



Allergy Handbook

Fairbanks North Star Borough School District
Health Services Department
Revised 2/2025

Adapted and reprinted with permission from the Anchorage School District

Revision History

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Objectives

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

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

Allergy Facts

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

What is an Allergy?

Allergies occur when the body's immune system sees a substance (foreign protein) as harmful and overreacts to it. This overreaction is a common problem, as at least one in five persons report having one or more allergies. People who have allergies have a hyperactive immune system that overreacts to a normally harmless substance (allergen), such as pollen or latex, as if the substance was, in fact, harmful. Repeated contact with the allergen has a strong likelihood of increasing the severity of the immune system's reaction.

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

What is a Food Allergy?



An estimated 33 million people in the United States alone are known to have a food allergy. 30% of children with food allergies also have asthma which increases their risk of anaphylaxis. 17% to 27% of kids experience anaphylaxis for the first time at school. Although researchers have identified more than 160 foods that contain naturally-occurring proteins that have been shown to cause allergic reactions, researchers also estimate that 90% of all food allergic reactions are caused by just nine common foods: **milk, eggs, wheat, soybeans, tree nuts (e.g., walnuts, hazelnuts, almonds, cashews, pistachios,**

pecans, etc.) peanuts, fish, shellfish, and sesame. Peanuts are the leading cause of severe food allergic reactions.

Food allergens are proteins in some foods that can trigger an immune response in allergic individuals. Current experience indicates that an allergic response can be triggered by eating a food containing minute quantities of a food allergen, with the specific amounts needed to trigger the response varying from individual to individual. Once ingested, food allergens can cause a number of symptoms, ranging from mild hives to severe gastrointestinal and respiratory symptoms, including nausea, vomiting, throat swelling, asthma, and trouble breathing.

What is an Indoor Allergy?

Indoor allergies are often the cause of year-round symptoms, which is why they are sometimes referred to as year-round allergies or perennial allergies. If you are always sniffing and sneezing,

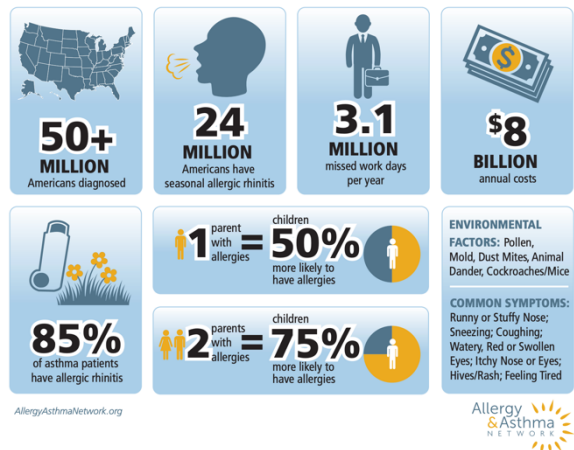
you may think of your home as a place to escape and recuperate from what seems like an endless cold. But there are allergens found inside the home that may actually be the cause of symptoms. Worldwide, sensitization to foreign proteins (e.g., animal dander and mold) in the environment is present in up to 40 percent of the population.

What is a Seasonal Allergy?

Often called allergic rhinitis or hay fever, seasonal allergies occur during a specific time of the year, causing symptoms like runny nose, itchy eyes, and sneezing. Depending on which pollens are in bloom, seasonal allergies can appear during summer, spring, winter, or fall.

Environmental allergies are not just an annoyance; they are a serious health issue that can interfere with day-to-day activities and impact quality of life. Left untreated, nasal and eye allergies can lead to sinusitis, ear infections and eye inflammation.

Seasonal and Environmental Allergies



Allergic Reaction Description

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

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

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

Allergy Symptoms

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

Mild to Moderate Symptoms

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

Severe Symptoms

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

				
SKIN	RESPIRATORY	GASTROINTESTINAL	CARDIOVASCULAR	NEUROLOGICAL
hives, swelling, itching, warmth, redness	coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, trouble swallowing, hoarse voice, nasal congestion or hay fever-like symptoms, (sneezing or runny or itchy nose; red, itchy or watery eyes)	nausea, stomach pain or cramps, vomiting, diarrhea	dizziness/ lightheadedness, pale/blue colour, weak pulse, fainting, shock, loss of consciousness	anxiety, feeling of "impending doom" (feeling that something really bad is about to happen), headache
				OTHER ^{2,3}
				uterine cramps

