



ALLERGY HANDBOOK

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September 2013

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Objectives

- 1) *To implement School Board Policy 724 Allergies;*
- 2) *To provide information to the Fairbanks North Star Borough School District community in order to increase awareness on allergies;*
- 3) *To identify appropriate actions to address allergies; and*
- 4) *To standardize the action of the Fairbanks North Star Borough School District in response to medically certified allergies of students and staff.*

It is expected as allergies become more prevalent in the general population, that trend will reflect itself throughout the Fairbanks North Star Borough School District (school district). The result will be more students and staff reporting one or more allergies, some with potentially life threatening consequences. Civil rights laws provide for school and workplace accommodations for individuals with disabling allergies. This document is written to guide principals, managers, nurses, nutrition services and other staff on how to respond to reports of allergies from students and staff in a uniform manner and in compliance with the Americans with Disabilities Act Amendments of 2008 (ADAA); Section 504 of the Rehabilitation Act of 1973, as amended; and the No Child Left Behind Act (NCLB), as amended.

Allergy Facts

The following compilation of facts on allergies was gathered from various medical authorities and is provided to form a common understanding for parties working to address allergies at the school district. The discussion is brief by design. More in-depth information is available through the references listed at the end of the handbook (see page 23). Hopefully these facts will help alleviate the misconceptions regarding allergies.

What is an Allergy?

Allergies are simply the immune system overreacting. This overreaction is a common problem, as at least one in five persons report having one or more allergies. People who have allergies have a hyper-alert immune system that overreacts to a normally harmless substance (allergen), such as pollen or latex, as if the substance was, in fact, harmful. Repeated contact with the allergen results in the likely possibility of increasing the severity of the immune system's reaction.

Special Note: Allergies and asthma are two entirely different conditions. This document does not specifically address asthma other than as a symptom associated with some allergies. However, asthma is a complex disorder that often has allergies as its basis. Allergies are often the primary cause of asthmatic episodes for persons with this condition.

Allergic Reaction Description

A series of events occurs whenever a person with a hyper-alert immune system is exposed to an allergen:

1. The body begins producing a specific antibody (IgE) to fight the allergen.
2. The antibodies attach to a mast cell (a form of blood cell). These cells are plentiful in airways and in the GI tract where allergens tend to enter the body.
3. The mast cells explode releasing a variety of chemicals that include histamine. Histamine is one of the chemicals that cause the symptoms of an allergy.

Therefore, if an allergen is inhaled the allergic reaction will most likely occur in the eyes, nose and lungs. If the allergen is ingested, the reaction will probably occur in the mouth, stomach and intestines. Reaction to absorption through the skin is much less likely but does occur. Sometimes enough chemicals are released that a reaction is caused throughout the body such as hives, decreased blood pressure, shock or loss of consciousness.

Allergy Symptoms

The symptoms of allergies are usually broken down into one of three categories; mild, moderate or severe (anaphylactic). Symptoms are not always confined to one category or level but can cascade from mild to severe.

Mild to Moderate Symptoms

Mild to moderate reactions include rash, itchiness, watery eyes, some congestion and may include difficulty breathing. The difference between moderate and mild is that in moderate reactions the symptoms spread to other parts of the body.

Severe Symptoms

A severe reaction, including anaphylaxis (see below), is a rare, life threatening, emergency in which the response to the allergen can be sudden or, depending on the allergen, may not manifest until up to two hours after exposure. It may begin with the sudden onset of itching of the eyes or face and progress within minutes to more serious symptoms such as abdominal pain, cramps, vomiting and diarrhea as well as varying degrees of swelling that can make breathing and swallowing difficult to impossible.

Typical Symptoms of a Severe Allergic Reaction

SKIN	GASTROINTESTINAL	RESPIRATORY	CARDIOVASCULAR	NEUROLOGICAL
Hives	Cramps	Itchy, watery eyes	Drop in blood pressure	Sense of doom
Swelling	Nausea	Runny/stuffy nose	Fainting	Fainting or loss of consciousness
Itchy, red rash	Vomiting Diarrhea	Sneezing Wheezing	Shock	Change in mental status
Eczema flare up	Itching of lips, tongue, throat	Coughing Change in voice	Dizziness	
Itching of lips, tongue, throat	Difficulty swallowing	Itching of lips, tongue, throat	Flushed pale skin	
		Difficulty breathing	Cyanotic (bluish) lips and mouth area	
		Tightness of chest or throat		
		Shortness of breath		
		Repetitive throat clearing		

Anaphylaxis

Anaphylaxis (mentioned above), is a severe, potentially fatal allergic reaction that may, depending on the allergen, show up immediately (within five to fifteen minutes) or not show until up to two hours after the exposure. Sometimes the allergic response can even appear as mild symptoms and then go away but return within up to two hours later as anaphylaxis; this is known as a biphasic reaction. Anaphylaxis causes a rapid drop in blood pressure which means that mental confusion or dizziness may also be symptoms. Anaphylaxis is most commonly caused, outside of hospitals, by food allergens. Peanuts, tree nuts, milk, fish and shellfish are the most common food allergens associated with anaphylaxis. Scientists estimate that food allergy related anaphylactic reactions result in 30,000 hospitalizations and 150-200 deaths annually. Anaphylaxis can also be brought on by insect stings (yellow jackets, honeybees, wasps, hornets, and fire ants), medications and latex (natural rubber products).

Every food allergy reaction has the potential of developing into a life-threatening event. Several factors may also increase the risk of a severe or fatal anaphylactic reaction: concomitant asthma; a previous history of anaphylaxis; peanut, tree nut, seed and/or shellfish allergies; and delay in the administration or failure to administer epinephrine. Food allergies are more prevalent in younger children.

The severity and explosive speed of food anaphylaxis emphasizes the need for an effective emergency plan that includes recognition of the symptoms of anaphylaxis, rapid administration of epinephrine and prompt transfer of the student by the emergency medical system to the closest hospital.

When in doubt, it is better to give the EpiPen® (epinephrine) and seek medical attention. Fatalities occur when epinephrine is withheld.

For those students at risk for food-induced anaphylaxis, the most important aspect of the management in the school setting should be prevention.

Cause of Allergies

Most allergies are hereditary in that individuals inherit the tendency to have allergies. Individuals do not inherit an allergy to a specific substance.

Allergy Triggers

The number of potential triggers for asthma is equal to the number of organic compounds. Fortunately, there are only a few that are most common. Persons with asthma can have their asthma symptoms worsened by exposure to an offending allergy-causing substance. There are, however, steps that can be taken to prevent and treat allergy attacks when they occur. What follows is a description of the most common triggers.

