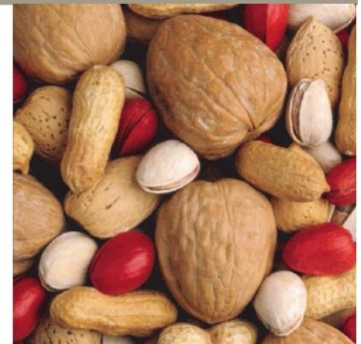


*Bismarck Public Schools*

# Severe Allergy Handbook



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## Overview and Goal of this Manual

Bismarck Public Schools recognizes the growing number of students enrolling in our schools with potentially life-threatening food allergies. As public educators, we recognize our responsibility to develop appropriate health plans for students with food allergies which detail emergency treatment while proactively addressing conditions to prevent exposure to specific allergens. We believe a collaborative partnership between school and family is the best way to achieve this goal while thoughtfully increasing the student's independence to care for him/herself.

While the medical and health-related needs are unique for each child, the intention of this manual is to establish a set of consistent, systemic practices within the district as a starting point. Principals and school personnel do not need to “re-invent” the wheel each time a student with serious food allergies enrolls nor do students and their families need to fear experiencing variable levels of familiarity with regard to food allergens.

As an educational environment we believe in our capacity to *educate* our families, teachers, and students to better understand life-threatening food allergies.

A collaborative partnership between school, families, and medical personnel can provide a safe and healthy learning environment, which will help parents/guardians and their children with food allergies make the transition between the safety of their home environment into the expanding world of a school. When done well, this is one of the greatest lessons a child with food allergies can learn. Similarly, classmates who do not have life-threatening allergies develop a greater understanding for individual differences, a capacity for flexibility, and increased compassion.

A consistent and well-implemented approach will help students learn to:

- Ask for help
- Develop healthy and strong friendships
- Acquire developmentally appropriate social skills
- Be more confident
- Become more independent
- Self-monitor that his/her medication is readily available
- Challenge situations that may feel unsafe or unnecessarily risky

An Individual Anaphylaxis Health Plan should be written for all students having life-threatening allergies. The Plan and this Handbook identify accommodations that are needed to keep students safe. In rare instances, principals, school personnel, and parents may determine a 504 Plan may be written. Section 504 is part of the Rehabilitation Act of 1973.

### **What is Food Allergy?**

Students with food allergies have over-reactive immune systems that target otherwise harmless elements of our diet and environment. During an allergic reaction to the food, the immune system recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators trigger inflammatory reactions in the tissues of the skin (itching, hives, rash) and the respiratory system (coughing, difficulty breathing, wheezing), the gastrointestinal tract (vomiting, diarrhea, abdominal pain) and the cardiovascular system (decreasing blood pressure, heartbeat irregularities, shock). When the symptoms are wide spread and systemic, the reaction is termed “anaphylaxis”, a potentially life-threatening event.

### What is Anaphylaxis?

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. These symptoms may include one or more of the following:

Hives	Difficulty swallowing
Vomiting	Wheezing
Itching	Difficulty breathing, shortness of breath
Diarrhea	Throat tightness or closing
Swelling	Sense of doom
Stomach cramps	Itchy scratching lips, tongue, mouth or throat
Red, watery eyes	Fainting or loss of consciousness
Change of voice	Dizziness, change in mental status
Runny nose	Flushed, pale skin, cyanotic (bluish) lips and mouth
Coughing	

The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which are potentially fatal. Common examples of potentially life-threatening allergies are those to foods and stinging insects. Life-threatening allergic reactions may also occur to medications or latex rubber and in association with exercise. Peanuts and tree nuts are responsible for the vast majority of fatalities due to food-induced anaphylaxis.

**Children with severe food allergies have a higher rate of other allergic diseases including asthma and eczema. Anaphylaxis is more common in children whose food reactions have had respiratory features such as difficulty breathing and throat tightness. Anaphylaxis appears to be much more probable in children who have already experienced an anaphylactic reaction. Anaphylaxis does not require the presence of any skin symptoms such as itching and hives.**

**In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma, this leading to the delay in appropriate treatment with epinephrine.**

**When in doubt, it is better to give the Epi-Pen Auto-Injector (epinephrine) and seek medical attention. Fatalities occur when epinephrine is withheld or delayed.**

Anaphylaxis can occur immediately or up to two hours following allergen exposure. In about a third of the anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as biphasic reaction. While the initial symptoms respond to epinephrine, the delayed biphasic response may not respond at all to epinephrine and may not be prevented by steroids. **Therefore it is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved. If epinephrine is administered in the Bismarck Schools, 911 will be called.**

**For those at risk for food induced anaphylaxis, the most important aspect of the management in the school setting should be prevention and prompt response to a possible reaction. In the event of anaphylactic reaction, epinephrine is the treatment of choice and should be given immediately. This shall require the training of unlicensed personnel if nursing staff cannot be available immediately.**

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.

- Any student with a medical diagnosis of a life-threatening allergy that requires epinephrine shall have a Health Care Provider Anaphylaxis plan and BPS Anaphylaxis Action Plan in place and have medication (EpiPen®, antihistamine) stored at the school.
- The fact that 25% of allergic reactions that take place in a school setting are by students who are undiagnosed, there is a possibility that an allergic reaction may occur with a student that has no emergency plan or an EpiPen® at school. Because of this the Bismarck Public Schools will keep stock EpiPen® in each school building. These stock EpiPens® will be used in cases of undiagnosed anaphylaxis and/or for a diagnosed student requiring a second dose of epinephrine (as deemed necessary by a school nurse or emergency medical support). Stock EpiPens® are not provided for students previously diagnosed with a severe allergy.
- In cases of students already diagnosed with an allergy, all medications must be provided by parents and stored at the school site.

*\*Throughout this document, “EpiPen®” is used. The school district is aware there are other epinephrine auto-injectors available (Auvi-Q®, Adrenaclick®, for example) and would utilize whatever one has been prescribed for your student in the event of an emergency. The schools are supplied with stock EpiPens® and the district provides EpiPen® training to all staff.*

## Glossary of Terms

**504 Plan:** A legal document that refers to Section 504 of the Rehabilitation Act of 1973 and protects individuals with disabilities. It protects people who are found to have a physical or mental impairment that substantially limits one or more major life activities. A 504 Plan can be a useful tool to legally address appropriate accommodations that may be needed in the school setting for students with specific health needs.

**Adrenaline:** A naturally occurring hormone that increases heart rate, blood pressure, and affects other adverse bodily functions (such as vomiting and diarrhea).

**Allergen:** A substance that causes an allergic reaction.

**BPS Anaphylaxis Action Plan:** A plan initiated by the school nurse and/or Health Care Team that is designed for use by school personnel. It outlines the care a student could need in an emergency situation and is written in lay language for any school personnel to understand and use as a guide to respond to a student who is experiencing a potentially critical situation. This form is filled out and signed by the student's parent or guardian.

**Anaphylaxis:** A severe, life-threatening allergic reaction to an allergen (nut, bee sting, latex, etc). It occurs suddenly and can worsen quickly and may cause death. This reaction requires emergency care.

**Antihistamines:** A class of medication used to block the action of histamines in the body and reduce the symptoms of an allergic reaction. One common brand of antihistamine is Benadryl.

**Asthma:** A chronic, inflammatory condition of the lungs, resulting in difficulty breathing that causes coughing, chest tightness, and wheezing. It is commonly triggered by infection, an allergy, and/or physical factors such as exercise and cold air temperatures.

**Auto-injector:** A medication delivery device that automatically administers an injectable medication (i.e. epinephrine). Often referred to as an "EpiPen®".

**Chronic:** Symptoms that occur frequently or are long lasting.

**Cross Contamination:** Occurs when a safe food item comes in contact with a food allergen such as peanuts, tree nuts, milk, fish, or any other allergen.

**Degree of severity:** The projected allergic reaction and its impact on the patient - from mild (skin irritations) to severe (life threatening: immediate anaphylaxis shock).

