDICAL ALERT:).The medical issue will be filled in the blank

specific to the student.

15. When appropriate, familiarize teachers with the Individual Health Plan for accommodations of their students and any other staff member who has contact with student on a need-to-know basis.
16. Instruct and reinforce with facilities personnel to develop cleaning protocol to ensure that the threat of allergens is minimized.
17. Establish procedures to ensure letters to all parents of children assigned to a classroom where one of the students has been identified as having a Life-Threatening Allergy (K-5) and school wide for secondary students. This will be carried out in accordance with patient confidentiality regulations.
18. The school's emergency protocol on Life-Threatening Allergies will be posted in appropriate locations, i.e. nurse office, main office and other areas as designated by the Building Principal. Communication will also be enclosed in the Back-to-School Newsletter.
19. Notify staff of the locations of Epinephrine's in the school.
20. A contingency plan will be in place using designated building staff and understood by all staff and students in the event the nurse is not in the office or in the building. Staff will call 911 in all instances of Epinephrine administration.

RESPONSIBILITIES OF SCHOOL HEALTH PROFESSIONALS

The school nurse is the primary coordinator of each student's life-threatening allergy plan. Each school nurse will have the following responsibilities:

1. Meet with parent/guardian(s) of a student with a Life-Threatening Allergy to develop an Individual Health Plan for Accommodations for the student, which may include the use of MEDIC-ALERT bracelets and other methods of identification for students with Life-Threatening Allergies.
2. Maintain updated AAP/Individual Health Plan for Accommodations in the nurse's office, in the classroom when appropriate, and with Epinephrine's that are carried by identified students. The emergency action plans will also travel with the Epinephrine's on school sponsored field trips.
3. Assist the principal in providing information about students with Life-Threatening Allergies to staff where there is a need-to-know basis.
4. In conjunction with the principal, provide yearly in-service training and education for staff regarding Life-Threatening Allergies, symptoms, risk reduction procedures and emergency procedures including demonstration on how to use the Epinephrine. The school nurse shall retain documentation of those personnel who have received training on a yearly basis.
5. Familiarize teachers/substitutes with the Individual Health Plan for Accommodations of their students and any other staff member who has contact with student on need-to-know basis.
6. The Department of Health and Senior Services guidelines and The Texas State Board Nurse Practice Act governing the administration of prescription medications, and school board policy will be followed in emergency situations. Nurses are responsible for following the regulations that permit registration of non-licensed personnel to be trained and to administer emergency medications such as Epinephrine.
7. Educate with parents the appropriate locations for storing the Epinephrine and the possibility of receiving more than one Epinephrine as necessary. Locations for storage will follow the manufacturer's guidelines for avoidance of light and extreme temperatures.
8. Inform the school principal and parent/guardian if any student experiences an allergic reaction that has not been previously diagnosed.
9. Contingency plan will be in place in the event the nurse is not in the building utilizing trained and identified back-up personnel.

RESPONSIBILITIES OF TEACHERS

Each teacher shall have the following responsibilities:

1. Knowledge of the signs and symptoms of severe allergic reaction as provided in the student's health care plan, and be aware of and implement the emergency plan if a reaction is suspected.
2. Review the Individual Health Plan for accommodations in a setting with the nurse and parent(s)/guardian(s) of any student in your classroom with life-threatening allergies along with relevant staff members.
3. Participate in in-service training about students with life-threatening allergies including demonstration on how to use the Epinephrine.
4. In collaboration with the nurse and parent(s)/guardian(s) of the allergic child, will set a classroom protocol regarding the management of food in the classroom. This protocol will be communicated by the teacher to the students and parent(s)/guardian(s) of the affected class.
5. Participate in the planning of a student's re-entry into school after an anaphylactic reaction.
6. Notify parents by written communication of any school related activity that requires the use of food in advance of the project or activity (K-9). (Learning activities will be controlled as much as possible) Limit use of food for instructional lessons.
7. Collaborate with administration, nurse, and parents to send out letters to all parent(s)/guardian(s) of students in a class with an individual with a Life-Threatening Allergy announcing potential food use instructionally.
8. Reinforce appropriate classroom hygiene practices/hand washing before and after eating.
9. Respond immediately to reports of students being teased or bullied about their food allergies.
10. Follow Allergy Action Plan and call 911 when life-threatening allergy related symptoms occur.

RESPONSIBILITIES OF NUTRITION SERVICES

The nutrition services department shall:

1. Provide in-service to nutritional service employees regarding safe food handling practices to avoid cross contamination with potential food allergens.
2. Food service employees will wear non-latex gloves. Gloved hands will be washed or changed during extended use to avoid cross contamination with potential food allergens.
3. Maintain a list of students with food allergies within the food service area with a photo of the student wherever possible. (not for public viewing)
4. Maintain knowledge of which food products contain allergens.
5. Provide allergen-safe zones at schools where students with applicable food allergies are identified with universal symbol.
6. Participate in in-service training for students with life-threatening allergies including demonstration of Epinephrine use.
7. With parental approval, set up reasonable procedures for cafeteria regarding food allergic students, including entering student's allergy into computerized database. Information will remain confidential and shared on a need-to-know basis in compliance with federal privacy regulations.
8. Respond appropriately to all complaints/concerns from any student with a life-threatening allergy, including allowing student to see school nurse if complaining of any potential symptoms. A response to complaints/concerns would also include any type of hazing or inappropriate behavior on the part of other students.

