



**LIBERTY
PUBLIC
SCHOOL
DISTRICT**

**LIFE THREATENING ALLERGY POLICY &
GUIDELINES**

Allergy Management Policy

Liberty Public Schools is committed to providing a safe and nurturing environment for students. The Liberty 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, Liberty Public Schools 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 administration shall ensure the district's management plan is reviewed and updated annually.

Reference: *Board Policy [JHCF: Student Allergy Prevention and Response](#)*

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 Liberty 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 when 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, Liberty Public School 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 have the following expectations:

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 his/her 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. Take responsibility for his/her own safety. As children get older, 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, including those required by Nutrition Services.
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 and 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](http://www.medic-alert.com), 1-800-432-5378
11. To complete appropriate forms requested by Transportation or other appropriate departments and/or programs.
12. Provide all emergency medications such as Epinephrine and Benadryl on field trips. If the emergency medication has not been provided or is expired, the student may not attend the field trip.
13. To go on your student's field trips if possible and if requested.
14. Approve a safe classroom treat alternative to ensure the child will not be excluded from any classroom or school sponsored activities involving food.
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 and collaborate with Nutrition Services for required documentation and forms if the student no longer has food allergies.

EXPECTATIONS OF STUDENT

Each student with a Life-Threatening Allergy shall be expected for 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 and 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. Should 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 ADMINISTRATORS

Liberty Public Schools School Administrators 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 auto-injector.
 - 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 may 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 the student's 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 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 student with a Life-Threatening Food Allergy to their Individual Health Plan for Accommodations. 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, students are allowed and encouraged 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 a 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 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

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. Plans will be confidentially held in the nurse's office and shared when appropriate with those personnel on a need-to-know basis.
2. Provide information regarding required Nutrition Services documentation and forms, including the [Special Diet Medical Statement form](#).
3. Annually develop, monitor, maintain, and activate an 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.
4. Assist the principal in providing information about students with Life-Threatening Allergies to staff where there is a need-to-know basis.
5. District-wide training for life-threatening allergies is conducted for all staff through a *Safe Schools* training module. The module addresses symptoms, risk reduction procedures and emergency procedures including demonstration on how to use an Epinephrine Auto Injector. The Human Resources Department retains documentation of those personnel who have received training through *Safe Schools* on a yearly basis. At their discretion, the nurse may choose to provide additional information and/or training for staff regarding Life-Threatening Allergies.
6. Familiarize teachers/substitutes with the Individual Health Plan for Accommodations of their students and any other staff member who has contact with the student on need-to-know basis.
7. The Department of Health and Senior Services guidelines and The Missouri 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.
8. 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.
9. Inform the school principal and parent/guardian if any student experiences an allergic reaction that has not been previously diagnosed.
10. A contingency plan will be in place and overseen by the building administrator in the event the nurse is not in the building via 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 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 and incentives.

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 a universal symbol.
6. Participate in training for students with life-threatening allergies including demonstration of Epinephrine use.
7. With parental approval, set up reasonable procedures for the cafeteria regarding food allergic students, including entering student's allergy into the 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.
9. Provide information to parents/guardian regarding required documentation and forms.

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. This will include disinfecting solution and PH7 all-purpose soap as effective cleaning solutions.
2. Receive training on allergen zone maintenance areas.
3. Participate in training for students with life-threatening allergies including demonstration of Epinephrine use.

RESPONSIBILITIES OF THE TRANSPORTATION DEPARTMENT

All school bus drivers shall be informed when he/she is transporting a child with a Life-Threatening Allergy. The school bus drivers shall:

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 the 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/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 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 training about students with life-threatening allergies including demonstration of Epinephrine use at least annually. The training will be documented via the Vector Training module through Human Resources 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 devices (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 consideration given for avoiding food allergen exposure and parental attendance is encouraged.
2. Meals of children with food allergies should be stored separately to minimize cross contamination.
3. A 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 the 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 (Epinephrine) 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). FAN is a great resource for current research, informational newsletter, support groups, and information about 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. <https://www.nasn.org/home>

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

- **The Food Allergy & Anaphylaxis Network (FAAN)**

FAAN is a great resource for current research, informational newsletter, support groups, and information about food products. Their phone number is 1-800-929-4040.