**(allergy) airborne:** allergic reaction that can occur by breathing in the allergen

*example: student has an allergic reaction when a bag of peanuts is opened in the same room. This is very uncommon.*

**(allergy) ingestion:** allergic reaction from the allergen being ingested

*example: student eating food that contains peanuts*

**(allergy) skin/touch:** allergic reaction resulting from the allergen coming in contact with the skin of the student

*example: student touching a food product with peanut ingredient. This is not common.*

**EpiPen® and EpiPen Jr.®:** A device used to automatically give one measured dose of epinephrine when injected into the thigh muscle during an anaphylaxis reaction. EpiPen® and EpiPen Jr.® are registered trade names of Mylan®.

**Epinephrine:** A medication used for immediate treatment of an allergic reaction.

**Food allergies:** Allergic reaction that occurs when the body responds defensively to an allergen.

**Food intolerance:** Inability to digest certain foods, NOT an allergy (i.e. intolerance to lactose, which is found in milk and other dairy products, is the most common food intolerance).

**Histamine:** Released by the body as part of the allergic reaction. Histamine causes the symptoms of the allergy such as itching, sneezing, wheezing, etc. The actions of histamine are blocked by antihistamine.

**Hives:** Itchy, swollen, red bumps or welts on the skin that appear suddenly. They may be a result of the body's adverse reaction to certain allergens. They can appear anywhere on the body including the face, lips, tongue, throat or ears. Hives vary in size and can last for minutes or days. Hives are also known as urticaria.

**Latex:** Also known as rubber or natural latex. Latex is a milky fluid derived from the rubber tree. It is used in a wide variety of consumer products, including rubber gloves, tubing, rubber bands, etc.

**Health Care Team:** Building-level team including, but not limited to, the parent/guardian, classroom teacher, principal, school nurse, and possibly the student. The purpose for this team is to create and implement a BPS Health Care Plan and/or 504 plan.

**Health Care Plan:** The BPS Student Anaphylaxis Action Plan and Parent Authorization for EpiPen® completed by the parent(s), that supports the necessary accommodations and needs of a student with a medical diagnosis. This plan is communicated to the Health Care Team.

**HCP:** Health Care Providers with prescriptive authority.

**Health Care Provider Anaphylaxis Action Plan:** The Health Care Plan completed by the student's Health Care Provider that supports the necessary accommodations and needs of a student with a medical diagnosis. This plan is communicated to the Health Care Team.

**Peanuts:** Legumes that are grown underground rather than on trees.

**Allergen-safe/restricted table:** A table reserved solely for students with peanut allergies and students that are also eating meals that are peanut free. The need for this table is declared in the individual Health Care Plan or 504 plan.

**Allergen-safe/restricted zone:** Area such as a table, cafeteria, classroom. No peanuts or products containing nuts are allowed in this zone.

**Risk reduction:** Actions taken to reduce the risk that a student will come in contact with an allergen that would put him/her at risk for anaphylaxis or other allergic symptoms.

**Tree nuts:** Nuts harvested from trees such as cashews, almonds, pecans, and walnuts.

## **Responsibilities of the Parent/Guardian**

### Communication:

- Notify the school of the student's allergic condition upon registration or recent diagnosis if the student is already enrolled in the district.
- If your student is new to the school, contact the school to set up a health care team meeting.
- Prior to the health care team meeting, have your doctor complete and sign the Health Care Provider (HCP) Anaphylaxis Action Plan. This form must be submitted annually.
- Participate in your student's health care team meetings to write the BPS Anaphylaxis Action Plan and/or 504 Plan.
- Review and revise your student's BPS Anaphylaxis Action Plan and/or 504 Plan with the school health care team.
- Strongly consider the purchase of a medical alert bracelet or jewelry for your student to wear to school.
- Provide the school with a doctor's statement if your student no longer has an allergy and does not need a 504 Plan, BPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plan.
- Keep updated phone numbers with the school office.
- Inform the school if an allergic reaction has occurred outside the school setting.
- Inform all teaching staff including coaches, advisors, chaperones, etc., of known allergy and plan in place.
- At the conclusion of the school year, pick up your student's EpiPen® and any other medication in the school office.
- If an allergic reaction has occurred in the school setting, attend the post-incident team meeting.
- Develop trusting relationships with peers who understand importance of avoiding allergens.
- If your student rides the school bus daily, inform the bus driver(s) of the known allergy and assure they have received the transportation health plan.

### Training/Education:

- Educate your student on self-management of his or her allergies:
  - The location of his/her EpiPen® and antihistamine at school.
  - Depending on age and development level, train your student how to self-administer an EpiPen®.
  - Which foods are safe for your student, which are not.
  - How to avoid exposure.
  - Learn the signs and symptoms of an allergic reaction.
  - How and when to tell an adult if a reaction is or may be starting.
  - How to read food labels, if applicable.
  - Proper hand washing before and after eating.
  - Report any teasing or bullying to an adult.
  - Avoid trading or sharing food.



Risk Reduction:

- Epinephrine:
  - In elementary provide at least one EpiPen® for the school office.
  - If student has been authorized by their Health Care Provider (HCP) to self-administer their own EpiPen®, strongly consider providing a second EpiPen® for the school office.
  - Ensure that any medication and the EpiPen® have not expired. Replace as needed.
  - If a student stores an EpiPen® in their belongings and if an EpiPen® has not been provided for the school office, delays in locating the student's EpiPen® in an emergency may occur. The condition of the EpiPen® or its contents may be such that the medication is not effective due to storage conditions.
  - Field trip destinations are communicated with parents in advance. BPS cannot assure the destination will be allergen-free.

Medical Management:

- Provide properly labeled medications.
- Review and revise the BPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plan yearly.
- Medication (EpiPen® and antihistamine) is stored in designated area with BPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plan.
- If student is participating in a before and/or after-school program or athletic team, provide the necessary medication and EpiPen®.
- Participate in class field trips if available.

## Responsibilities of the Student

While appropriate accommodations for students with life-threatening allergies will be made in the school setting, it is the goal for student with allergies to become self-advocates as they mature. It is our goal for students with severe allergies to become prepared for life outside of the school setting. The responsibilities asked of a student with allergies will change as the student develops and matures. Students should work to take responsibility for avoiding allergens (based on their developmental level), learn to recognize their symptoms of an allergic reaction, and report a reaction to an adult without hesitation.

### Communication:

- Inform all teaching staff, including coaches, advisors, chaperones, etc., of known allergy (age appropriate).
- Report any bullying, teasing, or harassment to a school staff member.
- Consider informing peers of your known allergy and reaction.
- Develop trusting relationships with peers who understand the importance of avoiding allergens.

### Training/Education:

- Learn self-management of his or her allergies (age-appropriate):
  - How to administer an EpiPen® (dependent on age and developmental level).
  - Which foods are safe, which are not.
  - How to avoid exposure.
  - Learn the signs and symptoms of an allergic reaction.
  - How and when to tell an adult.
  - How to read and interpret food labels.

### Risk Reduction:

- Food allergies:
  - Do not trade or share food.
  - Tell the school nurse and other staff members that you have a food allergy.
  - Wash your hands before and after eating.
  - Do not eat any foods with unknown ingredients.
  - Learn to read food labels.
  - Preview school lunch menu and make responsible choices.
  - When riding the school bus, if necessary sit in the seat designated by the bus driver.

- Insect stings:
  - Avoid wearing brightly colored clothing.
  - Avoid perfumes and heavily scented hair products, body soap, and lotions.
  - Wear closed-toed shoes.
  - Wear clothing that inhibits insect bites.
  - When outdoors, stay away from garbage receptacles.
  - Avoid eating outdoors if possible and keep food covered.
  
- Latex allergies:
  - Tell the school nurse and/or designated staff members that you are allergic to latex.
  - Avoid any contact with latex gloves or other latex products.

#### Medical Management:

- Inform an adult if you have ingested a known allergen or believe that you are having an allergic reaction.
- Know where your EpiPen® is stored in the building. This is particularly important as the student enters adolescence and interacts within environments with less oversight.
- Carry your EpiPen® if appropriate and if Health Care Provider (HCP) has signed authorization. Do not share EpiPen® with other students.
- Complete the training checklist yearly with the school nurse, where a school nurse is on staff.
- If age-appropriate (i.e. middle school, high school) represent yourself as a member of your health care team, being involved with developing your BPS Anaphylaxis Action Plan.