RESPONSIBILITIES OF CUSTODIAL SERVICES

The custodial service department shall under the direction of the Building Principal:

1. Use a separate wash bucket and cloth with district-approved cleaning agents solely for the cleaning of allergen-safe zones.
2. Receive training on allergen zone maintenance areas.
3. Participate in in-service training for students with life-threatening allergies including demonstration of Epinephrine use.

RESPONSIBILITIES OF THE TRANSPORTATION DEPARTMENT

All school bus drivers shall be informed of scheduled transporting of a child with a Life-Threatening Allergy.

1. The transportation department maintains health concern files separately from those maintained at each school. When a student is added to a bus route, a transportation health concern form is mailed home to the parent(s)/guardian(s). It is the parent(s)/guardian(s) responsibility to communicate health concerns such as a life-threatening allergy directly to the transportation department by returning the completed form (see Transportation Section).
2. Have functioning emergency communication devices (e.g., cell phones, two-way radios, etc.) on each bus.
3. Maintain and reinforce policy of no food eating on the bus except for those medically documented needs, i.e., diabetics. In cases of medically documented needs, those students must bring allergen safe foods for eating on the bus.
4. Students with life-threatening allergies should sit immediately behind and to the right side of the bus driver when transporting to and from school.
5. Bus drivers will not hand out food treats even on special occasions.
6. Provide all students using district transportation with the transportation health concerns form and maintain a list of students with identified health concerns including anaphylactic risk.
7. Participate in in-service training for students with life-threatening allergies including demonstration of how to use the Epinephrine.

RESPONSIBILITIES OF PERSONS IN CHARGE OF CONDUCTING AFTER-SCHOOL ACTIVITIES

Person(s) in charge of extracurricular programs shall have the following responsibilities:

1. The Allergy Action Plan will be available for parents to copy and give to others who assume responsibility for their child. Personnel may include:
 - a. Before or after school activity instructors
 - b. Coaches
 - c. Kids Zone/Child Care
 - d. Overnight tournament sponsors or district chaperones
 - e. Clubs, programs, or sports will maintain a list of students with severe life-threatening allergies. These individual programs will be responsible for obtaining this information from parent(s)/guardian(s).
2. District employees will participate in in-service training about students with life-threatening allergies including demonstration of Epinephrine use at least annually. The training will be documented and kept on file.

RESPONSIBILITIES DURING RECESS AND PHYSICAL EDUCATION CLASSES

During recess and physical education classes for a student with a Life-Threatening Allergy, the school shall have the following responsibilities:

1. Children will be under the supervision of at least one adult. Epinephrine Packet will be taken outside if specified in the child's Allergy Action Plan/Individual Health Plan for accommodations. The epinephrine will be carried by a designated district employee or by the student with a completed Epinephrine Self-Administration Packet for Anaphylaxis.
2. Emergency communication device (walkie-talkie, cell phone) will be accessible and functional.

RESPONSIBILITIES ON FIELD TRIPS

The school shall have the following responsibilities when a student with Life-Threatening Food Allergy attends field trips:

1. On field trips parental attendance will be encouraged and consideration given for avoiding food allergen exposure.
2. Meals of children with food allergies should be stored separately to minimize cross contamination.
3. An in-serviced trained district employee such as the classroom teacher will accompany the class on the field trip and will maintain each applicable student's Epinephrine and will follow the child's Allergy Action Plan/IHCP.
4. Copies of student's Allergy Action Plan will be carried on all field trips.
5. Staff will call 911 in all instances of Epinephrine use. Parent(s)/Legal Guardian(s) will be notified.

KEY POINTS FOR PARENTS, STUDENTS AND STAFF

- **You are never alone.** It takes a team to ensure the best for our students. Help is usually a phone call away.
- **Educate, Educate, Educate.** This is an ongoing process that changes with the students' needs and as the staff changes. Food bans do not work because it creates a false sense of security. Today, processed foods contain trace amounts of food items that are not always identified on the food label. The best plan is to educate our school community about the issues that face students with life threatening allergies.
- **Special events/Non-routine days.** The greatest risk for a life threatening allergic reaction exists when the normal routine is broken. Examples are classroom parties, field trips, a substitute teacher, and after school events. Be Prepared. Always have the Allergy Action Plan (AAP) available and think ahead to prevent possible exposures to a food allergen.
- **Symptoms vary greatly.** Call 911 when uncontrolled anaphylactic symptoms occur or if ingestion is strongly suspected. Use emergency medication (i.e. Epinephrine) if needed and follow the AAP
- **Be safe, not sorry!** Take all complaints from children with food allergies very, very seriously. It is important to respect the needs and rights of each student.
- A child with a life threatening food allergy should **NEVER eat unexamined food.**
- In the event a student has an allergic reaction at school, **call 911 and administer emergency medication** (i.e. antihistamine and Epinephrine) as ordered by the student's physician. Key staff members should be trained to use emergency medications and know the location of those medications at school and on any special function. **If epinephrine (EpiPen) is used, the student should be taken to the hospital for evaluation even if the allergic reaction symptoms subside.** The school principal, nurse and parent/guardian should be notified as soon as feasible. 911 should be called for all suspected food allergy reactions. No one can predict how a reaction will progress. A mild reaction can blossom into a full blown anaphylactic reaction very quickly or over several hours. A reaction can also appear to subside or even appear to be under control and can blossom again into a more severe reaction.
- **Cross contamination.** It only takes a trace amount of the food protein to cause an allergic reaction. To prevent exposure to an allergen, hand washing and washing of surfaces (tables, chairs, mixing bowls, etc.) where an allergen has been used is necessary. Soap and warm water are most effective for cleaning surfaces.