Pollen

Pollen exposure can trigger hay fever or seasonal allergies. Symptoms include sneezing, runny nose, nasal congestion and itchy, watery eyes. Treatment can include over-the-counter (OTC) and prescription antihistamines; decongestants, steroids; and drugs that combine antihistamines and decongestants and allergy shots, also called immunotherapy.

Dust/Dust Mites

Dust mites are microscopic organisms that live in household dust. House dust is a mixture of potentially allergenic materials including fibers from different fabrics, dander from animals, bacteria, mold or fungus spores, food particles, bits of plants and others. Symptoms of dust mite allergy are similar to those listed for pollen but often occur year-round rather than seasonally. Treatment may include medications such as antihistamines or decongestants.

Molds

Molds are parasitic, microscopic fungi with spores that float in the air like pollen. It is a common trigger for allergies and can be found in damp areas such as basements or bathrooms, as well as in grass, leaf piles, hay, mulch, plant soil or under mushrooms. Symptoms of mold allergies can occur seasonally, especially in the spring and fall in Fairbanks. The symptoms are similar to those of pollen and dust mite allergies and include sneezing, congestion, itchy and watery eyes, runny nose, and coughing. Treatments are the same as those for dust mites and pollen.

Animal Dander and Cockroaches

Proteins secreted by oil glands in an animal's skin, as well as the proteins present in an animal's saliva, can cause allergic reactions in some people. Allergies to animals can take two or more years to develop and symptoms may not subside until months after ending contact with the animal. Symptoms include sneezing, congestion, and itchy and watery eyes.

Insect Stings

Insects that cause allergic reactions (we are not discussing poisonous insect bites here) include various bees, fire ants, yellow jackets, hornets and wasps. Pain, swelling and redness around the sting/bite site are common reactions to an insect bite or sting. Some people are allergic to insect stings however and can have a severe or even life-threatening reaction. Symptoms of an insect allergy include extensive swelling and redness that can last for a week or more, nausea, fatigue and low-grade fever. Insect stings can even cause a full-body allergic reaction called anaphylaxis on rare occasions. Anaphylaxis symptoms include difficulty breathing, hives, swelling of the face, throat or mouth, wheezing or difficulty swallowing, restlessness and anxiety, rapid pulse, dizziness, or a sharp drop in blood pressure. The medicine epinephrine should be administered as soon as possible after a sting to people with this severe a form of allergy to prevent the development of a life-threatening situation.

Latex

Allergies to latex do not just involve latex gloves but to anything containing natural rubber. The most common form of this allergy is to inhalable latex proteins according to the Alaska Allergy Clinic. Contact allergies to latex are much less prevalent. Symptoms of latex allergy include skin rash, hives, eye tearing and irritation, runny nose, sneezing, cough, wheezing, shortness of breath, and itching of the skin or nose. The reactions can range from mild skin redness and itching to anaphylaxis. Several food allergies can be associated with latex allergy due to similarity between their proteins as they break down during digestion and latex proteins. The foods with the potential for this cross-over sensitivity include banana, avocado, potato, kiwi, papaya, fig, pineapple, peach, plum, cherry, strawberry, melon, nectarine, grapes, tomato, celery, rye, wheat, hazelnut and chestnut.

Medications

Some persons develop allergies to certain medications, such as penicillin and aspirin. Their symptoms can also run the gamut from mild to severe. In the school/work setting the only times we would normally see this type of allergic reaction is if the individual had just begun taking a new medication. Also, an exercise induced allergic response (very low incidence rate) has been noted in some persons taking aspirin.

Foods

Food allergies affect about one percent of adults and seven percent of children. The most common food allergies are to peanuts, milk, eggs, fish, shellfish, tree nuts, soy and wheat.

A food allergic reaction usually occurs within just minutes of ingesting the offending food. Symptoms, which can include asthma, hives, runny nose, vomiting, diarrhea and swelling around the mouth, can be severe, resulting in anaphylaxis. The Food Allergy Research and Education (FARE) web site (www.foodallergy.org) is an excellent resource for more information on food allergies.

Food Allergy vs. Food Intolerance

An allergy, as stated above, is an immune system response. Food intolerance is a digestive system response. It occurs whenever something irritates a person's digestive system or when the person is unable to properly digest the food. The most common intolerances are to dairy products containing lactose and affect about 10 percent of Americans. Other common intolerances include food dyes, monosodium glutamate (MSG), and sulfites which occur naturally or can be added to foods to prevent mold growth. Some doctors have incorrectly diagnosed some patients as having an allergy to a food when they simply have an intolerance.

A food allergy can be triggered every time even a small amount of food is consumed. Food intolerance is often dose related. In other words, the symptoms are more likely to occur when a large amount of the offending food is eaten or when it is eaten frequently.

Allergy Treatment

Allergy treatments are very similar regardless of the allergen. The most effective treatment of an allergy is to avoid exposure to the allergen or remove it from the environment. Secondly, a licensed medical practitioner may prescribe antihistamines or steroids. Immunotherapy may be ordered by a physician for some types of allergens if the symptoms are chronic. Epinephrine injection(s) may be required for severe, life-threatening reactions, in order to reverse the symptoms.

Allergic Reaction Prevention

Prevention measures for airborne allergens in general include eliminating upholstered furniture or placing allergen barrier/plastic covers over upholstered furniture, use of hypoallergenic pillows, washing linens weekly in hot water, and keeping all areas used by the allergy sufferer clear of dust collectors such as stuffed animals, curtains and carpet.

Prevention of pollen allergy symptoms includes staying indoors when pollen counts are high and keeping windows closed.

Avoid activities known to trigger mold allergy symptoms, such as raking leaves, which release mold spores. Keep windows and doors closed, ventilate moist places, keep humidity levels below 30% and clean up and dry any spills immediately. Restrict the use of personal humidifiers, coffee pots, potpourri pots, and fish tanks, in classrooms where mold allergens are an issue.

The recommended prevention for animal allergens is to remove the animal(s) from the facility.

Notes: Schools with central heating, ventilation and air conditioning (HVAC) have filters built in and replaced regularly that filter out airborne allergens from outside the building. Typically these systems do not filter the indoor air.

Prevention is the best treatment for insect sting allergens. Minimize exposure to insects by not wearing brightly colored clothes or scented cosmetics, wearing insecticide and shoes outdoors, and avoiding outdoor garbage (a favorite location for yellow jackets).

Reactions to food allergies are generally best prevented by avoiding both touch and ingestion.