## **Responsibilities of the District Administration**

### Communication:

- Communicate the policy for managing life-threatening allergies to families and community members.
- Provide guidance to building level administrators and school nurses in special situations.

### Training/Education:

- Ensure that all staff members receive training relative to their role(s) in the school setting.
- Develop a plan for all substitute teachers to be trained in the administration of epinephrine.
- Monitor building level notification and training of staff members in relation to students with allergies.

### Risk Reduction:

- Develop and implement a protocol for the use of EpiPen® for emergency treatment of unknown anaphylaxis.
- Review rental agreement when outside groups (i.e. non-school related organizations) will use school property and food is present to reduce the risk of exposure to patrons with allergies (labeling baked goods with common allergens-peanut butter, tree nuts, etc.).

### Medical Management:

- Have a plan in place for cases when and where a school nurse is not available during an emergency situation.
- Develop, adopt, and implement a school district Health Care Provider (HCP) Anaphylaxis Action Plan for students with life-threatening allergies. This plan should include procedures and expectations of all stakeholders. This plan should be written for students K-12.

## **Responsibilities of Building Administrator**

### Communication:

- Implement and monitor procedures for managing life threatening allergies in the building level Crisis Plan (inserted in District Emergency Manual).
- Require a completed BPS Anaphylaxis Action Plan and/or 504 Plan and Health Care Provider (HCP) Anaphylaxis Action Plan for every student that has a life-threatening allergy prior to the student's start date or upon new diagnosis.
- Participate in the collaboration with the health care team and assist with the monitoring of the implementation of the BPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plan.
- Reconvene health care team to conduct post-incident meeting if a severe allergic reaction occurs at school. Assure the BPS Documentation of Anaphylaxis Event form is completed within one week of the incident.
- Assure that a letter is provided to all parents of students assigned to a K-3 classroom where one of the students has been medically diagnosed with a life-threatening allergy (carried out in accordance with FERPA regulations).
- Ensure Grades 4-6 receive education to reduce exposure to allergens that are allowed into the classroom, including label reading, avoidance, and establishing safe eating zones.
- If a school nurse is not on staff in a building, identify and designate staff that will perform the school nurse responsibilities and duties.
- Communicate with any non-school organizations that are renting or using the facility after school hours re: allergen restrictions in the building.
- Ensure all staff members know where medication, BPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plans are stored.
- Plan for a transition meeting to the student's next grade level if needed.
- Alert all visitors and guest speakers of allergen safe guidelines set in the school when appropriate.
- Notify bus drivers or transportation company of students with life-threatening allergies, naming the allergen and including the transportation health plan.
- When a substitute reports to the office to check in, a note should be attached to the time sheet alerting the substitute that a child with a potentially life- threatening food allergy attends the class.

### Training/Education:

- Mandate training of all personnel in the administration of an EpiPen® every two years; assign someone to keep track of attendance at these trainings.
- Ensure that all personnel hired mid-year attend a training session as well.
- Ensure that if the substitute teacher (in a classroom with a student with severe allergies) has not received training, another trained staff member is designated to give the EpiPen®.

Risk Reduction:

- Monitor the strategies of risk reduction and compliance with any school health care plans that are in place.
- Monitor the strategies of risk reduction and compliance of after-school and off premises school events that students participate in.
- Assure common signage is posted outside restricted classrooms.

Medical Management:

- Require parent to provide the school with a current EpiPen®.
- Health Care Provider (HCP) Anaphylaxis Action Plan, BPS Anaphylaxis Action Plan, and EpiPen® are kept in a readily available area of school.
- Identify location for storing EpiPens® with visual descriptors.
- Conduct and track attendance of emergency response drill for staff members.
- Follow the protocol for the use of EpiPen® for emergency treatment of unknown anaphylaxis.
- Provide accessible emergency communication between classroom-office, playground-office, field trips-office (e.g. walkie talkies, cell phones).

## **Responsibilities of School Nurse in Buildings where Nurse is on Staff**

### Communication:

- Assure completion of the BPS Anaphylaxis Action Plan and/or 504 plan before school starts.
- Ensure the Health Care Provider (HCP) Anaphylaxis Action Plan is completed and signed.
- Initiate parent/teacher meetings regarding the student's allergy before the start of school.
- Provide the BPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plan to each teacher assigned to the student and to the administrator and the counselor.
- Meet with the student to discuss their BPS Anaphylaxis Plan and HCP Anaphylaxis Action Plan and complete the training checklist yearly.
- Obtain an exchange and release of information between school and health care provider, if needed.
- Conduct a transition meeting when the student is moving to the next grade level (if needed).
- Assure EpiPen®(s) are properly labeled with prescription label affixed or on file in the office.
- Provide the Transportation Health Plan to the school bus driver; this only pertains to students with severe allergies that ride the bus daily.

### Training/Education:

- Train staff members in the administration of EpiPen® and in the understanding of anaphylaxis versus non-life threatening allergic reactions. Nurses will also train staff on the administration of other epinephrine autoinjectors as needed.

### Risk Reduction:

- Be a resource for teachers and staff members with questions regarding allergies and how to provide the necessary accommodations for students.
- Be a resource and care coordinator for parents of students with severe allergies.

### Medical Management:

- Prior to entry into school (or for a student who is already in school, immediately after the diagnosis of a life-threatening condition), the nurse will review the BPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plan to make sure it is complete.
- Continue to work with parents, student(s) and staff members to address the needs of the student with severe allergies.
- Assure that medication (EpiPen® and antihistamine) is stored in designated area as well as the HCP Anaphylaxis Action Plan and the BPS Anaphylaxis Action Plan.
- Monitor and record expiration dates and inform parents when replacements are needed.
- Assure check in/check out forms are used if an EpiPen® must be taken out of the school office.

## **Responsibilities of the Teacher**

(applies only to classrooms with students who have severe allergies)

### Communication:

- Participate in the initial writing of the BPS Anaphylaxis Action Plan and/or 504 Plan.
- Inform your substitute and student teachers about the students with severe allergies and review their BPS Anaphylaxis Action Plan and Health Care Provider (HCP) Anaphylaxis Action Plan. Discuss these plans with guest speakers, volunteers, etc. as needed.
- Discuss anaphylaxis in age-appropriate terms with the class to ensure a safe environment for a peer with allergies.
- Communicate with parents/guardians of your students (dependent on age and developmental level) if you are having an event in your classroom that involves food, or if a field trip involves eating away from school.
- Participate in the post-incident meeting for the student who had an anaphylactic reaction at school.
- Provide a letter to all parents of students assigned to a K-3 classroom where one of the students has been identified as having a life-threatening allergy (carried out in accordance to FERPA regulations). Describe any accommodations that will be made in the classroom and how that affects other students in the class (sample letter pg. 31).
- Provide required education in upper elementary classrooms.

### Training/Education:

- Become knowledgeable of the signs and symptoms of a severe allergic reaction in addition to the specific signs and symptoms noted in the student's BPS Anaphylaxis Action Plan and/or 504 and HCP Anaphylaxis Action Plan.
- Participate in the training to handle the everyday health needs as well as emergency health needs of the student with severe allergies. This should include:
  - Education of allergens that cause the allergic reaction.
  - How to prevent exposure (risk reduction).
  - How to recognize symptoms of an allergic reaction (both those known for this student and general symptoms that could also occur with an allergic reaction).
  - Study the HCP Anaphylaxis Action Plan and BPS Anaphylaxis Action Plan, and the readiness to implement this plan.
  - Training and practice of the administration of an EpiPen®.

### Risk Reduction:

- Do not allow the sharing and trading of food in the classroom.
- Allow parents of the student with allergies to send in supplemental snacks in the case of special events where foods with allergens may be served.



- Do not use food as incentive or reward.
- In middle and high school, classroom accommodations will be made according to the student's need and developmental level.