Be prepared! Know your plan!

RESOURCES

The Food Allergy and Anaphylaxis Network (FAAN). FAAN is a great resource for current research, informational newsletter, support groups, and information of food products. Their phone number is 800-929-4040, and the Web address is: www.foodallergy.org

American Academy of Allergy, Asthma and Immunology. (AAAAI). <http://www.aaaai.org>

National Association of School Nurses. <http://www.nasn.org>

Asthma & Allergy Foundation of America. <http://www.aafa.org>

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- Allergy, Asthma Information Association of Canada (AAIA)
- American Academy of Allergy, Asthma & Immunology (AAAAI)
- National Association of School Nurses (NASN)
- Asthma & Allergy Foundation of America (AAFA)
- Food & Drug Administration's Website
- Food Anaphylaxis Education's Website

Allergy Action Plan

Name: _____ D.O.B. _____ Weight _____

Place
student
photo here

Allergy to: _____

History of Anaphylaxis? YES No type of reaction _____

Asthma: Yes (higher risk for a severe reaction) No

Extremely reactive to the following: _____
THEREFORE:
 If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
 If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted

Any SEVERE SYMPTOMS after suspected or known ingestion/exposure:

One or more of the following:
 LUNG: Short of breath, wheeze, repetitive cough
 HEART: Pale, blue, faint, weak pulse, dizzy, confused
 THROAT: Tight, hoarse, trouble breathing/swallowing
 MOUTH: Obstructive swelling (tongue and/or lips)
 SKIN: Many hives over body

Or **combination** of symptoms from different body areas:
 SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
 GUT: Vomiting, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY
 2. Call 911
 3. Begin monitoring (see care plan)
 4. Give additional medications:
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE. Delegate may not administer inhaler or antihistamine

MILD SYMPTOMS ONLY:
 MOUTH: Itchy mouth
 SKIN: A few hives around mouth/face, mild itch
 GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE
 2. Stay with student; alert healthcare professionals and parent
 3. If symptoms progress (see above), USE EPINEPHRINE
 4. Monitor student (see care plan)

Medications/Doses

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg
 May Repeat x _____ every _____ minutes. (In the absence of a school nurse a trained delegate may give epinephrine only for a multisystem reaction. Delegates may not administer antihistamine or asthma medications.)

Antihistamine: Give Diphenhydramine PO _____ 12.5 mg _____ 25 mg _____ 50mg _____ Other

Other (Inhaler/bronchodilator if asthmatic): _____

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

Doctor's Signature _____ Date _____ Office Stamp

I hereby request that the school nurse administer the above medication as directed by my physician to my child. I will supply medication in the ORIGINAL CONTAINER and will notify the school nurse promptly of any change in this order. As per policy, two Epi-pens or Twinjects are required.

Parent/Guardian Signature _____ Date _____
 (Parent: please read all attached pages regarding delegation. See School Nurse for Individual Healthcare Plan Review)

SEE BACK for Epinephrine administration instructions

**ALLERGY ACTION PLAN
BROOKS COUNTY INDEPENDENT SCHOOL DISTRICT**

STUDENT NAME: _____

DESIGNEES OF SCHOOL NURSE: (Parent/guardian to sign one of the choices)

This is to verify that the designees of the school nurse who have been properly trained in the administration of the medication for anaphylaxis have my permission to administer said medication to my child in the absence of a school nurse. Only epinephrine by an auto injector may be given by the delegate/designee.

DATE: _____
Signature of Parent/Guardian

I choose **not** to have a designee administer my child's prescribed epinephrine via a prefilled auto injection in the event of an allergic reaction. I am aware this waiver shall not prohibit self- administration (if provided in section below) or administration by the school nurse. I have also received, reviewed and signed the Refusal of Epinephrine Delegate Form on page 3.

DATE: _____
Signature of Parent/Guardian

WAIVER OF LIABILITY (waiver must be signed by parent/guardian in order for administration of medication by nurse, designee or self- administration by pupil)

I understand that this request is effective for the school year in which it is granted and must be renewed each subsequent school year.

