Cypress-Fairbanks Independent School District

Health Services Procedural Guideline: Allergy/Anaphylaxis Management

Purpose

Provide guidance for CFISD Health Services staff and campus principal designees to ensure the provision of a safe school environment for students with allergies in accordance with Section 504 of the Rehabilitation Act of 1973, Texas Education Code, Section 38.015, and CFISD FFAF (LEGAL & LOCAL). Using current evidence-based practice standards school nurses will coordinate the daily provision of safe allergy care in the school setting with as little disruption as possible to the student's academic schedule.

CFISD staff are committed to maintaining the independence of all students and encourage self-management of all chronic disease to the greatest extent possible based on the student's individual ability, wellness, and maturity. School nurses are responsible and accountable for the assessment of and planning for safe and effective medical management of students with episodic health conditions like allergies, and prevention/education can minimize the risk a student's exposure to risky food allergens. Students with allergies are offered unrestricted access to the school nurse during the school day. School nurses assist students to manage allergies at school and at home which protects instructional time, decreases student absenteeism, and potentially increases student academic success. CFISD staff may assist students with the delivery of certain preventative medications or deliver life-saving rescue medications during time of anaphylaxis.

Definitions

- **Allergic reaction-** hypersensitive response of the immune system of an allergic individual to a substance called allergens
- **Allergen-** any substance, often a protein, that induces an allergic reaction: common allergens include pollen, grasses, dust, and some medications
- **Allergy Action Plan (AAP)-** plan developed and signed by HCP with prescriptive authority licensed in Texas which outlines allergy/anaphylaxis medication and care required during the school day. May be used as Individual Health Plan (IHP) if no additional care or classroom accommodations are required.
- **Anaphylaxis-** an acute, rapidly progressing, and potentially life-threatening allergic reaction to an antigen to which the body has become hypersensitive
- **Antihistamine-** drugs like Benadryl that block the action of the histamine on the tissue to reduce or eliminate the symptoms associated with allergic reaction
- **Epinephrine-** (also called adrenaline) a hormone injected IM usually from a prefilled auto injector during anaphylaxis to reduce or eliminate the symptoms of anaphylaxis
- **Health Care Provider (HCP) –** a physician or other person, including a MD, DO, APRN, PA, podiatrist, or dentist, who is licensed to prescribe medication/treatment in the State of Texas.
- **Hives-** itchy wheals of skin that are elevated and may be rounded or flat-topped and are a symptom of allergic reaction
- **Intramuscular (IM)-** injection of a substance directly into the muscle
- **Subcutaneous (SC)-** injection of a substance just below the skin not as deep as muscle

Procedure for a school nurse to provide allergy/anaphylaxis care at school (documents available on LiveBinders are written below in ***bold italics*** and must be filed in department provided *Allergy Binder* upon completion unless otherwise specified below).

1. Review all ***Request for Food Allergy Information*** forms from new student registration.
    a. Follow-up with parents/guardians who report life-threatening allergies and initiate applicable procedures listed below.
    b. Return original ***Request for Food Allergy Information*** forms to campus cumulative record custodian (usually campus registrar) as specified in TEC, Section 25.0022.

2. Obtain an **Allergy Action Plan or written** order from healthcare provider (HCP) with prescriptive authority
    a. Parents/guardians may provide an AAP generated by HCP with prescriptive authority or use CFISD's AAP template (includes medical release).
        i. The Allergy Action Plan must include:
            1. HCP's signature and order date;
            2. Parent/guardian signature; and
            3. Medication administration instructions for daily care or management of episodic exacerbations, including the frequency/circumstances for medication use and repeat medication administration permissions if applicable;
                a. CFISD staff will activate EMS if epinephrine is administered unless otherwise specified in the AAP.
        ii. The AAP must be renewed annually.
        iii. Any desired/required changes to the AAP must be submitted in writing by the HCP. Parents will not be permitted to adjust medical orders unless specified in the AAP.
    b. Parents/guardians may provide a written order or a completed ***Medication Authorization*** **Form** signed by a HCP with prescriptive authority.
        i. The order must include:
            1. HCP's signature and order date;
            2. Medication administration instructions for daily care or management of episodic exacerbations, including medication prescribed, medication dose, time/frequency of administration and route of administration.
    c. Receive medication according to FFAC (LEGAL & LOCAL) and CFISD Medication Administration Procedural Guideline.