Grade K-3 classrooms:

- Parents of all students in these classrooms should receive a letter asking them to not send food to the classroom that contains the diagnosed allergen or has been made in a location where the allergen is also processed. Parent letter is on page 30.
- Post appropriate signage outside the door of the classroom (See pages 37-42).
- Need to be restricted from diagnosed food allergens. If restricted food items are brought into the classroom, remove them and allow students to take them home with a note of explanation.
- Require children to bring their own daily snack rather than having parents bring daily snacks for the whole class. This reduces the risk of students with severe allergies eating an unsafe food.
- Ensure that all students wash their hands before and after eating lunch and before returning to the classroom. Students who bring cold lunches may have had food containing the allergen. School lunch does not contain peanuts or tree nuts.
- Individual snacks and foods that are brought to share with the class (celebrations, etc.) cannot be homemade or fresh bakery items due to the risk of cross contamination. Individual snacks and shared foods must have the original seal from the manufacturer and contain an ingredient label.
- Individual snacks or shared food whose ingredient label indicates the item was made where the food allergen is processed will not be allowed.
- Cafeteria seating will require a restricted table (or section of table) where the student with food allergies will sit. Classmates who have a safe lunch will also be allowed to sit at this table.
- Field trip accommodations should be the same as in the classroom. Parents need to be informed in advance. Sack lunches must be separated during storage.

Upper elementary:

Beginning with the 2013-2014 school term, grades 4 and above will allow food allergens into the classroom using a specific protocol to maintain safety under the close management of the teacher. The purpose of this approach is intended by district policy to assist students with allergies with their transition to middle school where the school environment is less structured. This guided approach will provide teaching and learning opportunities for students to practice the safety methods they are taught in a protected classroom and to gain confidence in self-management.

Upper elementary classroom protocol:

- Classroom teacher or school nurse will provide specific education before allowing food allergens into the classroom. Education will include explanation of seriousness of anaphylaxis, label reading to identify food allergens in snacks and shared foods, practices for safe-eating zones, rules for not trading food, rules for food brought to share with classmates (celebrations, etc.).

- Food brought to share with the class cannot be homemade; it must be sealed by the bakery or manufacturer with an ingredient label affixed. Communicate with parents before allowing students with severe allergies to eat food brought in to be shared. These students are encouraged to keep a supply of safe snacks in the classroom for these occasions.
- Safe-eating zones in the classroom are the students' personal desks. All students will eat food at their own desk. Students eating food containing the specific allergen will wash their hands after eating and clean their eating surface with a paper towel and appropriate cleaning solution that removes the allergen.
- Individual snacks that are homemade will be handled as containing the allergen and safe-eating zone practices will be used. Individual commercial snacks that are made where food allergens are also processed will be allowed with safe-eating zone practices in place. Sealed bakery items not containing allergens will be eaten in safe eating zones due to the possibility of cross-contamination.
- Cafeteria seating may or may not be restricted according to individual student's health plan.
- Field trip accommodations will be the same as in the classroom. If lunch will be eaten during the field trip, hand wipes must be provided if proper hand washing facilities will not be available. Sack lunches must be separated during storage.
- Classroom pet food and bedding must not contain the allergen due to it becoming airborne.

#### Classroom Activities/Lesson:

- Teach grades 4 and above to recognize dangers of anaphylaxis, read labels, and maintain safe eating zones.
- Refrain from using food allergens in lessons, crafts, and centers.
- Consider revising classroom celebrations to include non-food items.
- Do not allow pets to visit classroom if a student is allergic.
- Assure that pet food or bedding allowed into the classroom does not contain the allergen.

#### Field Trips:

- All staff accompanying the group out of the building are trained and briefed on the BPS Anaphylaxis Action Plan and Health Care Provider (HCP) Anaphylaxis Action Plan.
- Invite parents of student with allergies to chaperone the field trip.
- Inform parents that parent vehicles used to transport students may not be allergen-free.
- Take a copy of the student's BPS Anaphylaxis Action Plan and/or 504 Plan and HCP Anaphylaxis Action Plan along with EpiPen® and other related medication.
- Store EpiPen® in a temperature range of 59°-86° Fahrenheit. It is light and temperature sensitive.
- A trained district employee, such as the classroom teacher, will accompany the class on the field trip and bring and maintain each applicable student's EpiPen® and related medications, BPS Anaphylaxis Action Plan and/or 504 Plan and HCP Anaphylaxis Action Plan and follow these plans.
- Carry a communication device, such as a cell phone, in the event of an allergic reaction.
- Educate classmates about the seriousness of an allergy.

- Maintain classroom restrictions, rules, and practices.
- Separate sack lunches (if applicable) or ask students to keep lunches in backpacks.
- When food will be eaten, bring hand wipes (school provides) if hand washing facilities are not available.

Medical Management:

- For substitute teachers, provide a copy of the student's BPS Anaphylaxis Action Plan and/or 504 Plan and the Health Care Provider (HCP) Anaphylaxis Action Plan in a substitute folder.
- Do not hesitate to put the HCP Anaphylaxis Action Plan and BPS Anaphylaxis Action Plan into action if the student reports or the teacher is witnessing allergic symptoms and/or anaphylaxis.
- Ensure that all individuals working with the student (and class) are informed of the BPS Anaphylaxis Action Plan and/or 504 Plan and HCP Anaphylaxis Action Plan.
- In the event of a suspected allergic reaction, an adult will call the office. One member of the office staff will bring the student's EpiPen®. Another staff member calls 911. If the student is authorized to self-administer the EpiPen®, but unable to do so, a trained adult will administer it. An adult will stay with the student at all times. Follow their HCP Anaphylaxis Action Plan and BPS Anaphylaxis Action Plan.
- Be aware of how the student with the allergy is being treated by others. Ensure that students are not endangering, harassing, teasing, bullying, or isolating students with allergies.
- Act upon any form of bullying (refer to BPS policy JCDAB) that has been witnessed or reported by a student, parent, or staff member.

## **Responsibilities of Building Food Service Personnel**

### Communication:

- School Registered Dietician will determine if food allergens are on the menu and consider removing the item(s) if warranted.
- School Registered Dietitian will meet with parents/guardians upon request, either in person or via phone, to review current menu.
- Food Service staff will take seriously all complaints/concerns for any student with a life-threatening allergy, allowing the student to see school nurse (or other designated school staff when nurse is not present) if complaining of any potential symptoms.
- Food Service staff will report complaints/concerns, including any type of bullying or inappropriate behavior on the part of other students, to school building administrators.
- Changes to a student's diet will be made with a physician signed medical statement form in accordance with USDA's Accommodating Students with Special Dietary Needs in the School Nutrition Program.

### Training/Education:

- Food service staff (and substitutes) participate in training to recognize food allergens, identify students with food allergies, and awareness of the signs and symptoms of an allergic reaction.
- Receive training on administering an EpiPen® every other year.
- Participate in training regarding correct cleaning solutions (NO DISH SOAP) and procedures to assure tables needing to be allergen free are maintained appropriately.

### Risk Reduction:

- Eliminate cross-contamination if food items contain known allergens. Develop plans and procedures for cleaning, cooking, and sanitizing:
  - Utensils
  - Food handling
- Create an "allergen-restricted" table, if need be. These tables need to be washed with separate solution and cloths.
- Food Service staff will monitor and enforce cleaning procedures that eliminate exposure to allergens.

### Medical Management:

- Upon receiving the physician signed medical statement form, the nutrition staff will individualize a menu plan by the school dietitian to instruct them on the student's allergens. Staff will be able to identify each student with a special need diet. All information will remain confidential and shared on a need-to-know basis in compliance with federal privacy regulations.
- Maintain records of which food products contain allergens.

## **Responsibilities of the School Secretary**

### Communication:

- Upon enrollment, review the registration form for any allergies requiring an EpiPen® and/or antihistamine. If prescribed, proceed with the following responsibilities:
  - Give a copy of or refer the parent to the link for the Bismarck Public Schools Severe Allergy Handbook upon registration of student with severe allergies.
  - Notify principal and school nurse of the students with severe allergies.
  - Code student as “Medical Alert” in PowerSchool. Enter the alert as an allergy and note the type of allergy (ex: allergic to bee stings). Include if student has an EpiPen® and location of EpiPen® (i.e. office or with student).
- Generate a report from PowerSchool that lists all Medical Alert students for school nurse, administration and any requesting personnel.

### Training/Education:

- Participate in training for students with life-threatening allergies including demonstration of Epinephrine use every other year and as needed.

### Risk Reduction:

- Assist staff members with the printing of “allergen restricted” posters when necessary.

### Medical Management:

- Maintain locked medication storage area if designated by the principal.