Several factors make it impossible for the school district to totally remove all allergens from its facilities including, but not limited to:

- Lack of specificity in identifying the allergen: Doctors, in many cases, cannot narrow the allergen to one or even a few specific substances due to the possibility of cross sensitivity to a number of other potential allergens or the lack of specificity associated with some testing procedures.
- Cost and inaccessibility: Allergens may exist in the infrastructure of the facility.
- Lack of availability of alternative products or materials: Manufacturers have yet to develop alternatives to all of the products associated with allergies.
- Feasibility: Some alternative products simply do not function in the same manner or with the same results making them impractical; i.e., science demonstrations and/or experiments. Also, totally eliminating some naturally occurring substances, such as mold spores, simply cannot be accomplished outside of a 'clean room' environment.

Student Allergy Procedure

The school district's response to the report of a student's allergy will comply with the following general process:

- 1) The parent raises the issue of a student's allergy to the school nurse during enrollment, at the time of diagnosis, or via the health history form.
- 2) The nurse provides the parent with the forms packet (see Appendix A).
- 3) A physician medically diagnoses the student's allergy and documents it on the *Allergy Action Plan* (AAP) (Appendix A, Document 1), which the parent signs and provides to the nurse.
- 4) A licensed health provider and parent/guardian must complete the *Medical Statement for Food Substitutions* form (Appendix A, Document 3) if the student has a food allergy.
- 5) A licensed health provider and parent/guardian must complete the *Request for Self-Administration of Medication for Asthma or Anaphylaxis* form (Appendix A, Document 4) when required.
- 6) The nurse alerts the principal, who identifies a care plan team to develop an individual health care plan (IHCP). The IHCP is a written management tool, the elements of which could include:
 - a) protocols on the storage, access and administration of medication
 - b) an approach to create a healthy school environment
 - c) communication channels
 - d) provision for confidentiality
 - e) emergency response
 - f) training for school personnel
 - g) awareness education for classmates
 - h) monitoring and evaluation
- 7) When it is suspected that the student's allergy substantially limits a major life activity or bodily function, a referral to a 504 team is appropriate. A 504 plan, written by the Section 504 team members, focuses on providing accommodations and services that remove barriers so that a student can access his/her educational program. The plan provides legal protections for due process and nondiscrimination.

The procedure recognizes that each student's allergy situation is different and therefore the written management tool is tailored to his or her individual circumstances. It is important to remember that families who are dealing with life threatening allergy issues want to be heard and understood. By taking the time to listen to the unique individual concerns, and addressing each of those concerns, a level of trust can be built that will greatly enhance the student's safety and educational experience. The collaborative team approach creates the best results for everyone involved. The most effective plan results from a coordinated approach wherein each care plan team member recognizes their responsibilities.

Medication Management

Medication management in the school must comply with district guidelines. (See School Board Policy and Administrative Regulation 1062.2 Administering Medicines to Students)

Team Member Responsibilities

(A) Responsibilities of the Parents/Guardians

The parent/guardian will:

A-1: Provide your child's school with necessary information and documentation:

- _____ Inform the school nurse of your child's allergies prior to the opening of school, during enrollment, at the time of diagnosis, or via the health history form.
- _____ Licensed medical provider's documentation of allergy [*Allergy Action Plan (AAP)* (Appendix A, Document 1)], attaching a small photo of the child to the form when possible.
- _____ A completed *Medical Statement for Food Substitutions* form (Appendix A, Document 3) for food allergies, regardless of the expected frequency of school meal purchases.
- _____ Provide the school nurse with medication orders from the licensed medical provider for epinephrine by auto-injector as well as other medications needed. Medication orders must be renewed at least annually and it is recommended the order be from an asthma and allergy specialist.
- _____ Parent/guardian's signed consent to administer all medications.
- _____ Provide FERPA consent for information to be shared with classmates and their parents as way to elicit voluntary cooperation from them regarding the classroom program.
- _____ The type of allergen (e.g. food source, mold, insect).
- _____ Description of the student's past allergic reactions, including triggers and warning signs.
- _____ A description of the student's emotional response to the condition and need for support.
- _____ Name/telephone number of the student's primary care provider and allergist.
- _____ Provide method to reach parent/parent designee should an emergency occur (e.g. telephone, cell-phone, text).
- _____ Age-appropriate ways to include the student in planning for care and implementing the plan.
- _____ Assessment for self-administration (It is important that students take more responsibility for their food allergies as they grow older and are developmentally ready to accept responsibility.)
- _____ Provide a list of foods and ingredients to avoid.
- _____ Provide the school nurse with at least annual updates on your child's allergy status.
- _____ Provide the school nurse with the licensed provider's statement if student no longer has allergies.

A-2: Participate in care plan team meetings or communicate with all staff members who will be in contact with the child (preferably before the start of the school year) to:

- _____ Participate in developing an IHCP.
- _____ Discuss implementation of IHCP.

- _____ Establish prevention plan.
- _____ Periodically (halfway through the year) review prevention and emergency action plans with the care plan team.
- _____ Help plan an “allergen-free” eating area in the classroom and/or cafeteria, if necessary.

A-3 Recognize the importance of:

- _____ Providing the school with a minimum of two up-to-date epinephrine auto-injectors (EpiPen ®). (More may be necessary based on the student’s activities and travel during the school day.)
- _____ Ensuring any medications brought by or for the child are properly labeled and replace any medications consumed or past their expiration date.
- _____ Discussing with the school nurse the possibility of the student carrying the EpiPen ®.
- _____ Deciding if additional epinephrine auto-injectors will be kept in the nurse’s office.
- _____ Educating the child, in an age-appropriate manner, in the self-management of their allergy, which may include:
 - a. Safe and unsafe foods/activities.
 - b. Strategies for avoiding exposure to unsafe foods/substances/activities to include not sharing with or accepting food from others.
 - c. Symptoms of an allergic reaction.
 - d. How and when to tell an adult that they might be having an allergic response.
 - e. How to proactively manage their allergies and reactions based on their developmental level.
 - f. How to read food labels.
- _____ Providing a medical alert bracelet for your child.
- _____ Leaving a bag of “safe snacks” in your child’s classroom for him or her to choose from during an unplanned special event.
- _____ Providing a non-perishable lunch to keep at school, in case your child forgets lunch one day.
- _____ On special occasions, be willing to provide for the entire class a safe food your child can consume.
- _____ Being willing to go on your child’s field trips, if possible and if requested.

(B) Responsibilities of the Student

The student will:

- _____ Take as much responsibility as possible for avoiding allergens.
- _____ Not trade or share foods.
- _____ Wash hands before and after eating.
- _____ Learn to recognize symptoms of an allergic reaction.
- _____ Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- _____ Take more responsibility for their allergies as they get older. (Refer to parent responsibilities outline.)