I acknowledge that the district and its agents shall incur no liability as a result of injury arising from self administration, delegate and/or nurse administration of medication as prescribed to my child and I hold harmless the Brooks County Independent School District and its employees or agents against any claims. For the child who may self- administer, I acknowledge that I may be liable if any other child is injured by the inadvertent use of this medication and recognize that my child will be responsible for having the medication in his/her possession during school and school sponsored events.

DATE: _____
Signature of Parent/Guardian

PHYSICIAN REQUEST FOR SELF-ADMINISTRATION: (if applicable)

As primary health care provider of the above-name student, I certify that the student has been instructed in the proper method of self- administration and certify that the child is capable of self- administration and has demonstrated this to my satisfaction.

Name of Medication(s): _____

Date: _____
Physician Stamp: SIGNATURE OF MD/NP

**STANDING ORDERS
ALLERGY / ANAPHYLAXIS TREATMENT PROTOCOL**

For Use in K – 12 Schools

The following standing orders apply to persons who do not have individual orders provided by parents and/or private physicians. The guidelines apply to persons with allergic symptoms triggered by touching, inhaling or ingesting allergens or by insect stings. Before administering medications, attempt to obtain a history from the patient or bystanders, and check for Med-Alert bracelets, etc., to ascertain if patient has any underlying condition that could mimic allergies or anaphylaxis.

For MILD Allergic Reactions: Patient may exhibit a few hives and itching or swelling at the site of the bite or sting.

1. Administer Benadryl (Liquid, dye-free Benadryl is preferred. Make sure patient is not allergic to Benadryl)
 - A) 5 to 12 years of age, give Benadryl 12.5 to 25 mg orally
 - B) 12 years of age or older, give Benadryl 25 to 50 mg orally
 - C) If stinger is present, remove by scraping it off. Do not squeeze or pinch stinger, as this may inject more venom. Apply ice.
 - D) Monitor to assess if symptoms improve or worsen.
 - E) Notify parent and advise parent to consult with physician for follow-up if needed.

For SEVERE Allergic Reactions (Anaphylaxis) Patient may exhibit some or all of the following symptoms:

- Flushing, hives, swelling or itching, especially of face, lips, mouth, eyes, tongue or throat
- Difficulty breathing or swallowing, tightness in chest or mouth or throat, drooling
- Coughing, sneezing, wheezing
- Difficulty talking, change in voice, runny nose
- Fear or apprehension, feeling of impending doom
- Change in skin color, chills, rapid pulse
- Nausea, vomiting, abdominal pain, diarrhea
- Dizziness, fainting, collapse, convulsion

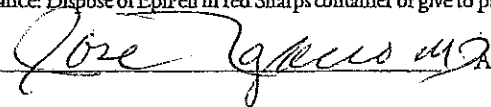
1. ADMINISTER EpiPen IMMEDIATELY. (If patient is an infant or toddler who weighs less than 22 pounds or if patient is 50 years or older or has a history of heart disease, it may be prudent to check with physician prior to epinephrine administration, if possible. However, if there is reasonable evidence that the patient is having an allergic reaction and it appears that death is imminent, administer epinephrine regardless of age.)

- A) If under age 6 (estimated weight below 50 pounds) give EpiPen Jr 0.15 mg
- B) If age 6 or above (estimated weight 50 lbs or above) give EpiPen 0.30 mg

TO ADMINISTER EpiPen:

1. Pull off gray safety release
2. Jab black tip firmly into outer thigh so it "clicks" AND HOLD on thigh for approximately 10 seconds
3. Seek medical attention (see below)
4. Enlist others to make phone calls as you provide care.
 - A.) Call 911
 - B.) Notify parent
 - C.) Monitor airway, breathing and pulse
 - D.) Provide CPR if necessary and/or other first aid measures if needed
5. May repeat EpiPen in 20 minutes if needed
6. A second, delayed reaction may occur. Obtain follow-up care in emergency room or as directed by physician.
7. OSHA compliance: Dispose of EpiPen in red Sharps container or give to paramedics

Physician Signature: _____



Authorization dates: Start 12/10/12 Stop 12/10/13

The prescribing physician has the option of prescribing more or less than these amounts. Dey Pharmaceutical and *Physician's Desk Reference* (2005) prescribing guidelines use a 66 pound weight cutoff between EpiPen Jr and EpiPen. The American Academy of Allergy, Asthma and Immunology (AAAAI) recommends, "The EpiPen Jr is used for children weighing 22 to 45 pounds. The EpiPen is used for those weighing greater than 45 pounds." The above standing orders reflect the clinical recommendations from the Medical Director of the North Carolina Office of EMS, 2005.

The standing orders do not dictate an exclusive course of action and are not intended to replace the judgment of healthcare professionals. The standing orders reflect clinical recommendations as of the date of publication and are subject to change. See full AAAAI Position Statement; Anaphylaxis in schools and other child care settings.

This document is to be maintained in the Student's Cumulative Folder

REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

No information to report.

Food	Nature of Allergic Reaction to Food	Life-Threatening?

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINSTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____

Health and Medical Services

REFUSAL OF EPINEPHRINE DELEGATE

I, _____ parent/guardian of _____
waive my right to have a designee available to administer my child's prescribed epinephrine via a refilled auto injector in the event of a possible life threatening allergic reaction during school sponsored activities and field trips.