## **Responsibilities of School Counselors**

### Communication:

- If/as necessary, develop and monitor 504 plans for students with life-threatening allergies.
- If/as necessary, be available to provide individual counseling to student diagnosed with life-threatening allergies.
- If/as necessary, be available to provide classroom conversations regarding life-threatening allergies and its social impact/outcomes.

### Training/Education:

- Receive training on life-threatening allergies and symptoms/treatment options and district protocol.
- Participate in training for students with life-threatening allergies including demonstration of Epinephrine use every other year.

## Responsibilities of Custodians

### Training/Education:

- Receive training on allergen-restricted guidelines.
- Participate in training for students with life-threatening allergies including demonstration of Epinephrine use every other year.

### Risk Reduction:

- Use separate wash bucket and cloth with district-approved cleaning agents (NO DISH SOAP) solely for the cleaning of allergen-restricted zones.
- Maintain allergen signage within the buildings (on tables, doors, walls, etc.) when requested.
- Perform cleaning in accordance with Severe Allergy Handbook when needed, after facilities are used by outside groups and after-school functions.
- Communicate expectations for cleaning to BLAST/after-school staff.
- Monitor prevalence of stinging insects on building grounds and near entry and exit doors.
- Take necessary action to eliminate stinging insects from building grounds by removing insect nests and properly storing garbage in well-covered containers.

## **Responsibilities of all other BPS Employees and Contracted Staff**

### Communication:

- Have a communication device available at all times (walkie-talkie, cell phone, etc.).

### Training/Education:

- Participate in allergy management training at least every other year. The training will be documented and kept on file.
- Ensure that all other staff members are aware of the allergy management plan and have had training in administering an EpiPen®.

### Risk Reduction:

- Surfaces are cleaned adequately if used for serving food where allergen restriction is in effect.
- Consider the presence of allergens involved in after-school activities and modify as needed.
- Clearly identify who is trained and responsible for administering the EpiPen® and where it is stored.

### Medical Management:

- Conduct activities in accordance with all school policies and procedures regarding life-threatening allergies.
- Keep a copy of the Health Care Provider (HCP) Anaphylaxis Action Plan and BPS Anaphylaxis Health Care Plan for all students with life-threatening allergies.
- Student will be under the supervision of at least one adult. Epinephrine will be taken outside if specified in the student's BPS Anaphylaxis Action Plan and/or 504 Plan and HCP Anaphylaxis Action Plan. The epinephrine will be carried by a designated district employee or by the student (if possible) with a completed authorization for Administration for Anaphylaxis. Store EpiPen® in a temperature of 59-86° Fahrenheit.
- Know how to access EMS if an allergic reaction is suspected, following district policies:
  - Call 911: all Bismarck ambulances carry epinephrine
  - Implement other school board approved emergency procedures.



## Responsibilities of School Busing Personnel

- Communicate problems and concerns with appropriate or designated school staff.
- Maintain a functioning communication device.
- Discourage and work to eliminate food consumption on the bus unless medically necessary.
- Receive training in allergy management (EpiPen® administration).
- Buses carry transportation health plan for elementary students.
- Establish procedure for contacting emergency medical services or 911 according to district policy.
- Know the closest, local emergency medical facilities when transporting students on a field trip or to/from home.
- Bus drivers should not hand out treats to students.

\* BPS contracts most transportation through a private company

## How a Student Might Describe an Allergic Reaction

- This food is too spicy.
- My tongue is hot (or burning).
- It feels like something is poking my tongue.
- My tongue (or mouth) is tingling (or burning).
- My tongue (or mouth) itches.
- It (my tongue) feels like there is hair on it.
- My mouth feels funny.
- There's a frog in my throat.
- There's something stuck in my throat.
- My tongue feels full (or heavy).
- My lips feel tight.
- It feels like there are bugs in there (to describe itchy ears).
- It (my throat) feels thick.
- It feels like a bump is on the back of my tongue (throat).
- My chest is tight.
- I can't breathe.
- My throat hurts.

*Parts taken from: Food Allergy News, Vol. 13, No. 2. ©2003 The Food Allergy & Anaphylaxis Network.*

## Steps to Take in the Event of an Allergic Reaction

If a student displays signs and symptoms of an allergic reaction and/or reports an exposure to their allergen, school personnel should immediately implement the school's policy on allergy anaphylaxis which should require that immediate action be taken, such as:

- Locate student's epinephrine immediately; ask someone to locate the school nurse.
- Implement the student's BPS Anaphylaxis Action Plan and Health Care Provider (HCP) Anaphylaxis Action plan.
- Call 911 if epinephrine has been administered.
- Notify the school nurse (if available).
- Call the student's emergency contact.

### Important considerations:

- Know your school's emergency procedures and protocols in advance of an emergency and be prepared to follow them. Refer to BPS Emergency Manual.
- In the presence of symptoms or known exposure to allergen, **GIVE EPI-PEN WITHOUT DELAY!** Do not wait! Note time administered on the BPS Anaphylaxis Action Plan or HCP Anaphylaxis Action Plan.
- Use a calm and reassuring voice with the student and do not leave him/her unattended.
- Do not attempt to stand the student up or ask them to walk around (this may increase the danger to the student in the event of a reaction).
- Implement BPS Emergency Manual procedures.
- **Call 911** to activate the Emergency Medical System.
  - All Bismarck ambulances carry Epinephrine.
  - Have ambulance dispatcher repeat back the school address and specific entrance that should be used.
  - Inform 911 services that epinephrine has been administered.
  - Have someone meet the Emergency Medical Team at the door and escort them to your exact location.
- Notify the school administrator. (Administrator to announce "school lockdown with instruction to continue" until emergency services have left the premises).
- Gather accurate information about the reaction and the student to give to ambulance personnel when they arrive. (This includes the EpiPen® used and the HCP Anaphylaxis Action Plan and BPS Anaphylaxis Action Plan with noted time of administration of the EpiPen®).
- Complete BPS Documentation of Anaphylaxis Event form and return it to Administration.

*Some information taken and adapted from Making a Difference: Caring for Students with Life-Threatening Allergies courtesy of the state of New York.*

## Post Incident Plan

This plan has been developed as a reflective practice for all members of a student's health care team in the event that the student has experienced an allergic reaction. This reaction may have occurred in the school setting or at home. The purpose of this plan is for the principal to reconvene the team and discuss any new information regarding the student's allergy, reaction, BPS Anaphylaxis Action Plan and/or 504 Plan, and Health Care Provider (HCP) Anaphylaxis Action Plan.

Within 1<sup>st</sup> week after the event and the student returns to the school setting:

1. Ensure that all medications are supplied to the school and housed in the locations identified in the BPS Anaphylaxis Action Plan.
2. Health care team (parent, nurse, classroom teacher, administrator and counselor) meets to discuss any changes or additions to the current plan.
  - a. Obtain as much accurate information as possible about the allergic reaction. Helpful information might include:
    - i. Discuss what was seen and dispel any rumor
    - ii. Items ingested (food, drink, over the counter medications or prescription medications)
    - iii. Any insect stings or bite
    - iv. Timing from ingestion to symptoms
    - v. Type of symptoms
    - vi. Time and response of medications that were given
3. Identify those who were involved in the medical intervention and those who witnessed the event and obtain any necessary information from them.
4. If an allergic reaction is thought to be from a food provided by the school food service, request assistance of the Food Service Director to ascertain what potential food item was served/consumed. Review food labels from Food Service Director and staff.
5. Agree on a plan to disseminate factual information about food allergies with schoolmates who witnessed, or were involved in the allergic reaction, with consent from both the parent/guardian and the student. Explanations shall be age appropriate.
6. Review what changes need to be made to prevent another reaction; do not assign blame.
7. If the 504 Plan and/or BPS Anaphylaxis Action Plan or HCP Anaphylaxis Action Plan is revised, copies are to be distributed to all staff members that work with the student.
8. Factual information that does not identify the individual student can be provided to the school community without parental permission (i.e., a letter from the principal to parents/guardians and teachers that doesn't disclose identity but reassures them the crisis is over, if appropriate.)