3. Consult and follow AAP when managing allergies/anaphylaxis. Always contact EMS and parents/guardians for unremitting allergy symptoms, the administration of epinephrine, or student unresponsiveness.
    a. For CFISD allergy/anaphylaxis assessment and intervention expectations,
        i. Nurses should refer to *Guidelines for the Nurse in the School Setting;* &
        ii. Clinic assistants and other unlicensed staff should refer to *Emergency Guidelines for Schools.*

4. Obtain a completed ***Medication Authorization Form*** for medications to be kept in the clinic.
    a. Signed by HCP with prescriptive authority (unless a current order signed by a HCP with prescriptive authority is provided)
    b. Signed by parent/guardian
    c. Verify expiration dates upon receipt of medication
    d. Accept medications according to CFISD FFAC (LOCAL)
    e. Filed in "Medication" binder

5. Obtain an ***AAP*** if the student will Self-Transport/Administer an epinephrine auto-injector.

6. Obtain a ***Release of Medical Information***
    a. Signed by parent/guardian (only recommended if not using a CFISD approved action plan).

7. Obtain an ***Allergen Aware Table Letter*** for every student with known allergens that are at risk for anaphylaxis
    a. Coordinate with campus administration and custodian to provide an allergen-aware table at a parent's request.
        i. Ensure proper table cleaning consistent with CFISD Operations Department guidelines.
        ii. Educate lunch room monitors to ensure all students adhere to allergen aware procedures and students whose lunches contain allergens are not permitted use of the allergen aware table.

8. Obtain a ***Diet Modification Form*** for all allergies that are life-threatening.
    a. Send form to appropriate Food Service Contact.
    b. Follow-up with Food Service to ensure receipt of documents and appropriate alerts are placed on student account for lunch purchase.

9. Assess each student's ability to self-transport/administer an epinephrine auto-injector.
    a. Allow self-management when:
        i. HCP consents and acknowledges student ability to self-manage;
        ii. Parent consents; and
        iii. Student consistently demonstrates competency to school nurse in all of the following:
            1. Knows the name and purpose of the med(s) he/she will self-transport/administer;
            2. Knows the prescribed medication dose;
            3. Articulates the appropriate time and circumstance under which the medication(s) should be administered;
            4. Demonstrates the correct administration of the medication(s);
            5. Understands the period for which the medication(s) is/are prescribed;
            6. Properly identify problems that require adult assistance in the school setting.
    b. Label epinephrine auto-injector as approved for self-transport/administration for the current school year.
    c. Periodically review student's ability to perform tasks outlined in the AAP. Based on the school nurse assessment, HCP's written permission, and collaboration with the parent/guardian, school nurses will allow or rescind permissions to self-transport/administer medication. This is an ongoing process that requires open and honest communication with all involved parties to ensure permissions are safe and consistent with each student's individual ability, wellness, and maturity.
    d. Request duplicate supplies to be kept in clinic and obtain a ***Medication Authorization Form*** in case of emergencies when a student may not be responsive or does not have necessary supplies with him/her at school.

10. If required, draft an ***IHP*** in collaboration with the student, the student's parent/guardian, and the student's HCP, including
    a. Planning for special events, field trips, and extracurricular activities.
    b. Food in the classroom (snacks/parties)
        i. If appropriate, distribute **Allergen Class Letter** to request avoidance of specific allergens in the classroom.
        ii. If required, ensure proper table cleaning consistent with CFISD Operations Department guidelines for student with food allergy.
    c. Any other reasonable accommodations not specified in the AAP.