- **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**

FORMS:

- Sample Parent Letter
- Food Allergy and Epinephrine Training In-Service Sheet
- LPS Emergency Medication/Treatment Self-Administration Packet
 - Epinephrine Student Skills Checklist
 - Missouri Statute 167.627
 - Medication Authorization Form
- Parental Annual Authorization for Medication Self-Administration
- Food Allergy Action Plan
- Emergency Action Plan Annual Parental Review
- Transportation Letter
- Food Services Letter to Parents
- Substitute Notice
- Allergen-Safe zone signs
- No Food or Utensil Sharing sign

(on building letterhead)

DATE

Dear Parents,

This year at name of school we have many students with life threatening food allergies including students who have a life-threatening peanut allergy. Students have been provided with a pamphlet entitled “Be a PAL” that provides information on food allergies and ways they can keep their friends safe at school. Parents of children with food allergies may have provided a ‘safe snack guidelines’ list to their classroom teacher. Name of School staff is working hard to control allergen exposure in the classroom as much as possible so please check with teachers prior to sending in snacks and always include the packaging.

In addition, our cafeteria will have a designated allergy-controlled zone. Any student may sit at that table provided they are not eating peanut butter or a nut product. We have many food items available in our cafeteria that are safe for students with peanut allergies. The ala carte food items that have possible allergens such as egg, soy, or peanuts, will have those ingredients posted.

As has always been our district policy, food must be commercially prepared. Please do not send homemade treats to school. If your child has a specific food need you may send snacks that are safe for your child to eat. These snacks however, must be stored with the classroom teacher or his/her designee such as a substitute. Your child can access these snacks when treats are eaten in class.

If your child has any special food needs and you have not made the school aware please call our school nurse, nurse name and phone number. Thank you in advance for your cooperation, as we work together to keep our school safe for all students.

Sincerely,

Principal Name and Title

Nurse Name and Credentials

Sample 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 understand it is my responsibility to check all foods/ingredients prior to classroom consumption even though parents may submit a 'safe snack guidelines' list for their child. Ingredients may change and I will be responsible to check ingredient lists.

*I have received information on how to clean possible contaminated surfaces and understand that using a single-use paper towel and the district-provided cleaning product is the best way to avoid cross-contamination.

*I have demonstrated how to administer an Epinephrine.

Signature: _____

Cc: personnel file

LPS Emergency Medication/Treatment Self-Administration Packet

Student Name: _____ Grade: _____ School Year: _____

Allergies: _____

Medication/Treatment:

- Rescue Inhaler _____
- Epinephrine _____ Call 911 upon administering
- Insulin _____
- Diabetic Medications _____
- Other _____

I, a licensed physician or nurse practitioner, certify that this child has a medical history of _____, a chronic medical condition; has been trained in the use of the listed medication/treatment; and is capable of carrying and self-administering the listed medication/treatment. The child should notify school staff if medications/treatments are used but the condition is not improved. The child understands the hazards of sharing medications with others and agrees to use medication/treatment as prescribed.

Signature of health care provider: _____ Date: _____

Name of health care provider: _____ Phone: _____

*Physician signature required for initial authorization only

I, the parent or legal guardian of the student listed above, give permission for my child to carry and self-administer the above listed medications/treatments. I have instructed my child to notify the school staff if medications/treatments are used but the condition is not improved. I understand that, absent any negligence, the school shall incur no liability as a result of any injury arising from the self-administration of medication by my child. This permission can be revised if there is evidence that the student is not administering medication appropriately.