*Some information taken from the Guidelines for Managing Life-Threatening Allergies in Illinois Schools, p 43.*



Date:

Dear Parents,

This letter is to inform you that a student in your student’s classroom has a severe allergy to [insert allergen]. Strict avoidance of [insert allergen] products is the only way to prevent a life-threatening allergic reaction. We are asking for your assistance in providing the student with a safe learning environment.

To reduce the risk of exposure, please do not send any [insert allergen] containing products with your student. Any exposure to [insert allergen] through contact or ingestion can cause a severe reaction. If your student accidentally brings a [insert allergen] snack item, we will send a reminder home and your student will be offered a different snack.

If your student is bringing a food item to share with the class, it must be a prepackaged item with a complete ingredient list so potential allergens can be identified. Supplies brought to the classroom for projects and activities must also be [insert allergen] free.

Since lunch is eaten in the cafeteria, your student may bring [insert allergen] or [insert allergen] products for lunch. In the cafeteria there will be a designated [insert allergen] -free table where any classmate without [insert allergen] products can sit. If your student sits at this table with a [insert allergen] product, she/he will be asked to move to another table. This plan will help to maintain safety in the cafeteria while allowing non-allergic classmates to enjoy [insert allergen] products in a controlled environment. Following lunch, the students will wash their hands prior to returning to the class. The lunch tables will be cleaned with a special cleaning solution (no dish soap) and paper towels after each lunch.

We appreciate your support of these procedures. Please complete and return this form so that we are certain that every family has received this information. If you have any questions, please contact me.

x \_\_\_\_\_  
Signature of Principal/Teacher/Nurse

I have read and understand the classroom procedures that will avoid exposing students to peanuts. I agree to do my part in keeping the classroom safe for all students.

Student’s Name: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Snacks (Peanut &/or Tree Nut Free)

A student(s) in your child's classroom has a food allergy to peanut and/or tree nuts. A small amount of peanut or tree nut material may trigger an allergic reaction and is one reason such allergies are considered dangerous. Not everyone who suffers from peanut allergies is so sensitive, but those who are can suddenly go into anaphylactic shock within minutes of exposure to peanut products. Anaphylactic shock is a serious allergic reaction which can cause a life-threatening condition.

We request that individual student snacks be free of peanuts and/or tree nuts. Listed below are suggested snacks to use as a guide. **Fresh fruits and vegetables are always safe choices.**

### Safe Snack Choices

- Fresh Fruit or Vegetables
- Dried Fruit (i.e. raisins, apricots)
- Canned Fruit in light syrup
- 100% Fruit or Vegetable Juice
- Yogurt
- String Cheese
- Cottage Cheese
- Lean meat slices
- Beef Jerky
- Hard Boiled Eggs
- Crackers (Original *Triscuits & Wheat Thins*)
- Pretzels (*Rolls Gold*)
- Graham Crackers (*Honeymaid*)
- Animal Crackers (*Zoo & Barnum brands*)
- Goldfish (*Pepperidge Farm*)

### Below are Guidelines for Reading Labels when checking for Peanut and/or Tree Nut Allergens

#### Peanut Allergy - Ingredients to Avoid

Artificial Nuts (Nu-nuts)	Extruded Peanut Oil	Nutmeat
Beer Nuts	Goobers	Nut Pieces
Cold-Pressed Peanut Oil	Ground Nuts	Peanut
Crushed Nuts	Hydrolyzed Plant Protein	Peanut Butter
Expeller-Pressed Peanut Oil	Mixed Nuts	Peanut Flour
Expressed Peanut Oil	Monkey Nuts	Peanut Starch

**\*\*Advisory Statements like "may contain traces of peanut"\*\*\***

#### Tree Nut Allergy - Ingredients to Avoid

Almonds	Macadamia Nuts	Pine Nuts (pignolia nut)
Brazil Nuts	Nut Butters	Pistachios
Cashews	Nutmeat	Pralines
Chestnuts	Nut oil, nut paste, nut pieces	Walnuts
Filberts/Hazelnuts	Pecans	

FOR OFFICE USE:

Notified/Copy Given To: Classroom Teacher \_\_\_\_\_ PE Teacher \_\_\_\_\_ Other \_\_\_\_\_  
Teacher Initials \_\_\_\_\_ PE Teacher Initials \_\_\_\_\_

BPS-SE 42 05/18



**BISMARCK**  
PUBLIC SCHOOLS

## Student Anaphylaxis Action Plan and Authorization for Epinephrine and Antihistamine

Child's Name	DOB	Grade
Parent(s)/Guardian(s)	School/Teacher	
Parent/Guardian Phone Numbers:	Home:	Work: Cell:
Emergency Contact (Other Than Parent/Guardian)	Emergency Phone	
Physician/Phone	Hospital/Phone	

### ALLERGY MANAGEMENT INFORMATION

1. **This child is severely allergic to:** \_\_\_\_\_

Describe what happened when child was first diagnosed with allergy: \_\_\_\_\_

2. **This child is allergic by the following ways of exposure (check all that apply):**

- Direct contact (touching)     Ingestion (if eaten)     If bitten or stung
- In the air (inhalation)     Other/please explain: \_\_\_\_\_

3. **Self-Care:**

a. Is this child able to monitor and prevent his/her own exposures?     Yes     No

b. Does this child:

- Tell an adult immediately after an exposure?     Yes     No
- Wear a medical alert bracelet, necklace, or watchband?     Yes     No
- Tell peers and adults about the allergy?     Yes     No
- Know what foods to avoid?     Yes     No     Not Applicable
- Ask about food ingredients?     Yes     No     Not Applicable
- Read and understand food labels?     Yes     No     Not Applicable
- Firmly refuse a problem food?     Yes     No     Not Applicable

c. Does this child have an emergency medication?     Yes     No

d. Has this child ever self-administered their emergency medication?     Yes     No

e. Will this child have an antihistamine at school?     Yes     No

4. **Has epinephrine ever been administered to this child for this allergen?**     Yes     No

If "yes", explain: \_\_\_\_\_

What symptoms were present? \_\_\_\_\_

What was the response? \_\_\_\_\_

(Continued on Back Side)



## **SCHOOL ACTION PLAN**

- Retrieve epinephrine auto-injector which will be located here: \_\_\_\_\_
- Give medication as ordered on Health Care Provider Form 42a
- Follow Health Care Provider Form 42a
- Call **911** if epinephrine is given
- Call parent/guardian
- An adult trained in CPR is to stay with student—monitor and begin CPR if necessary
- After epinephrine administration, student may experience a rapid heart rate, anxiousness or develop a headache.

## **PARENT CARE AUTHORIZATION**

- I understand that school personnel will make good faith efforts to provide medical care to my child and acknowledge school personnel will not be held legally or financially responsible for this care.
- I will notify the school immediately of any changes in my child's health status or medication.
- I give permission to School personnel to contact my child's physician as needed; and that medication/health information may be shared with staff who need to know.
- If I don't provide the required "Healthcare Provider Anaphylaxis Action Plan," I give my consent for Bismarck Public Schools to obtain it from my child's healthcare provider.

Parent/Guardian Signature of Approval (*Required*): \_\_\_\_\_ Date: \_\_\_\_\_

## **EPINEPHRINE AND ANTIHISTAMINE AUTHORIZATION**

Please bring this completed form along with your child's medication(s) to school. Medication must be in its original container with label attached – small containers preferred.