_____ 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 allergy in school.

(C) Responsibilities of the School Nurse

The school nurse will:

- _____ Review student health histories for indication that a student has allergy(ies).
- _____ Upon receiving notice of student's known or suspected allergy, provide Appendix A forms to parent/guardian.
- _____ Notify the principal of students with medically verified allergies. [*Allergy Action Plan* (AAP) (Appendix A, Document 1)]
- _____ Review and verify the Appendix A documents submitted by parents and physicians are complete and contain all the necessary information to safeguard the child.
 - Verify the *Allergy Action Plan* (AAP) (Appendix A, Document 1) includes the student's name, photo, allergens, and symptoms of allergic reactions, risk reduction procedures, emergency procedures, and required signatures.
 - Forward the *Medical Statement for Food Substitutions* form (Appendix A, Document 3) to Nutrition Services.
 - Enter the allergy, its symptoms and appropriate action for allergies verified by a physician on the *Allergy Action Plan* into the medical alert section of student's PowerSchool Premier account.
- _____ Notify the principal whenever there is an indication of any accommodation required or impact on the child's ability to participate in any school curriculum or functions.
- _____ When the principal convenes a care plan team, participate in developing the individual health care plan (IHCP) for the student.
- _____ Arrange and convene a meeting (preferably before the start of the school year) to develop the plan with the care plan team the principal has identified. It could include staff who come in contact with the student with allergies, including school nurse, principal, teacher(s), specialists, Nutrition Services personnel, aides, physical education teacher, custodian, bus driver and counselor.
- _____ After the care plan team meeting, remind the parent to review prevention plans, symptoms and emergency procedures with their child.
- _____ Familiarize teachers with the IHCPs and AAPs of their students by the start of the school year, or as soon as the plans are written. Other staff members who have contact with the students with life threatening allergies should be familiar with their IHCPs and *Allergy Action Plans* on a need-to-know basis.
- _____ Conduct in-service training and education for appropriate staff regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector.
- _____ Educate new personnel as necessary.
- _____ Introduce yourself to the student and show him or her how to get to the nurse's office.
- _____ Post school district's emergency protocol and have available all IHCPs and AAPs in the nurse's office. Post location of epinephrine auto-injector.
- _____ Periodically check medications for expiration dates and arrange for them to be current.
- _____ Arrange periodic follow-up as often as necessary to review effectiveness of the IHCP.

- _____ Devise a contingency plan in the case of a substitute school nurse.
- _____ Meet with parents as needed to discuss issues relating to plan implementation.
- _____ Communicate with local emergency medical services (EMS) about location of student and type of allergy. Assure the local EMS carry epinephrine and have permission to use it.

(D) Responsibilities of the School Administration

The principal will:

- _____ Identify a care plan team that may include, but is not limited to, the school nurse, principal, teacher(s), specialists, Nutrition Services personnel, aides, physical education teacher, custodian, bus driver and counselor to work with parents and the student (if age appropriate) to establish an IHCP. Changes to the plan to promote allergy management should be made with parent/guardian and care plan team participation. The plan will attempt to accommodate the child's needs throughout the school including in the classroom, cafeteria, after-school programs, during school-sponsored activities and on the school bus. Students should not be excluded from school activities based solely on their allergy. Field trips will also be discussed to decide upon the appropriate strategies for managing the allergy while outside the school environment.
- _____ Take the following actions upon completion of the IHCP:
 - Practice the *Allergy Action Plan* before an allergic reaction occurs to assure the efficiency and effectiveness of the plan.
 - Verify with the school nurse medications are appropriately stored, secured and easily accessible to designated trained staff when no nurse is on duty.
 - Verify *Allergy Action Plans* are accessible to affected staff.
 - Assure all staff who interact with the student on a regular basis understand allergies, can recognize the symptoms of an allergic reaction, know appropriate emergency response, and work with other school staff to eliminate the use of allergens in the allergic student's meals, educational tools, arts and crafts projects, and incentives. Also ensure that all staff appropriately respond to any harassment or threats against a child with severe allergies.
 - Coordinate with the district Transportation Department to assure school bus driver is informed of what to do if a reaction occurs and the bus has a communication device in case of an emergency.
 - Be prepared to handle a reaction and ensure availability of a staff member trained to administer prescribed medications during the school day regardless of time, location or activity.
 - To reduce exposure to latex allergens:
 - a. Post a sign at the main and commonly used entrances to the facility designating it as a "Latex Reduced Facility", cautioning against delivery of balloon bouquets or other latex containing products.

- b. Contact Risk Management (459-1344) for assistance in identifying latex-containing items in student occupied spaces such as classroom(s), main office area, nursing office, gym, etc. that need to be removed and replaced with non-natural latex items.
 - c. Notify parents of the student’s classmates of need to avoid latex containing school supplies.
- To reduce exposure to other allergens:
 - a. Designate certain areas of the school as allergen free areas (for example, “Peanut Free Table”) based upon the physician’s recommendation(s).
 - b. Notify parents of student’s classmates of need to avoid bringing food/objects containing the allergen.
 - c. When necessary, take steps to reduce the allergen in the facility, posting appropriate signage and educating all school occupants of the specific allergen.
 - d. Prohibit the practice of ‘food sharing’ tables when students with known food allergies are within the school.

_____ Inform parent/guardian if their student experiences an allergic reaction for the first time at school.

_____ Make sure a contingency plan is in place in case of a substitute teacher, nurse or Nutrition Services personnel.

_____ Have a plan in place when the school nurse is not available.

_____ Establish a culture of respect in the school and educate students, staff and parents as to the expectation. Conduct prompt and thorough investigations of allegations of harassment or bullying based on disability and take appropriate action based on the findings.

(E) Responsibilities of the Classroom Teacher/Specialist

The classroom teacher will:

E-1: Gather necessary information and documentation:

_____ Receive and read the *Allergy Action Plan* (AAP) (Appendix A, Document 1) of any student(s) in their classroom with life threatening allergies.

_____ Participate in a care plan team meeting for the student with life-threatening allergies and in-service training regarding:

- a. Allergens that cause life-threatening allergies (such as foods, insect stings, medications, latex).
- b. Steps to take to prevent life-threatening reactions and accidental exposures to allergens.
- c. Recognize symptoms of the student’s life-threatening allergic reaction.
- d. Steps to manage an emergency.