I have been offered a copy of Missouri Revised Statute Chapter 167 Section 167.627.1 abbreviated and Liberty Public Schools Board Policy for Administration of Medication to Students (JHCD).

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: _____

*Parent signature required yearly on Annual Authorization Form and Medication Authorization Form.

Student has demonstrated proper use to the school nurse. _____
(School Nurse's Signature)

Epinephrine Student Skills Checklist

EpiPen and Epipen Jr Trainer Skills Checklist:

1. Remove the epipen or epipen jr auto-injector from the carrier tube.
 2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
 3. With your other hand, remove the blue safety release by pulling straight up.
 4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
 5. Hold firmly in place for 3 seconds; then remove.
 6. Remove and massage the injection area for 10 seconds.
 7. Verbalize that you will tell the school nurse whenever you use the EpiPen. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.
- _____ Requires Supervision _____ Performs Independently

Generic Epinephrine Trainer Skills Checklist:

1. Remove the epinephrine auto-injector from the carrier tube.
 2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
 3. With your other hand, remove the blue safety release by pulling straight up.
 4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
 5. Hold firmly in place for 3 seconds; then remove.
 6. Remove and massage the injection area for 10 seconds.
 7. Verbalize that you will tell the school nurse whenever you use the EpiPen. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.
- _____ Requires Supervision _____ Performs independently

IMPAX Epinephrine (generic Adrenaclick) Trainer Skills Checklist:

1. Remove the epinephrine auto-injector from the carrier tube.
 2. Pull off both blue end caps; you will now see a red tip.
 3. Grasp the auto-injector in your fist with the red tip pointing downward.
 4. Put Red tip against the middle of the outer thigh.
 5. Press down hard and hold firmly against the thigh for 10 seconds, then remove.
 6. Verbalize that you will tell the school nurse whenever you use the impax. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.
- _____ Requires Supervision _____ Performs Independently

Auvi-Q Trainer Skills Checklist:

1. Remove auvi-q from the outer case. This will automatically activate the voice instructions.
 2. Pull off red safety guard.
 3. Place black end of Auvi-q against the middle of the outer thigh.
 4. Press firmly and hold for 3 seconds; then remove.
 5. Verbalize that you will tell the school nurse whenever you use Auvi-Q. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.
- _____ Requires Supervision _____ Performs Independently

Nurse's Signature: _____ Date: _____

Missouri Revised Statutes - August 28, 2016
Chapter 167: Pupils and Special Services: Section 167.627
Possession and self-administration of medication in school--requirements.

1. For purposes of this section, the following terms shall mean:

(1) **"Medication"**, any medicine prescribed or ordered by a physician for the treatment of asthma or anaphylaxis, including without limitation inhaled bronchodilators and auto-injectable epinephrine;

(2) **"Self-administration"**, a pupil's discretionary use of medication prescribed by a physician or under a written treatment plan from a physician.

2. Each board of education and its employees and agents in this state shall grant any pupil in the school authorization for the possession and self-administration of medication to treat such pupil's chronic health condition, including but not limited to asthma or anaphylaxis if:

(1) A licensed physician prescribed or ordered such medication for use by the pupil and instructed such pupil in the correct and responsible use of such medication;

(2) The pupil has demonstrated to the pupil's licensed physician or the licensed physician's designee, and the school nurse, if available, the skill level necessary to use the medication and any device necessary to administer such medication prescribed or ordered;

(3) The pupil's physician has approved and signed a written treatment plan for managing the pupil's chronic health condition, including asthma or anaphylaxis episodes and for medication for use by the pupil. Such plan shall include a statement that the pupil is capable of self-administering the medication under the treatment plan;

(4) The pupil's parent or guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan required under subdivision (3) of this subsection and the liability statement required under subdivision (5) of this subsection; and

(5) The pupil's parent or guardian has signed a statement acknowledging that the school district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil or the administration of such medication by school staff. Such statements shall not be construed to release the school district and its employees or agents from liability for negligence.