Inject into outer thigh (check one):  Epipen®  Epipen® Junior  Auvi-Q®  Adrenaclick®

Name of antihistamine: \_\_\_\_\_ Strength: \_\_\_\_\_ Dose: \_\_\_\_\_

Time to give at school: \_\_\_\_\_

Instruction for use: \_\_\_\_\_

Medication side effects: \_\_\_\_\_

Other information staff should know about student and these medications: \_\_\_\_\_

**As parent/guardian of the above-named child, I give permission to Bismarck Public School personnel to administer the above named medication(s) to my child as directed by my health care provider; I also acknowledge school personnel will not be held legally or financially responsible for the administration of this medication(s).**

Parent/Guardian Signature of Approval (*Required*): \_\_\_\_\_ Date: \_\_\_\_\_

*\* Form valid for one year from date of signature unless there are changes in medical status.*

# Healthcare Provider Anaphylaxis Action Plan

Bismarck Public Schools

BPS-SE 42a  
07/18

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Does the student have asthma?  Yes\*  No \*Higher risk for severe reaction

### Medication/Dosage

**Epinephrine:** Inject into thigh (circle one) EpiPen® EpiPen® Jr. AuviQ Adrenaclick

**Antihistamine or other medication:** give \_\_\_\_\_  
Medication/dose/route

**Student has been instructed and may administer his/her own epinephrine:** Yes  No

### Plan of Care

If student has ingested the food allergen or has been stung by the allergen, but NO SYMPTOMS are present then (check all that apply):

- Administer Antihistamine  Administer epinephrine
- Monitor student and treat according to the development of the following symptoms:

**MILD SYMPTOMS ONLY:**  
 MOUTH: Itching or tingling to the mouth or face  
 SKIN: A few hives around mouth/face, mild itch or tingling.  
 Hives, redness or welts without generalized swelling



1. **GIVE ANTIHISTAMINE**
2. Stay with student; contact parent(s) or guardian(s)
3. If symptoms progress (see below) **USE EPINEPHRINE.**
4. Monitor student

**Any SEVERE SYMPTOMS:**  
**One or more** of the following:  
 LUNG: Short of breath, wheeze, persistent cough, difficulty talking  
 HEART: Pale, blue, faint, weak pulse, dizzy, confused  
 THROAT: Tight, hoarse, trouble breathing/swallowing  
 MOUTH: Obstructive swelling (tongue and/or lips)  
 SKIN: Many hives over body  
  
 Or **combination** of symptoms from different body areas:  
 SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)  
 STOMACH: Vomiting, diarrhea, cramping pain



1. **INJECT EPINEPHRINE IMMEDIATELY**
  2. Call 911 & parent(s) or guardian(s)
  3. Begin monitoring (see box below)
  4. Give additional medications:\*  
 -Inhaler (bronchodilator) if asthma
- \*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). **USE EPINEPHRINE.**

**Monitoring after injection of epinephrine:**  
 Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

**Even if parent/guardian cannot be reached, do not hesitate to medicate and call 911!**

Other instructions for school personnel: \_\_\_\_\_

Healthcare Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Provider name printed: \_\_\_\_\_



# RELEASE OF INFORMATION

Bismarck Public Schools  
806 N. Washington St., Bismarck, ND 58501

I hereby authorize the mutual exchange of information regarding:

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

This information will be shared between Bismarck Public Schools (BPS) and:

\_\_\_\_\_  
(Person or Agency)

\_\_\_\_\_  
(Address)

**A. The following information is REQUESTED by Bismarck Public Schools:**

\_\_\_ \*Evaluations/Assessments: Please Specify-

\_\_\_ \*Student Education Records: Please Specify-

\_\_\_ \*Medical Reports: Please Specify-

\_\_\_ \*Other: Please Specify-

**\*Notice:** Unless otherwise noted, this information will be used for educational planning purposes and/or determining eligibility for services, and will be placed in the student's school file. (Other uses \_\_\_\_\_)

**B. The following information will be SENT/DISCLOSED by Bismarck Public Schools (Be Specific):**

\_\_\_ \*Student Education Records: Please Specify-

\_\_\_ \*Individualized Education Program (IEP)

\_\_\_ \*Evaluations/Assessments: Please Specify-

\_\_\_ \*Other: Please Specify-

**\*Purpose of this request for records (REQUIRED):** \_\_\_\_\_

Please forward requested information to: \_\_\_\_\_

Attn: \_\_\_\_\_

This consent for the mutual exchange of information will remain in effect until \_\_\_\_\_ unless specifically revoked by written notice to the agency sending the records. Any information disclosed prior to written revocation of this consent shall not be a breach of confidentiality. This consent will allow the above parties to exchange information related to the records above through US mail, and verbal conversation.

**I also consent to exchanging this information through fax or e-mail unless this box is checked:**  . (I understand that fax and e-mail transmissions may not be secure).

I **CONSENT** to the exchange of information described above:

\_\_\_\_\_  
(Signature of Parent/Guardian/Eligible Student)

\_\_\_\_\_  
(Date)

Notice to recipient of BPS education records: Federal law may prohibit the re-disclosure of these records to other parties without the prior consent of the parent, guardian, or eligible student. For more information, including penalties for re-disclosure, see 34 CFR Part 99.

## Severe Allergy Plan Checklist – Elementary School

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_ Year: \_\_\_\_\_

Homeroom teacher: \_\_\_\_\_

Allergy: \_\_\_\_\_

\*\* This document should be checked and filed with: School Nurse \*\*

Initials	Date (mm/dd/yyyy)	Task	Person Responsible
		A copy or the link to the severe allergy handbook was offered.	Secretary or principal
		Notify school nurse, teacher, and counselor of student with allergy.	Secretary or principal
		Parent turns in completed Health Care Provider Anaphylaxis Action Plan. The plan is placed with EpiPen®.	School nurse/secretary
		Parent turns in completed BPS Anaphylaxis Action Plan. The plan is placed with their EpiPen®.	School nurse/secretary
		Parent turns in completed medical release form, if requested.	School nurse
		Parent met with staff to review the BPS Anaphylaxis Plan.	Parent, teacher, school nurse and/or principal
		An EpiPen® is stored in the office with completed BPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plan.	Secretary/principal School nurse
		Oral antihistamine is stored in the office with completed Health Care Provider Anaphylaxis Action Plan.	Secretary/principal School nurse
		If applicable, an EpiPen® located outside of office in _____.	Secretary/principal School nurse
		Teacher review of training with EpiPen® and allergy symptoms if necessary.	School nurse
		Signage outside of classroom depending upon need. (i.e. Allergen Restricted Classroom)	Teacher
		504 plan is distributed to all teachers, paras, and specialists that work with this student. (if applicable)	Counselor

## Severe Allergy Plan Checklist – Middle & High School

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Year: \_\_\_\_\_

Homeroom teacher: \_\_\_\_\_

Allergy: \_\_\_\_\_

\*\* This document should be checked and filed with: School Secretary \*\*

Initials	Date (mm/dd/yyyy)	Task	Person Responsible
		A copy or the link to the Severe Allergy Handbook was offered.	Secretary or principal
		Notify school nurse, teacher, and counselor of student with allergy.	Secretary or principal
		Parent turns in completed Health Care Provider Anaphylaxis Action Plan. The plan is placed with EpiPen®.	Secretary
		Parent turns in completed BPS Anaphylaxis Action Plan. The plan is placed with EpiPen®.	Secretary
		Parent turns in completed medical release form.	Secretary
		Parent met with staff to review the BPS Anaphylaxis Action Plan.	Parent, teacher, and possibly school nurse and/or principal
		An EpiPen® stored in the office with completed BPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plan.	Secretary/principal
		Oral antihistamine is stored in office with completed Health Care Provider Anaphylaxis Action Plan.	Secretary/principal
		If applicable, an EpiPen® located outside of office in _____.	Secretary/principal
		Teacher review of training with EpiPen® and allergy symptoms if necessary.	School nurse
		Signage outside of classroom upon need. (i.e. Allergen Restricted Classroom)	Teacher
		504 plan is distributed to all teachers, paras, and specialists that work with this student. (if applicable)	Counselor