Anaphylaxis

A severe allergic reaction that involves two or more organ systems is called anaphylactic shock or anaphylaxis. This is an allergic **EMERGENCY**. It is a rapid, severe allergic reaction that occurs when a person is exposed to an allergen (an allergy-causing substance). When the allergen enters the blood stream, the body releases chemicals to "protect" itself from the allergen. This is an adverse, immunologic response to food protein. This severe, potentially fatal allergic reaction may, depending on the allergen, show up immediately (within five to fifteen minutes) or not show until up to two hours after the exposure. Sometimes the allergic response can even appear as mild symptoms and then go away but return within up to two hours later as anaphylaxis; this is known as a biphasic reaction. According to the Cleveland Clinic, approximately 20 percent of people with anaphylaxis experience biphasic anaphylaxis. Given the risks of biphasic reactions, it is important to monitor people who have experienced anaphylaxis for hours or perhaps even days after they have seemingly recovered.

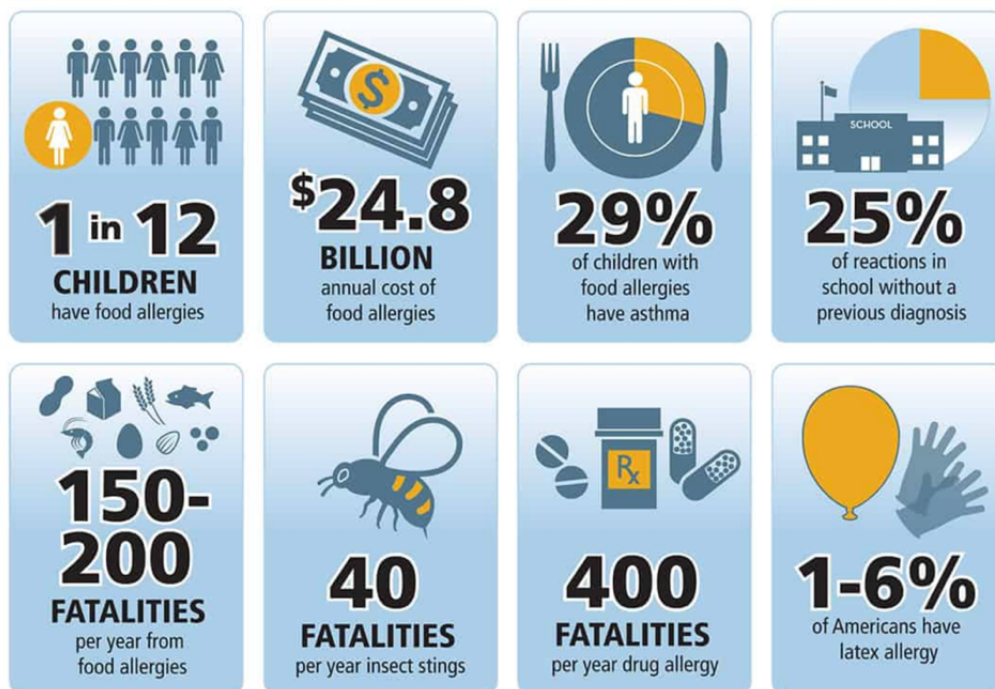
Anaphylaxis causes a rapid drop in blood pressure which means that mental confusion or dizziness may occur without warning. Anaphylaxis is most commonly caused by food allergens. Peanuts, tree nuts, milk, fish and shellfish are the most common food allergens

associated with anaphylaxis. Scientists estimate that food allergy related anaphylactic reactions result in 30,000 hospitalizations and 150-200 deaths annually. Anaphylaxis can also be brought on by insect bites or stings (yellow jackets, honeybees, wasps, hornets, and fire ants), medications and latex (natural rubber products).

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

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

Life-Threatening Allergies



When in doubt, it is better to give the EPIPEN® (injectable epinephrine) or neffy® nasal epinephrine and seek medical attention. Fatalities occur when epinephrine is withheld.

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

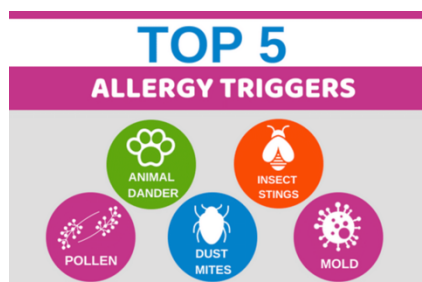
Risk Factors for Anaphylaxis

While anaphylaxis is somewhat unpredictable, several factors may increase the risk of anaphylaxis.