3. An authorization granted under subsection 2 of this section shall:

(1) Permit such pupil to possess and self-administer such pupil's medication while in school, at a school-sponsored activity, and in transit to or from school or school-sponsored activity; and

(2) Be effective only for the same school and school year for which it is granted. Such authorization shall be renewed by the pupil's parent or guardian each subsequent school year in accordance with this section.

4. Any current duplicate prescription medication, if provided by a pupil's parent or guardian or by the school, shall be kept at a pupil's school in a location at which the pupil or school staff has immediate access in the event of an asthma or anaphylaxis emergency.

5. The information described in subdivisions (3) and (4) of subsection 2 of this section shall be kept on file at the pupil's school in a location easily accessible in the event of an emergency.

Liberty Public Schools Medication Authorization Form

Student Name: _____ Grade: _____ School Year: _____

Start Date	Medication	Dosage	Time	End Date

I consent to allow district staff to give medication to my child and understand that the Liberty School District No. 53 Board of Education, employees, and volunteers are not to be held responsible or liable in the event of injury resulting from medication given by district staff.

FOR GRADES 6 - 12 ONLY: ACETAMINOPHEN (Generic Tylenol) PERMISSION

Must check 'yes' or 'no' and provide signature below.

Yes No I give permission for my child to take Acetaminophen 325mg (1 - 2 tablets) every 4 hours as needed during the school day. No more than 25 doses will be given in a school year without a doctor's note.

Medication should be given at home whenever possible. If medications must be given during the school day, the following will apply*:

1. Medicine must be in the original and current prescription bottle or original packaging.
2. Staff will not give the first dose of any medication unless it is an emergency.
3. Expired medications will not be given.
4. Over-the-counter medications are given according to the dosing directions on the bottle. Any other dosage must have an order from the doctor.
5. Medications or supplements not approved by the FDA (e.g., herbal remedies) require written permission from the parent and an order from the doctor.
6. Unless otherwise noted above, all medication authorizations will extend through summer school.

(Date)

(Signature of Parent/Guardian)

Liberty Public Schools

**Parental Annual Authorization for Student Self-Administration
For Emergency Medications/Treatments**

Student Name: _____ School Year: _____

Medication/Treatment: _____

I, the parent or legal guardian of the student listed above, give permission for my child to carry and self-administer the above listed medications/treatments. I have instructed my child to notify the school staff if medications/treatments are used but the condition is not improved. I understand that, absent any negligence, the school shall incur no liability as a result of any injury arising from the self-administration of medication by my child. This permission can be revised if there is evidence that the student is not administering medication appropriately.

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Note: Other forms which are required to be completed in addition to this form:

- Medication Authorization Form
- Emergency Action Plan Annual Parental Review



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____

D.O.B.: _____

Allergy to: _____

Weight: _____

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

PLACE
PICTURE
HERE

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

Extremely reactive to the following allergens: _____

THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generics: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generics: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

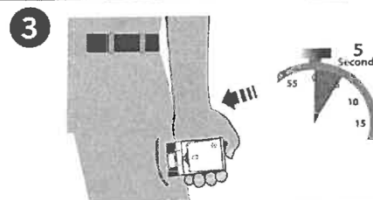
DATE

PHYSICIAN/HECP AUTHORIZATION SIGNATURE

DATE

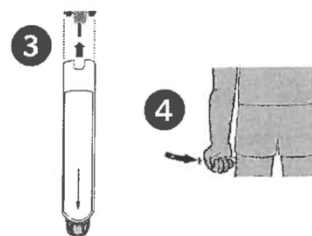
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



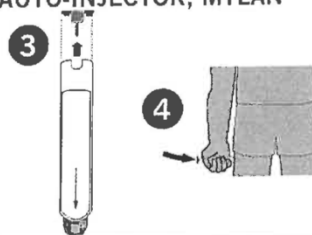
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