_____ Keep the student’s AAP, with photo, accessible in the classroom (i.e., keep with lesson plan).

- _____ Ensure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student’s allergies and necessary safeguards.
- _____ Organize information in a prominent and accessible format for substitute teachers.
- _____ Coordinate with parent on providing a lesson plan about allergies for the class and discuss anaphylaxis in age appropriate terms, with student’s permission.
- _____ Educate classmates to not endanger, isolate, stigmatize, bully or harass students with allergies.
- _____ Be aware of how the student with allergies is being treated; enforce school rules about bullying and threats.
- _____ Inform parents of any school events where food will be served.
- _____ Participate in the planning for a student’s re-entry to school after an anaphylactic reaction.
- _____ Act according to the plan if a student reports signs of an allergic reaction.

E-2: Establish procedures in the classroom regarding snacks/lunchtime:

- _____ To ensure the student with life threatening food allergies eats only what she or he brings from home.
- _____ To prohibit students from sharing or trading snacks.
- _____ To encourage parents/guardians to send in a box of “safe” snacks for their child.
- _____ Have parents/guardians provide a non-perishable “safe” lunch in case their child forgets lunch one day.
- _____ For the student’s safety, encourage the student to take advantage of an eating area in the classroom that is free of the food to which she or he is allergic.
- _____ Avoid cross-contamination of foods by wiping down eating surfaces with soap and water before and after eating. Tables should also be washed with soap and water in the morning if an after-school event has been held in the classroom the day before.
- _____ Reinforce hand washing before and after eating.

E-3: Classroom Activities:

- _____ Avoid use of foods for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, or other projects).
- _____ Welcome parental involvement in organizing class parties and special events.
- _____ Consider non-food treats.
- _____ Use stickers, pencils or other non-food items as rewards instead of food.

E-4: Field Trips:

Collaborate with the school nurse, prior to planning field trips:

- _____ For students who self-administer, ensure epinephrine auto-injectors (EpiPen ®) are taken on field trips.
- _____ Ensure that functioning two-way radio, walkie-talkie, cell phone or other communication device is taken on field trips.
- _____ Review plans for field trips, avoid high-risk places. Consider eating situations on field trips and plan for prevention of exposure to the student’s life-threatening allergens.
- _____ Know where the closest medical facilities are located, 911 procedures and whether the ambulance carries epinephrine.

- _____ Invite parents of a student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone. However, the student’s safety or attendance must not be conditioned on the parent’s presence.
- _____ One to two people on the field trip should be trained in recognizing symptoms of life-threatening allergic reactions.

(F) Responsibilities of Transportation

The Transportation Department will:

- _____ Enforce a “no eating” rule on school buses with exceptions made only to accommodate special needs under federal or similar laws or FNSBSD policy.
- _____ Inquire about training by appropriate personnel in risk reduction procedures, recognition of allergic reaction, and implementation of bus emergency plan procedures.
- _____ Determine whether, with parental permission, school bus drivers may be provided with the *Allergy Action Plan* of all students with life-threatening allergies.
- _____ Verify the school bus has a cell phone or other means of communication for emergency calls.

(G) Responsibilities of Coaches and Other After-School Staff

- _____ Conduct activities in accordance with all school policies and procedures regarding life-threatening allergies.
- _____ With parent’s consent, keep a copy of the *Allergy Action Plan* and photograph of students with **life threatening** allergies.
- _____ Make certain that an emergency communication device (e.g. walkie-talkie, intercom, cell phone, etc.) is always present.
- _____ Establish emergency medical procedures with EMS.
- _____ Clearly identify party responsible for maintaining the first aid kit.
- _____ If for safety reasons medical alert identification needs to be removed during specific activities, remind the student to replace this identification immediately after the activity is over.

(H) Responsibilities of Nutrition Services

The United States Department of Agriculture (USDA) Food and Nutrition Services Regulations 7 CFR Part 15b require substitutions or modifications in school meals for students whose disabilities restrict their diets.

Not all students with food allergies or intolerances have a disability as defined under Section 504 of the Rehabilitation Act. Nonetheless, Nutrition Services may, but is not required to, provide reasonable food substitutions for such students. Nutrition Services must make the substitutions prescribed when a student’s licensed physician certifies the student’s allergy may result in a severe, life-threatening (anaphylactic) reaction, as this meets the regulations’ definition of disability. Nutrition Services makes every effort to provide reasonable substitutions, based on product and inventory availability, but may be limited and/or unable to provide physician recommended substitutions (e.g., prescription based supplements.)

In order for Nutrition Services to meet its responsibilities, the student's special dietary request must be documented on the school district's *Medical Statement for Food Substitutions* form (Appendix A, Document 3) and be submitted to the school district's Nutrition Services Department.

Nutrition Services safeguards students from food allergies by the following process:

1. Nutrition Services receives *Medical Statement for Food Substitution* form (Appendix A, Document 3) for diagnosed food allergy.
2. Nutrition Services administrative staff enters information in PowerSchool Premier account of student.
3. Nutrition Services administrative staff enters allergy information into Point of Sale (POS) software. Information will pop up each time the student makes a purchase.

The Director of Nutrition Services will train staff to:

- _____ Assure food allergies are addressed and that foods are not potentially cross-contaminated with either foods identified as allergens or latex containing products.
- _____ Know the ingredients of school food items.
- _____ Annually review food labels.
- _____ Label peanut and nut products produced by Nutrition Services.
- _____ Participate with care plan team as needed.
- _____ Ensure all meal requests are on appropriate forms.
- _____ Make menu accommodations as needed. Provide information on the accommodations to the appropriate Nutrition Services staff, student, and parent/guardian.
- _____ Provide appropriate food substitutions that comply with *Medical Statement for Food Substitutions* form (Appendix A, Document 3).

(I) Responsibilities of School Secretary

The school secretary will notify the school nurse immediately upon any in-district transfer of a student. This is necessary in order for the nurse to check PowerSchool Premier for the medical alert status of the transferring student and notify the school's cafeteria manager as necessary.