- Previous anaphylaxis. The risk of anaphylaxis is elevated for those that have already experienced it; plus, subsequent reactions may be more severe.
- Cardiovascular disease. According to one study, 71 percent of fatal drug anaphylaxis occurred in people with cardiovascular disease.
- Asthma. 29 percent of children with food allergies have asthma.
- Other factors. Stress, acute infections, and perimenstrual status may also increase the risk for anaphylaxis.

Cause of Allergies

Genetics play a role in the development of allergies but they do not entirely explain them. Studies have shown that if one parent has allergies, children are 30-50 percent more likely to develop allergies. If both parents have allergies, this chance increases to 60-80 percent. If there is no family history of allergic disease, a child has a 12 percent chance of developing allergies. While research indicates that increased susceptibility to allergies is genetic, genes do not typically dictate a specific allergen condition.



Allergy Triggers

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

Pollen

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

Dust/Dust Mites

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

Molds

Molds are parasitic, microscopic fungi with spores that float in the air like pollen. It is a common trigger for allergies and can be found in damp areas such as basements or

bathrooms, as well as in grass, leaf piles, hay, mulch, plant soil or under mushrooms. Symptoms of mold allergies can occur seasonally, especially in the spring and fall in Fairbanks. The symptoms are similar to those of pollen and dust mite allergies and include sneezing, congestion, itchy and watery eyes, runny nose, and coughing. Treatments are the same as those for dust mites and pollen.

Animal Dander

Proteins secreted by oil glands in an animal's skin, as well as the proteins present in an animal's saliva, can cause allergic reactions in some people. Millions of Americans live with pets despite being allergic to them. Any furry animal may trigger allergy symptoms, but most commonly cats and dogs. Allergies to animals can take two or more years to develop and symptoms may not subside until months after ending contact with the animal. Symptoms include sneezing, congestion, and itchy and watery eyes.

Insect Bite(s) or Sting(s)

Insects that cause allergic reactions (we are not discussing poisonous insect bites here) include various bees, fire ants, yellow jackets, hornets and wasps. Of note, Alaska is not home to the fire ants found in the contiguous United States. Fire ants prefer warm climates and flat, sunny areas to start colonies as they cannot survive long in areas where the soil freezes as deep as their nests.

Pain, swelling and redness around the sting/bite site are common reactions to an insect bite or sting. Some people allergic to insect stings can have a severe or even life-threatening reaction. Symptoms of an insect allergy include extensive swelling and redness that can last for a week or more, nausea, fatigue and low-grade fever. Insect stings can even, on rare occasions, cause a full-body allergic reaction called anaphylaxis. Anaphylaxis symptoms, as previously stated, include difficulty breathing, hives, swelling of the face, throat or mouth, wheezing or difficulty swallowing, restlessness and anxiety, rapid pulse, dizziness, or a sharp drop in blood pressure. The medicine epinephrine should be administered as soon as possible after a sting to people with this severe a form of allergy to prevent the development of a life-threatening situation.

Call 911 Now • Past life-threatening allergic reaction to same insect bite (not just hives) and bitten less than 2 hours ago • Trouble breathing or wheezing • Hoarse voice, cough, or tightness in the throat or chest • Trouble swallowing, drooling or slurred speech • Hard to wake up • Acts or talks confused • You think your child has a life-threatening emergency Call Doctor or Seek Care Now • Hives or swelling all over the body • More than 20 fire ant stings in a child less than 1 year old • Fever and bite looks infected (spreading redness) • Your child looks or acts very sick • You think your child needs to be seen, and the problem is urgent	Contact Doctor Within 24 Hours • Severe pain and not better 2 hours after taking pain medicine • New redness around the bite starts more than 48 hours after the bite • More than 72 hours since the bite and redness gets larger • Redness or red streak around the bite gets larger than 1 inch (2.5 cm) • You think your child needs to be seen, but the problem is not urgent Contact Doctor During Office Hours • Scab that looks infected (drains pus or gets bigger) not better with antibiotic ointment • You have other questions or concerns	Self Care at Home • Normal insect bite • Questions about insect repellents (such as DEET)
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Latex