I am aware that my signature on this form will not prohibit the school nurse from administering epinephrine and will not prohibit the self-administration of epinephrine, provided I have submitted certification from my child's physician or advanced practice nurse that my child has been instructed in the proper method of self-administration, as set forth in my child's Allergy Action Plan.

If I am unavailable to accompany my child on a field trip or school sponsored activity, I am aware that I have the right to prohibit my child from attending such events and have the right to keep my child at home.

If I choose to allow my child to attend a field trip or school sponsored activity and the request for self administration in my child's Allergy Action Plan has not been signed, I understand that in the event my child has a possible life threatening allergic reaction, the Brooks County Independent School District and its agent's will contact and activate emergency medical services/ 911.

I acknowledge that no school employee, including a school nurse, or any other officer or agent of the Brooks County Independent School District shall be held liable for any injury or death arising from my child's participation in any field trip or school sponsored event without my consent for a designee to administer epinephrine via a prefilled injector. I agree to indemnify and hold harmless the Brooks County Independent School District, its employees and agents against such claims for any good faith act or omission consistent with Texas statute and this form.

Date _____ Signature _____

Individual Health Care Plan (IHCP)

CONFIDENTIAL

Individual Health Care Plan (IHCP) for _____ Allergens _____

<p>PROBLEM: <u>Risk for anaphylaxis</u> GOAL: <u>Prevent allergic reactions from occurring and ensure student's safety at school</u></p> <p>Parent (please answer the questions below):</p> <ol style="list-style-type: none"> 1. I would like my child's emergency medication kept in: <ul style="list-style-type: none"> <input type="checkbox"/> The nurse's office <input type="checkbox"/> The classroom <input type="checkbox"/> Nurses' office and classroom 2. If the emergency medication is kept in the classroom, the medication should be transported by school personnel wherever my child travels to within the school: <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Does your child require an allergen free eating area? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 4. I would like to accompany my child on field trips. <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 5. My child <u>must</u> wash his/her hands with soap and water or use a cleansing wipe before eating. <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Students in the classroom should be encouraged to wash their hands upon arrival to school and after eating lunch. <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 7. I will provide a shelf-stable allergen free snack that will be available in the classroom if needed. <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Please list other accommodations needed at school: _____</p>	<p>Teacher Responsibilities</p> <ul style="list-style-type: none"> → Ensure a student with a suspected allergic reaction is accompanied by an adult at all times. → Keep a copy of the student's Emergency Action Plan and IHCP in the classroom sub folder. → Inform parents of the allergic student in advance of any in-class events where food will be served. → Ensure that food or products containing the student's allergens are not used for class projects, science experiments, or celebrations. → If the parent of a student with a food allergy is not attending a field trip, the student will be assigned to a staff member who has been trained to implement the Emergency Action Plan and is carrying the emergency medication. → Plan for the following on field trips: oversee cleaning the table of the student with food allergies before eating, ensure the student with the food allergy washes his/her hands before eating, ensure the student with the food allergy eats only allergen free food or food supplied by the parent, carry a cell phone to call 911 if needed, and review the Emergency Action Plan before the field trip. → Implement accommodations that parent indicated, "yes" in parent section.
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Individual Health Care Plan (IHCP)

CONFIDENTIAL

Individual Health Care Plan (IHCP) for _____ Allergens _____

Principal Responsibilities	School Nurse Responsibilities
<ul style="list-style-type: none"> → Ensure there are walkie-talkies available to playground and P. E. staff. → Conduct emergency response drills for allergic reactions to food at the beginning of the school year. → Delegate proper cleaning of the allergen free area in the lunchroom and classroom (when the classroom is used as a lunchroom). → Prohibit sharing or trading food at school. → Encourage students to bring healthy snacks to school and avoid bringing snack made with peanuts or nuts. → Ensure student has an allergen free area available in the lunchroom if parent indicated an allergen free area is needed (see parent section). 	<ul style="list-style-type: none"> → Educate all staff that interacts with the student about food allergy symptoms and the steps required to implement the Emergency Action Plan. Review emergency procedures with classroom teacher prior to field trips as needed. → Assist principals with emergency response drills for allergic reactions to food. → Ensure access to emergency medication when developing plans for fire drills, lockdowns, etc. → If student rides the bus, provide a copy of the Emergency Action Plan to the bus driver. → A copy of the student's Emergency Action Plan and IHCP will be distributed on a need to know basis.

The Individual Health Care Plan has been reviewed and signed by:

Parent signature _____ Date _____

The Emergency Action Plan and Individual Health Care Plan will be distributed to staff on a need to know basis.

A copy of the Emergency Action Plan will be given to the bus driver if the student uses bus transportation.

Date: _____

To: Parents/Guardians

**From: Director of Transportation and
Director of Nutritional Services**

There are students in the Brooks County Independent School District who have severe life-threatening allergies. If these children are exposed to any peanut, nut products, or other designated food allergens it could be life threatening. We are working on educating all staff, children and families about ways to reduce the risks to these children.