Student Allergy Response Checklist

<u>ACTION</u>	<u>RESPONSIBLE PARTY(IES)</u>	<u>NOTES</u>
<input type="checkbox"/> Provide Appendix A forms to parent(s)	School Nurse	
<input type="checkbox"/> Complete <i>Medical Statement for Food Substitutions</i> form (Appendix A, Document 3)	Parent(s)/Legal Guardian	
<input type="checkbox"/> Complete <i>Student Allergy Action Plan</i> (Appendix A, Document 1)	Parent(s)/Legal Guardian	
<input type="checkbox"/> Submit Form(s) to School Nurse	Parent(s)/Legal Guardian	
<input type="checkbox"/> Review Form(s), Data Entry & Filing	School Nurse	
<input type="checkbox"/> Provide <i>Medical Statement for Food Substitution</i> form to Nutrition Services	School Nurse	
<input type="checkbox"/> Input food allergy into PowerSchool Premier	Nutrition Services	
<input type="checkbox"/> Notify Principal of allergy impacts	School Nurse	
<input type="checkbox"/> Identify Care Plan Team	Principal	
<input type="checkbox"/> Develop IHCP	Principal, Care Plan Team, Parent(s)/Legal Guardian	
<input type="checkbox"/> Coordinate Prevention Plan Elements Impacting Other Departments Or Facilities	Principal	
<input type="checkbox"/> Consider referral to a 504 Process	504 Committee	
<input type="checkbox"/> Educate Child in Allergy Self-Management	Parent(s)/Legal Guardian	
<input type="checkbox"/> Post Facility/Areas	Principal	
<input type="checkbox"/> Conduct <i>Allergy Action Plan Drill</i>	Principal/Care Plan Team	
<input type="checkbox"/> Proper Storage of Medications	School Nurse	
<input type="checkbox"/> Train Responsible Staff on Allergies	Principal	
<input type="checkbox"/> Coordinate w/ Student Transportation	Principal	
<input type="checkbox"/> Allergen Sources Minimized	Principal	
<input type="checkbox"/> Eliminate Cross-Contamination	Director of Nutrition Services	Latex or Food
<input type="checkbox"/> Prevent Eating on Buses	Transportation Department	
<input type="checkbox"/> Review IHCP	Principal, Parent(s)/Legal Guardian, Care Plan Team	Annually or Upon Allergic Reaction

Allergy Emergency Response

The student's individual health care plan (IHCP) shall include an outline of emergency procedures for managing life threatening allergic reactions. This plan shall identify personnel who will:

- Remain with the student.
- Assess the emergency at hand.
- Refer to the student's *Allergy Action Plan*.
- Notify school nurse.
- Notify the emergency medical services.
- Notify the parent/guardians.
- Notify school administration.
- Notify student's primary care provider and/or allergy specialist.
- Attend to student's classmates.
- Direct emergency medical responders to site.
- Meet emergency medical responders at school entrance.
- Assist student's re-entry into school.

Returning to School After a Reaction

Students who have experienced an allergic reaction at school need special consideration upon their return to school. The school's approach depends upon the severity of the reaction, the student's age and whether classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parents and re-examining the IHCP.

In the event a student has a moderate to severe allergic reaction, the following actions should be taken:

- Obtain as much accurate information as possible about the allergic reaction.
- Identify personnel involved in the emergency response and those who witnessed the event.
- Meet with the adults to discuss the facts and dispel any rumors.
- Provide factual information. Although the school may want to discuss this with the parents, factual information that does not identify the individual student can be provided to the school community without parental permission (e.g., a letter from the principal to parents and teachers that doesn't name names but reassures them the crisis is over, if appropriate.)
- If an allergic reaction is thought to be from a food provided by Nutrition Services, request assistance from the Nutrition Services Director to ascertain what potential food item was served/consumed. Review food labels from Nutrition Services Director and staff.

Special Consideration for the Student

The student and parent(s) shall meet with the nurse/staff who responded to the allergic

reaction and be reassured about the student's safety, what happened and what changes will be made to prevent another reaction.

If a student demonstrates anxiety about returning to school, checking in with the student on a daily basis would be indicated until his or her anxiety is alleviated. If a child has a prolonged response to an anaphylactic event, strategies should be reviewed and clinical intervention may be recommended. Collaboration with the student's medical provider would be indicated to address any medication changes.

It is important to keep in mind that a student will continue to need to access help if another allergic reaction should occur; therefore, make sure a student feels comfortable enough to seek help if needed. You do not want a student to withhold information out of embarrassment or because of intimidation. Other students with allergies in the school system may be in particular need of support.

Actions After an Allergic Reaction

The principal or school nurse will identify the source of allergen exposure. The principal may contact Risk Management for assistance in identifying the source.

The principal will review the policies/procedures with the parent/guardian, the care plan team, the child's physician, and the child (age appropriate) in the event of an allergic reaction episode related to the school or school activities.

In the Event of a Fatal Allergic Reaction

In the rare but plausible event of a fatal allergic reaction, implement the school's crisis plan for dealing with the death of a student. Follow up will be coordinated with the principal of the school and district administration.

Training for School Personnel

Training of appropriate staff on the appropriate issues will be conducted as provided in the Individual Health Care Plans and in the accommodation plans.

EpiPen® Training Guidelines:

School personnel dealing with students with prescriptions for epinephrine who may require assistance with EpiPen® during the school day shall receive formal training. Training will be provided by personnel such as, but not limited to, registered nurses, physicians, and/or pharmacists. Medical personnel should adhere to the practice act standards for their profession as governed by the appropriate licensing authority.

Purpose: To assist student at the time of a life-threatening allergy emergency.

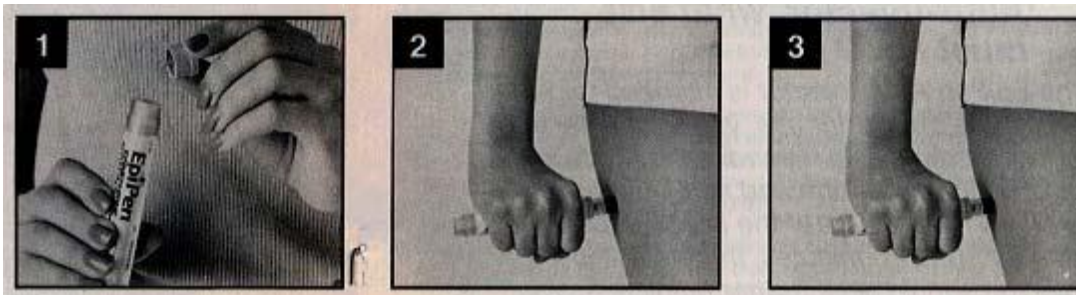
Objectives: Upon completion of the EpiPen® training, the participant(s) will demonstrate and/or verbalize the following competencies:

1. Know the six rights (6 R's) of medication administration.
2. Read medication label and correctly follow directions on medication label.
3. Proper storage of prescription medication.
4. Understand anaphylaxis and its signs and symptoms.
5. Know how to appropriately administer an EpiPen®.
6. Steps to follow after administering an EpiPen®.
7. How to call EMS (911).

Evaluation process: Objectives will be evaluated through either post-test or return demonstration(s), post-training monitoring, or annual training.