11. Refer the student to the campus 504 Coordinator.
    a. Provide a copy of the ***IHP.***

12. Enter a medical alert and medications in student's EMR.

13. Conduct health awareness training with identified staff at appropriate level. Document the training, including skills check off, delegate's signatures, and copies of training materials.
    a. Conduct training for:
        i. Staff who may be responsible for recognizing signs and symptoms of allergic reaction/anaphylactic episodes, discourage food/medication sharing, and alert campus nurse or other trained CFISD staff to initiate the AAP;
            1. Classroom, recess duty, and lunchroom duty teachers;
            2. Bus drivers who transport students with allergies;
        ii. Staff who may be responsible for recognizing signs and symptoms of allergic reaction/anaphylactic episodes, discourage food/medication sharing, and administer emergency medications according to the AAP;
            1. Coaches, athletic trainers, band directors, and all other sponsors of extracurricular events that occur outside of the regular school day;
            2. Off campus activity sponsors (group leaders or teachers).

14. Build student self-care capacity during clinic visits and at appropriate intervals with age-appropriate education regarding:
    a. Safe and appropriate medication use;
    b. Allergy sign & symptom recognition and response;
    c. Importance of food sharing avoidance;
    d. Reading food labels for ingredients; &
    e. Routinely brings medication to school as expected.

Parental responsibilities for a student who requires allergy/anaphylaxis care at school

1. Provide complete ***Allergy Action Plan*** (orders) before the first day of student attendance.

2. Request any changes to the IHP or AAP in writing, understanding that parents may only adjust order components as specified by the prescribing HCP in the AAP (i.e. medication doses).

3. Provide a completed ***Medication Authorization Form.*** In lieu of a physician's signature, a current order signed by a HCP with prescriptive authority is required in addition to the ***Medication Authorization Form.***
    a. Provide all medication and supplies necessary for ensuring a safe student environment, including, but not limited to:
        i. Antihistamine (i.e. Benadryl); &
        ii. Epinephrine auto-injector;
            1. Two are preferred in case of a biphasic reaction.

4. Complete ***Permission to Self-Transport/Administer Medication*** form if applicable knowing that self-management permissions are assessed regularly throughout the school year and might be allowed or rescinded by the parent or school nurse as the student's ability to safely self-manage increases or declines. CFISD reserves the right to alter plans in the IHP or 504 if students deviate from self-management standards that protect student safety.
    a. Reinforce CFISD expectations for students with allergies/anaphylaxis as outlined in the ***Permission to Self-Transport/Administer Medication***, understanding that non-compliance with these expectations might be reason to adjust self-management permissions in the IHP.
    b. Continue education to encourage safe food choices and to discourage food/medication sharing with other students.

c. Provide emergency medications to remain in the school clinic if student will self-transport medications to ensure medication availability should student misplace or forget to carry medication.

5. Complete an ***Allergen Aware Table*** letter to specify preference for cafeteria seating.

6. Complete a ***Release of Medical Information*** for nurses to communicate openly with HCP to ensure student safety while at school. (Only recommended if not using a CFISD approved action plan).

7. Collaborate with school nurse, classroom teachers, and HCP to draft the student IHP if accommodations not listed in the AAP are required.

8. Collaborate with the campus 504 coordinator to enact a 504 plan.

9. Communicate openly and frequently with CFISD staff, including, but not limited to nurses, teachers, and coaches as appropriate for changes to student health status or to communicate special needs.

References

National Association of School Nursing. (2014). Clinical Conversations for the School Nurse: Food Allergy Management in the School Setting. Retrieved from https://www.nasn.org/portals/0/resources/Clinical_Conversations_2014_2015.pdf.

State of Texas. (June 2011). Texas Education Code, Title 2, Subtitle G, Chapter 38, Section 38.015. Retrieved from http://www.statutes.legis.state.tx.us/Docs/ED/pdf/ED.38.pdf.

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