We are informing you so that you will help us provide a safe environment on the bus. Washing hands and faces, particularly if peanut or nut products have been eaten for breakfast, will help ensure a safe bus ride for these students. Peanut and nut oils can remain on the hands and face and need to be washed off well with soap and water.

There will be absolutely NO EATING on the school buses to and from school each day. For your information, we have set up "allergy-controlled" zones in the school cafeterias where this is necessary. Only children who do not have nut products or designated food allergens in their lunch may sit in the "allergy-controlled" zone.

If you have any transportation questions please feel free to call Marty Cabrera at 325-8031. For questions regarding the cafeteria please call Rosie Perez at 325-8104.

You may also call the school nurse at your child's school to discuss any of your questions or concerns. Thank you for your help and support in keeping our schools and buses healthy and a safe environment for all of us.

504 PLAN

DATE: _____ ADMINISTRATOR OR DESIGNEE: _____

SCHOOL: _____ ATTENDING (name/title): _____

STUDENT: _____

PARENT(S)/GUARDIAN: _____

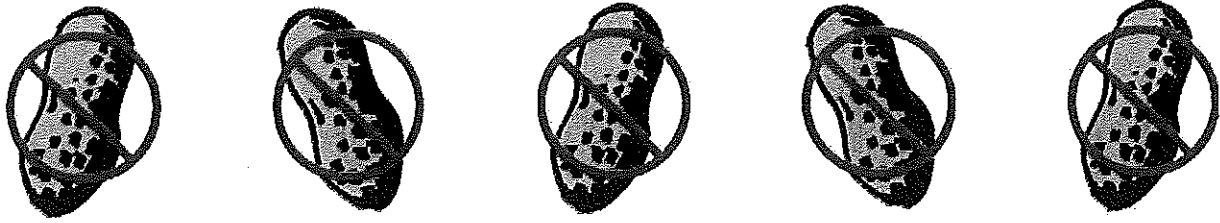
PRIMARY LANGUAGE: _____

GRADE: _____ BIRTHDATE: _____ M _____ F _____

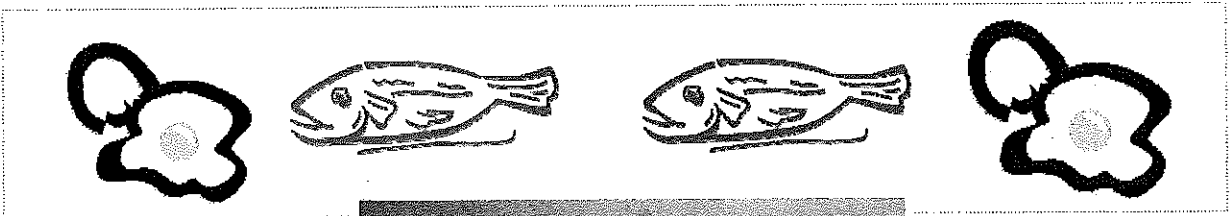
WE AGREE THAT THIS STUDENT QUALIFIES UNDER SECTION 504 AND WILL IMPLEMENT THE FOLLOWING PLAN

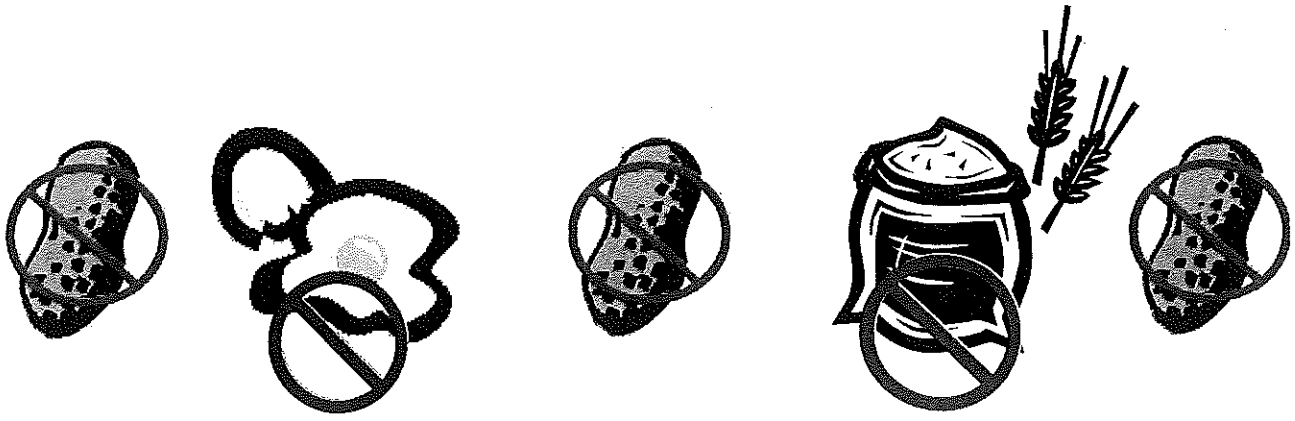
PRINCIPAL/DESIGNEE SIGNATURE: _____

1. Describe the nature of the concern (impairment or disability):
2. Describe the basis for the determination of the disability (who diagnosed):
3. Describe how the disability affects a major life activity (what do you observe at the school site or in the classroom):
4. Describe how the disability affects access to learning:
5. Describe the appropriate accommodations that are necessary:

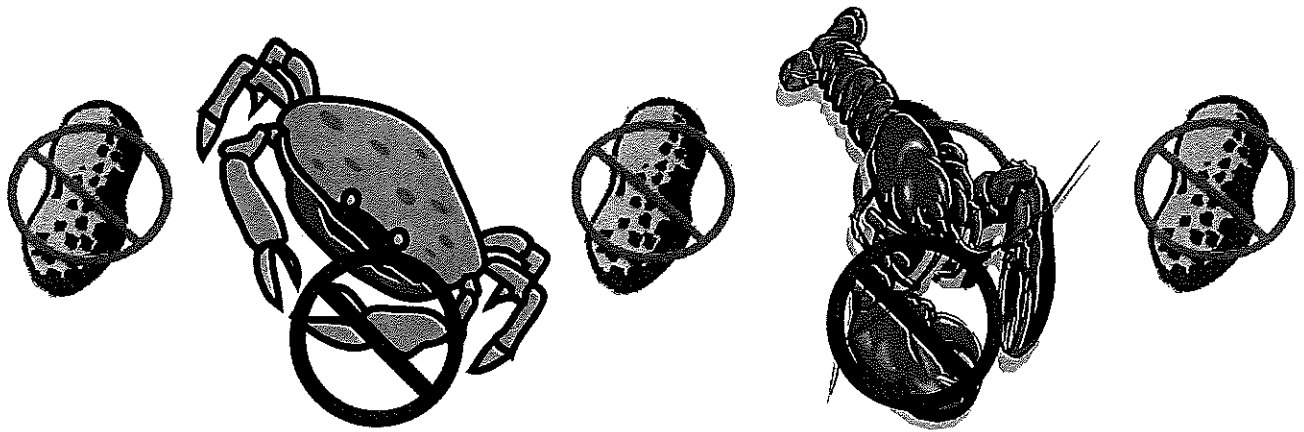


This is a
**ALLERGY-
CONTROLLED
ZONE**

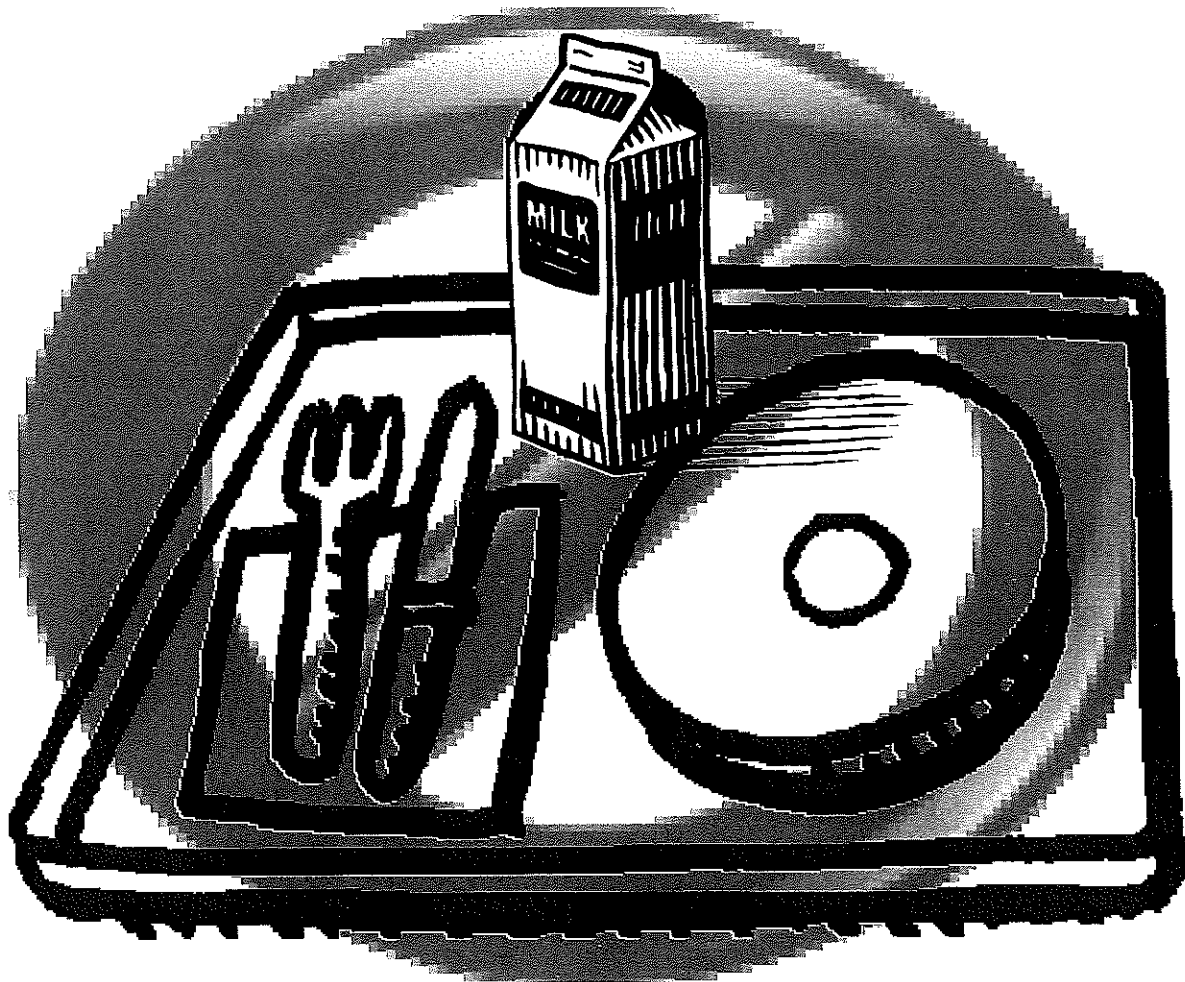




This is a
**ALLERGY-
CONTROLLED
CLASSROOM**



NO FOOD OR UTENSIL SHARING



Notice to All Substitutes

*****IMPORTANT*****

Our building has several students who have severe, LIFE-THREATENING food allergies. For these students, eating or touching any nuts or products containing nuts or other food allergens such as dairy or shellfish could result in a potentially fatal allergic reaction.

As you begin today, immediately check with the office professionals or person to who you report to learn about life-threatening allergies or students with other health concerns with whom you will work. If you are a substitute, check the appropriate sub folder for further information. All health information is CONFIDENTIAL.

Our staff is trained in how to respond to students with food allergies in the event of an accidental exposure, but prevention is the most important action we can all take. To help reduce the risk of exposure for students with severe allergies, please:

1. Wash your hands after eating or touching any foods.
2. Do not eat or bring any food items into classrooms or specials classrooms without first checking with the teacher of that room.
3. Observe the signs posted outside ALL rooms or areas that indicate that no nuts or other allergens are allowed in those areas.
4. Do not offer food to any student.
5. Children should not engage in sharing of food.
6. Do not let students take food out to the playground.

Thank you for your cooperation in this important matter.

Questions? Contact school nurse: _____

School Nurse Signature _____ Date _____

Epinephrine Pen Trainer Skills Checklist:

_____ Requires Supervision _____ Performs Independently

1. CONFIRM THAT LABEL STATES TRAINING DEVICE. Remove the gray safety cap.
2. Firmly hold the Epi-Pen with the black tip near the outer aspect of the thigh.
3. Swing and jab firmly into outer thigh and hold the Epi-Pen against the thigh for 10 seconds.
4. Remove the Epi-pen unit and massage injection area for 10 seconds.
5. Replace the gray cap.
6. You may practice again.
7. Verbalize that you will tell the school nurse whenever you use the Epinephrine. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.