How to Use EpiPen® and EpiPen Jr.®

- Pull off gray activation cap.
- Hold black tip near outer thigh (always apply to thigh).
- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10.
- The EpiPen® unit should then be removed and discarded. Massage the injection area for 10 seconds.



EpiPen® Return Demonstration Checklist

Explanation/Return Demonstration	Performs Independently	Performs with minimum verbal clues	Unable to perform
Verbalizes when to administer EpiPen®. (Signs/symptoms of anaphylactic reaction)			
Verbalizes emergency procedure (get EpiPen®, call 911)			
Verbalizes & follows six (6) rights of medication administration.			
Checks EpiPen® order for completion (especially health care provider signature). Authorization with prescription label.			
Checks to make sure EpiPen® has not expired.			
Demonstrates how to properly remove EpiPen® from container.			
Demonstrates how to properly administer with demo EpiPen®.			
Verbalizes and demonstrates how to dispose of EpiPen® properly.			
Verbalizes what to do on field trip(s) and how to maintain EpiPen® when at school.			
Employee Printed Name:			
Employee Signature:			
School:			
School Nurse Signature:		Date:	

Employee Allergy Procedure

If an employee has a concern about his or her allergy affecting his or her job performance, the employee is responsible for notifying the supervisor of the potential impact. The employee and his or her supervisor will work together to address the needs of the employee in the work environment. If the supervisor is unable to address the needs through an informal process, he or she should fill out the *Americans with Disabilities Act Amendment Act (ADAAA) Supervisor Initiated Form* (Appendix B, Document 1) and submit it to the executive director of the human resources department to continue the interactive process for reasonable accommodations. This form is also available at: <http://www.k12northstar.org/departments/hr/hr-forms-documents> (See School Board Policy 523 Equal Employment Opportunity and Affirmative Action.)

References

Additional information on allergies and asthma can be found at the following organizations' websites:

- American Academy of Allergy Asthma and Immunology (<http://www.aaaai.org/ar/default.stm>)
- Environmental Protection Agency “Tools for Schools” (http://www.epa.gov/iaq/schools/actionkit_text.html)
- Food Allergy Research and Education (<http://www.foodallergy.org/>)
- National Association of School Nurses (<http://www.nasn.org>)
- Health, Mental Health and Safety Guidelines for Schools (<http://www.nationalguidelines.org>)
- National Institute of Allergy and Infectious Diseases (<http://www.niaid.nih.gov>)



ALLERGY ACTION PLAN Food and Other Allergens

Attach student's photo here

Student's name: _____ Date of Plan: _____
 Student has allergy to: _____

- Student has asthma [] Yes [] No (if yes, higher chance of severe allergy)
 Student has anaphylaxis [] Yes [] No
 Student may carry epi pen [] Yes [] No
 Student may self administer epi pen [] Yes [] No (if child refuses/is unable to self treat, an adult must give epi)

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

<p>For Severe Allergy and Anaphylaxis What to look for</p> <p>If student has ANY of these severe symptoms after eating the food or having a sting, give epinephrine.</p> <ul style="list-style-type: none"> • Shortness of breath, wheezing, or coughing • Skin color is pale or has a bluish color • Weak pulse • Fainting or dizziness • Tight or hoarse throat • Trouble breathing or swallowing • Swelling of lips or tongue that bother breathing • Vomiting or diarrhea (if severe or combined with other symptoms) • Many hives or redness over body • Feeling of "doom," confusion, altered consciousness, or agitation <p><input type="checkbox"/> SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s):_____. Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.</p>	<p>Give epinephrine! What to do</p> <ol style="list-style-type: none"> 1. Inject epinephrine right away! Note time when epi was given. 2. Call 9 1 1. *tell dispatcher epinephrine was given and the time it was given. 3. Stay with the student. *Call parent/guardian. *Give 2nd dose of epi, if symptoms get worse, continue, or do not get better in 5 minutes. *Turn student to side if vomiting or having difficulty breathing. 4. Give other medicine, if prescribed, after epi given and student is able. *Antihistamine *Inhaler <p>DO NOT USE OTHER MEDICINE IN PLACE OF EPINEPHRINE</p>
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<p>For Mild Allergic Reaction What to look for</p> <p>If child has had any mild symptoms, monitor child. Symptoms may include:</p> <ul style="list-style-type: none"> • Itchy nose, sneezing, itchy mouth • A few hives • Mild stomach nausea or discomfort 	<p>Monitor child What to do</p> <p>Stay with child and:</p> <ul style="list-style-type: none"> • Watch child closely. • Give antihistamine (if prescribed). • Call parents and child's doctor. • If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")
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MEDICINES/DOSES
 Epinephrine, intramuscular (list type): _____ Dose: [] 0.15mg (Epi Jr.)
 [] 0.30mg (Weight > 25kg)
 Antihistamine, by mouth (type/dose): _____
 Other (inhaler/bronchodilator if student has asthma): _____

 Parent/Guardian Signature Date Health Care Provider Signature Date



FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

520 FIFTH AVENUE FAIRBANKS, ALASKA 99701-4756 (907) 452-2000



Date: _____

Dear Parents,

On your child's Student Health History form you noted your child has a medical condition, which may require food substitution during the school day.

To assist Nutrition Services staff to identify which foods to omit, and which foods to recommend as a substitution, please have a licensed physician or recognized medical authority sign the attached *Medical Statement to Request Special Meals and/or Accommodations* form and return it to me. I will forward it to Nutrition Services.

Thank you for your assistance in this matter.

Sincerely,

School Nurse

Enc. Medical Statement to Request Special Meals and/or Accommodations
(Appendix A, Document 3)



Child Nutrition Programs

Please return or fax form to school

Medical Statement to Request Special Meals and/or Accommodations

Fax Number: _____

The information on this form is **CONFIDENTIAL** and to be used for special dietary needs only.

1. Parent, Guardian, Authorized Representative completes this section; complete a separate medical statement for each child.

Student's Name	Student's ID #	Student's Date of Birth	Date
Parent, Guardian, or Authorized Representative	Telephone of Parent/Guardian	Name of School	School Telephone

2. A Licensed Physician or Recognized Medical Authority checks ONLY ONE box below. Please refer to regulatory definitions of disability and medical condition on reverse side of this form.

<input type="checkbox"/>	Student is disabled or has a food related disability and requires a special meal or accommodation. School must comply with prescribed special meals and any adaptive equipment.
<input type="checkbox"/>	Student is requesting a special meal accommodation due to allergies. Substitutions and/or accommodations may be made, but are not required.

3. Disability or medical condition requiring a special meal accommodation:

--

4. If the student has a disability, provide a brief description of student's major life activity affected by the disability:

--

5. Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation)

--

6. Indicate Texture:

Regular Chopped Ground Pureed

7. Please list specific foods to be omitted and suggested substitutions. Attach a sheet w/additional information if necessary.