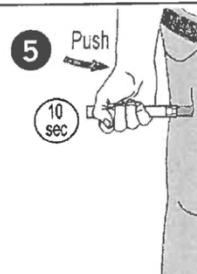
HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

**Liberty Public Schools
Emergency Action Plan Annual Parental Review**

Student's Name: _____ School Year: _____

I/We the parent(s) or legal guardian of the student listed above, have reviewed:

- | | |
|---|--------------|
| <input type="checkbox"/> Asthma Action Plan | Dated: _____ |
| <input type="checkbox"/> Severe Allergy Action Plan | Dated: _____ |
| <input type="checkbox"/> Seizure Action Plan | Dated: _____ |

I/We agree that this/these action plan(s) are still current for my student without any changes in medication(s) or treatment plan and authorize district employees to continue to use this plan for this school year. I understand that if there are any changes that develop, I/We are responsible for informing the school nurse and obtaining a new emergency action plan from my student's physician. If I/We fail to do so, I/We hereby release the District, its agents and employees from all liability and damages as a result of any injury arising from following the initial plan by school staff regardless of fault or negligence and agree to indemnify and hold harmless the District, its agents and employees therefrom.

Signature of parent or legal guardian: _____

Printed name of parent or legal guardian: _____

Emergency contact and phone number: _____

Additional contact and phone number: _____

Date: _____

Note: Other forms which are required to be completed in addition to this form:

- Medication Authorization Form
- Parental Annual Authorization for Student Self-Administration Form

To: Parents/Guardians

From: Director of Transportation

There are students in The Liberty School District who have severe life-threatening allergies. If these children are exposed to any peanut, nut products, or designated food allergen 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 to 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 _____. For questions regarding the cafeteria please call _____.

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.



LPS NUTRITION SERVICES
Julie LaSerre, RDN, RD
Assistant Director Nutrition Services

Feeding Dreams

Dear Parent,

If your child has allergies, requires a special diet or needs modified meals due to a medical condition, please, complete the [Special Diet Medical Statement form LPS](#). School Districts are required to have this form on file.. For the protection of your student, your student must bring a sack lunch from home until the form is processed.

Only a licensed physician may sign the medical statement. This form MUST be kept on file for all students with disabilities receiving special diet modifications and allergies. A short note from a physician on a prescription pad DOES NOT contain the required information.

Parents must also sign the form.

Required information includes:

- the child's disability or food allergy
- an explanation of how the disability restricts the child's diet
- the food or foods to be omitted from the child's diet and the food or choice of foods that need to be substituted.

The form must address the level of foods to be restricted. Example: Milk restrictions

- Is it just fluid milk,
- is it all items containing any milk or
- all dairy proteins even trace amounts?

They cannot have eggs,

- whole eggs (i.e. scrambled eggs)
- eggs cooked in products also (i.e. cakes)

Please complete the Medical Statement for Students Requiring Special Meals form and turn it into Nutrition Services via [Email](#), fax (816-736-5376) or drop off at 801 Kent St, Liberty, MO..

Feel free to contact me at: 816-736-6826 or at LPSDietitian@lps53.org for more information or how we can better meet the special diet needs of your student.

If your child restrictions change,, please make sure to have your physician fill out the Discontinuation of Diet form. It is the policy of the Liberty Public School Nutrition Department to follow any medical documentation that is on file in our office. We cannot make any changes or substitutions until the proper medical form is on file.

Please visit the Liberty School Nutrition website www.lps53.org/nutrition for information on our program or for additional copies of the form if needed.

Julie LaSerre, RDN, RD
Registered Dietitian



801 South Kent • Liberty, Missouri 64068 • (816) 736-6826 • Fax (816) 736-5376
E-mail: LPSDietitian@LPS53.org



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 whom 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 food.
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 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: _____ Office Extension: _____



This is an
ALLERGY
CONTROLLED
ZONE





This is an
ALLERGY
CONTROLLED
CLASSROOM



NO SHARING FOOD OR UTENSILS