Twinject Trainer Skills Checklist:

_____ Requires Supervision _____ Performs Independently

1. Pull off green end cap, then red end cap.
2. Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.
3. Verbalize that you will tell the school nurse whenever you use the Twinject. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.
4. Second dose administration:
 - After you have found the appropriate personnel and if your symptoms don't improve after 10 minutes, administer second dose:
 - Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
 - Slide yellow or orange collar off plunger.
 - Put needle into thigh through skin, push plunger down all the way, and remove.

Food Allergy and Epinephrine Training In-Service

Date: _____

Name (Print): _____ Bldg: _____

* I have received information regarding food allergies, signs, and symptoms of an allergic reaction and possible allergy triggers.

*I have received a list of safe foods/allergy-controlled foods and understand it is my responsibility to check all foods/ingredients prior to classroom consumption.

*I have received information on how to clean possible contaminated surfaces.

*I have demonstrated how to administer Epinephrine.

Signature: _____

Cc: personnel file



Seizure Observation Record

Student Name:			
Date & Time			
Seizure Length			
Pre-Seizure Observation (Briefly list behaviors, triggering events, activities)			
Conscious (yes/no/altered)			
Injuries (briefly describe)			
Muscle Tone/Body Movements	Rigid/clenching		
	Limp		
	Fell down		
	Rocking		
	Wandering around		
	Whole body jerking		
Extremity Movements	(R) arm jerking		
	(L) arm jerking		
	(R) leg jerking		
	(L) leg jerking		
	Random Movement		
Color	Bluish		
	Pale		
	Flushed		
Eyes	Pupils dilated		
	Turned (R or L)		
	Rolled up		
	Staring or blinking (clarify)		
	Closed		
Mouth	Salivating		
	Chewing		
	Lip smacking		
Verbal Sounds (gagging, talking, throat clearing, etc.)			
Breathing (normal, labored, stopped, noisy, etc.)			
Incontinent (urine or feces)			
Post-Seizure Observation	Confused		
	Sleepy/tired		
	Headache		
	Speech slurring		
	Other		
Length to Orientation			
Parents Notified? (time of call)			
EMS Called? (call time & arrival time)			
Observer's Name			

Please put additional notes on back as necessary.