Food(s)/food types to be omitted	Suggested substitution(s)

8. Adaptive Equipment:

--

9. A Licensed Physician's signature is required for any student with a disability. A Licensed Physician's or Recognized Medical Authority's signature is required for a student who must not eat certain foods due to medical issues or allergies.

Signature of Physician or Medical Authority	Printed Name & Title	Telephone	Date
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The Fairbanks North Star Borough School District is an equal employment and educational opportunity institution.



Fairbanks North Star Borough School District

Child Nutrition Programs

Medical Statement to Request Special Meals and/or Accommodations

A Licensed Physician (*for **disability**, allergy or food intolerance*) or Recognized Medical Authority (*for allergy or food intolerance*) must fill out a Medical Statement to Request Special Meals and/or Accommodations form and return it to the school. Schools have an obligation to provide alternate foods to those students who have a disability, but are not required to provide food substitutions to those students who are not disabled, but rather have food allergies. The two categories are listed below.

Students with Disabilities

U.S. Department of Agriculture regulations require substitutions or modifications in child nutrition meals for children whose disabilities restrict their diet.

Students with other special dietary needs

U.S. Department of Agriculture (USDA) regulations allow for substitutions for those participants in a USDA child nutrition program who are unable, because of medical or other special dietary needs, to consume foods that are being provided to the other participants.

Definitions:

“A Person with a Disability” is defined as any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

“Physical or mental impairment” means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

“Major life activities” are defined as “functions such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. As amended by the ADA Amendments Act, Major Life Activities now also includes “Major Bodily Functions” such as: “functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.”

“Has a record of such an impairment” is defined as having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

“Recognized Medical Authority” means licensed physician, physician’s assistant, or nurse practitioner.

The medical statement shall identify:

- The student’s disability or medical condition with an explanation of why the disability restricts the student’s diet;
- The major life activity affected by the disability;
- The specific diet or accommodation that has been prescribed by the medical authority. For example: “All foods must be in liquid or pureed form. Student cannot consume any solid foods.”;
- The type of texture of food that is required;
- The specific foods that must be omitted and suggested substitutions;
- The specific equipment required to assist the student with dining. Examples might include a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.

Citations: Rehabilitation Act of 1973, Section 504; 7 CFR Part 15 b; 7 CFR Sections 210.10(i)(1), 210.23(b); 215.14, 220.8(f), 225.16(g)(4), and 226.20(h); FNS Instructions 783-2, Rev. 2 and 784-3

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FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT
520 Fifth Avenue Fairbanks, AK 99701-4756
(907) 452-2000

MEDICATION ADMINISTRATION: ASTHMA/ANAPHYLAXIS

**Request for Self-Administration of Medication for Asthma or Anaphylaxis
(Inhalers or Auto-Injectable Epinephrine)**

MUST BE COMPLETED ANNUALLY

When this form is completed and signed by the Health Care Provider and returned to the school nurse, the Fairbanks North Star Borough School District may assist parents when their child requires prescribed medication during the school day. The medication **MUST** be in the original pharmacy container labeled with the student's name, dosage, time of administration, prescribing physician, pharmacy, and date.

Student _____ Birthdate _____ Grade _____

Parent/Guardian _____ Phone _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

Diagnosis _____

Medication _____ Dosage & Time of Administration _____

- Student may carry inhaler while in school
- Student may carry epinephrine auto-injector while in school

I certify that this student has received instruction in the proper and safe method of self-administration of this medication, that this medication is intended for the sole use of the student and that this student has demonstrated the skill level necessary to use this medication and any device that is necessary to administer the medication as prescribed.

Other Medications Student is Taking _____

Physician _____ Date _____

Physician's Signature _____ Phone _____

PARENT/GUARDIAN ACKNOWLEDGMENT

I, the parent/guardian of the above named student, request that the school district permit the above student to carry and self-administer the medication prescribed by the health care provider. I agree not to institute suit against the school district for administration or non-administration of the medication, to defend and hold the school district harmless from any liability resulting from the administration or non-administration of the medication, and to defend and indemnify the school and its employees from any liability arising out from this agreement. **I will notify the school immediately if the medication is changed and understand that the nurse may contact the health care provider or pharmacist regarding this medication. I understand that when epinephrine is administered either by the school nurse or the student, emergency medical services will be called.**

Parent/Guardian Signature _____ Date _____

FNSBSD Administrative Regulation

1062.2 Administering Medicines to Students

3. Self-Administration of Inhalers and Auto injectable Epinephrine

In accordance with Alaska Statute 14.30.141, a student may carry and administer medications for certain types of medical conditions (asthma or anaphylaxis) if the following criteria are met:

- a) the parent or guardian will annually update the school health history form
- b) the parent or guardian provides written (not verbal) authorization for the self-administration of the medications
- c) the parent/guardian provides written certification from the student's health care provider that the student has asthma or a condition that may lead to anaphylaxis
- d) the health care provider provides written verification that the student has received instruction in the proper method of self-administration of the medication and has demonstrated to the health care provider the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed
- e) the parent/guardian signs a release of liability for the school and its employees or agents for injury arising from the self-administration or storage of the medication
- f) the parent/guardian agrees to indemnify and hold harmless the school and its employees or agents for any claims arising out of the self-administration or storage of the medication
- g) the parent/guardian will provide a written treatment plan for the student that is signed by the student's health care provider. The treatment plan will be consistent with district policy that if epinephrine is administered, emergency medical services (9-1-1) will also be notified
- h) health care provider means a licensed physician, advanced nurse practitioner, physician assistant, village health aide, or pharmacist (ref. Alaska Statute 14.30.141).

Americans with Disabilities Act Amendment Act (ADAAA)

Supervisor Initiated Form

ADAAA is updated federal legislation which mandates employers to acknowledge disabilities of employees and to have interactive conversations concerning reasonable accommodations when necessary.

Supervisor/Manager should complete the ADAAA Work Site Form and submit it to HR. HR will then set a time and place for the interactive conversation which usually includes the employee, the supervisor and HR. **If you have questions, please contact Traci Gatewood, Executive Director, Human Resources at 452-2000 ext 11396.**

Name of Employee: _____

Work location: _____

Date of Discussion: _____

Issue(s) Discussed: _____

Name of Supervisor: _____

Form to Human Resources: _____
Date

The Health Insurance Portability and Accountability Act (HIPAA) provides for the security and privacy of health information. All forms and other matters associated with this discussion will be placed in the employee's medical file.