This is a

**PEANUT**

And

**TREE NUT**

**Restricted**

**Classroom**





This is a  
**PEANUT**  
**Restricted**  
**Classroom**





This is a  
**TREE NUT**  
**Restricted**  
Classroom





# EpiPens®

## Stored here



# Inhalers

## Stored here



## **Information from the School**

1. If your child is not able to eat certain food items for classroom snacks or celebrations, you will need to provide food from home. If food is not available from home in these instances, the school will not be responsible to provide substitute food.
2. In elementary school, some students' plans will indicate that they need to sit at a lunchroom table designated as not allowing their food allergen. Students who need to eat at such a table due to allergies will be able to have other students without allergies sit with them only if the other students are eating a lunch from the cafeteria lunch program. Playground supervisors will be alerted to monitor the students whereabouts while on the playground.
3. The BPS has a policy of no eating or open food on school buses. However, BPS wants to make the parents/guardians aware that while the bus driver is driving and keeping his/her eyes on the road, this is difficult to enforce. Students and parents/guardians need to be aware that the buses are possibly an area of higher risk for students with food allergies. The buses are used for many different purposes and events. Buses are periodically cleaned, however cleaning is not scheduled prior to each use. If this will present too high of a risk for your student, please discuss this further with your school nurse or principal.
4. The BPS understand that school playground equipment is used during non-school hours. BPS will not typically allow food to be taken to playgrounds during school hours. However, BPS does not supervise whether food is brought onto school property during non-school hours.
5. The BPS want parents/guardians of students with life-threatening food allergies to be aware that all students, including their child, are welcome to participate in all school activities. However, please be aware that circumstances may occur which present a risk level, which is difficult to reduce in the school setting. Please provide parent/guardian supervision during these events to keep the risk level as low as possible. These include but are not limited to: bake sales, events with international foods, potluck meals, catered meals, and all-school social events.
6. Out of consideration for students with severe allergies, BPS eliminated all known peanut and nut products in all school food menus.
7. Substitute and student teachers will be informed of any students with life-threatening food allergies by having a copy of the BPS Anaphylaxis Action Plan with student picture in the "Sub Folder".
8. The BPS does allow non-school groups to use BPS facilities on a pre-scheduled basis. BPS staff is not present to supervise use of the building, including whether specific foods are present during non-school hours. We cannot ensure that foods containing allergens will not be present in the school building during non-school hours. Specific signs will be posted in classrooms that are restricted from an allergen.

9. BPS want to make parents/guardians aware that due to the increased age and maturity of students in the middle and high school levels, and due to the fact that entrance to these schools by the public occurs without general restriction, the foods brought into these schools are generally less restricted and less supervised. Please educate and assist your student to self-monitor.
10. Common signage will be used in all schools to indicate areas where particular foods are not allowed. This signage will include picture and printed communication.
11. The BPS are unable to guarantee that your student with life-threatening allergies will not be accidentally exposed to his/her allergens in the school environment. However, BPS will work to keep his/her risks as minimal as possible. Thank you for sharing information about your student to help us do this. Thank you also for educating your student as best as possible in ways that he can contribute to protecting himself/herself from exposures.
12. Please contact the school nurse or principal of your student's school if you have any questions or concerns about plans to accommodate your child's needs. Thank you.

<p>BISMARCK PUBLIC SCHOOL DISTRICT NO. 1 BISMARCK, NORTH DAKOTA, 58501</p> <p>SCHOOL BOARD POLICY: Severe Allergens</p>	<p>Descriptor Code: EBBG</p>	<p>Issued Date: 10/10/2011</p>
	<p>Rescinds:</p>	<p>Issued:</p>
<p>Students and adults may have allergic reactions to products. Although the Bismarck Public School (BPS) District cannot guarantee an allergen-free environment, it is the goal of BPS to minimize the risk of exposure to allergens that pose a threat to those with severe allergies, to educate the community about allergens, and to maintain and regularly update a system-wide protocol for responding to the needs of students and staff with life-threatening allergies. A system-wide effort necessitates cooperation of staff, students, and families.</p> <p>The Board suggests that Administration consider the following steps to reduce opportunities for students and/or adults to be exposed to dangerous or life-threatening allergens:</p> <ol style="list-style-type: none"> <li>1) Identify and work to eliminate from school food service menus foods or food products that are known to potentially trigger life-threatening allergic reactions;</li> <li>2) Establish a uniform snack policy that reduces or eliminates opportunities for foods that are commonly known to trigger allergic reactions from being brought into classrooms;</li> <li>3) Make available to parents, students, and staff educational materials about allergens and recommend that foods which are known to cause life-threatening allergens are not brought into the school;</li> <li>4) Establish age-appropriate procedures and guidelines for students and schools within the District that minimize the risk for students to be exposed to life-threatening allergens;</li> <li>5) Establish a uniform policy to ensure that the lines of communication are open between parents, teachers, and staff, recognizing it is the parent's or guardian's responsibility to inform the school district about a student's medically certified allergic condition which might affect the student's welfare or safety;</li> <li>6) Establish uniform policies and procedures for the district to cooperate with parents and appropriate health professionals in the development of an Allergy/Anaphylaxis or other appropriate Action Plan;</li> <li>7) Provide education and training to staff regarding their roles and responsibilities, medical emergency planning at the building level, and age-appropriate emergency and accommodation planning for individual students;</li> <li>8) Review and update the handbook, Managing Allergies in the Bismarck Public School Setting, every two years by the School Health Committee and school nurses or other designated staff.</li> </ol>		

## Additional Resources

### **American Academy of Allergy, Asthma and Immunology (AAAAI)**

555 East Wells Street  
Suite 1100  
Milwaukee, WI 53202-3823  
414-272-6071

<http://www.aaaai.org>  
[http://www.aaaai.org/patients/resources/fact\\_sheets/food\\_allergy.pdf](http://www.aaaai.org/patients/resources/fact_sheets/food_allergy.pdf)  
[http://www.aaaai.org/members/allied\\_health/tool\\_kit/ppt/](http://www.aaaai.org/members/allied_health/tool_kit/ppt/)

### **Center for Disease Control and Prevention: Healthy Youth**

<http://www.cdc.gov/healthyyouth/foodallergies/>

### **Food Allergy Initiative**

1414 Avenue of the Americas  
New York, NY 10019  
The largest private source of funding for food allergy research in the United States.

<http://www.faiusa.org>

### **Food Allergy and Anaphylaxis Network (FAAN)**

10400 Eaton Place, Suite 107  
Fairfax, VA 22030-2208  
800-929-4040

Educational materials including facts and statistics, sample plans, books, presentation tools, posters, etc., for staff, parents and students.

<http://www.foodallergy.org>

### **FAANKids and FAAN Teen**

Food allergy news from kids and teens from FAAN

<http://www.faankids.org>  
<http://www.faanteen.org>

### **FDA Recall Web site**

<https://service.govdelivery.com/service/user.html?code=USFDA>

### **Kids with Allergies**

73 Old Dublin Pike, Ste 10, #163  
Doylestown, PA 18901  
Office Line: (215) 230-5394  
Fax: (215) 340-7674  
<http://www.kidswithfoodallergies.org/>

### **EpiPen® and EpiPen® Jr.**

<http://www.EpiPen®.com/>

### **MedicAlert Foundation**

2323 Colorado Avenue  
Turlock, CA 95382  
(888) 633-4298

[www.MedicAlert.org](http://www.MedicAlert.org)

## References

Allergy Handbook, Grand Forks Public Schools, August 2011

State Guidelines from the following states were reviewed during the compilation of the Grand Forks Public Schools' Allergy Handbook:

All documents were accessed from <http://www.foodallergy.org/page/statewide-guidelines-for-schools>

- Vermont
- Connecticut
- Mississippi
- Maryland
- Massachusetts
- Tennessee
- West Virginia
- Washington
- Illinois
- New York
- Arizona
- New Jersey

Guidelines and recommendations from the following National Organizations were reviewed during the compilation of the Grand Forks Public Schools' Allergy Handbook:

Food Allergy and Anaphylaxis Network <http://www.foodallergy.org/>

Food Allergy Initiative. [http://www.faiusa.org/?page=in\\_school](http://www.faiusa.org/?page=in_school)

Allergic Student. <http://www.allergicstudent.com/>

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

American Academy of Pediatrics. <http://www.aap.org/>

Kids with Food Allergies. <http://www.kidswithfoodallergies.org/>

### Other references include:

American Academy of Allergy Asthma & Immunology. (2011). *Diseases 101: Anaphylaxis*  
Retrieved from <http://www.aaaai.org/patients/gallery/anaphylaxis.asp>

Dillon, R. (2011). Putting the pieces together: Food allergy task force in St. Louis came up with a model to build a comprehensive food allergy program for schools. *American School Board Journal*, February, 32-33.

Food allergy and anaphylaxis management act becomes law. (2011). Retrieved from  
<http://www.foodallergy.org/page/food-allergy-and-anaphylaxis-management-act-becomes-law>

Sicherer, S.H., Mahr, T., and the Section on Allergy and Immunology. (2010). Clinical report-management of food allergy in the school setting. *American Academy of Pediatrics*, 126(6), 1232-1239.

Guidelines & Practices, Managing Life Threatening Food Allergies In Elementary School Children, Ann Arbor Public Schools