Allergies to latex do not just involve latex gloves but anything containing natural rubber. The most common form of this allergy is to inhalable latex proteins, or the starch found on latex gloves, according to the Alaska Allergy Clinic. Contact allergies to latex are much

less prevalent. Symptoms of latex allergy include skin rash, hives, eye tearing and irritation, runny nose, sneezing, cough, wheezing, shortness of breath, and itching of the skin or nose. The reactions can range from mild skin redness and itching to anaphylaxis. Several food allergies can be associated with latex allergy due to similarity between their proteins. The foods with the potential for this cross-over sensitivity include banana, avocado, potato, kiwi, papaya, fig, pineapple, peach, plum, cherry, strawberry, melon, nectarine, grapes, tomato, celery, rye, wheat, hazelnut and chestnut.

Medications

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

Foods

Food allergies affect about 3.5-4 percent of adults and 6-8 percent of children. The most common food allergies are to peanuts, milk, eggs, fish, shellfish, tree nuts, soy, wheat and sesame. A food allergic reaction usually occurs within just minutes of ingesting the offending food. Symptoms, which can include asthma, hives, runny nose, vomiting, diarrhea and swelling around the mouth, can be severe, resulting in anaphylaxis. The Food Allergy Research and Education (FARE) web site (www.foodallergy.org) is an excellent resource for more information on food allergies.

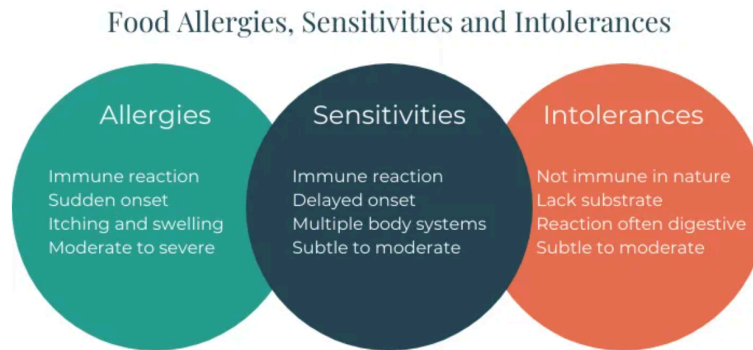
Food Allergy vs. Food Intolerance vs. Food Sensitivity

Understanding the differences between these is crucial, as these conditions involve many bodily responses that can have significant effects on our health. All three conditions involve unwanted reactions to food that some experience, but they are not the same and happen for different reasons. When a person has a food allergy, their immune system responds to allergens. Food intolerance is a digestive system response and affects up to 20 percent of the world's population. The most common cause of food intolerance is the lack of an enzyme needed to break down and digest the food or ingredient. The most common intolerances are to dairy products containing lactose and affect about 10 percent of Americans. Other common intolerances include food dyes, monosodium glutamate (MSG), and sulfites which occur naturally or can be added to foods to prevent mold growth. Some doctors have incorrectly diagnosed patients as having an allergy to a food when they simply have an intolerance.

A food allergy can be triggered every time even a small amount of food is consumed. Food intolerance is often dose related. In other words, the symptoms are more likely to occur when a large amount of the offending food is eaten or when it is eaten frequently. Intolerances occur when an ingredient/compound in a food irritates a person's digestive system or when a person is unable to properly digest the food outright. Symptoms of an intolerance are primarily gastrointestinal and include stomach pain, gas or bloating, heartburn, vomiting and diarrhea.

A food sensitivity can be experienced after eating certain foods that are not related to food intolerances or food allergies. These are thought to arise from a mixture of immune response and gut microbiome reactions. The symptoms are not life-threatening, but they can be quite

disruptive, such as stomach pain and rashes. These sensitivities can fade with time, as our immune system and gut microbiome are constantly changing, and what may affect us today, may be fine later in life. The best tool to identify food sensitivities is a process of observation and tracking your symptoms.



Allergy Treatment

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

Allergic Reaction Prevention

Prevention measures for airborne allergens in general include eliminating upholstered furniture or placing allergen barrier/plastic covers over upholstered furniture, use of hypoallergenic pillows, washing linens weekly in hot water, and keeping all areas used by the allergy sufferer clear of dust collectors such as stuffed animals, curtains and carpet. Additional methods for the school include banning eating in the classroom, no pets or fabrics, and having the floor vacuumed/mopped weekly.

Prevention of pollen allergy symptoms includes staying indoors when pollen counts are high and keeping windows closed. The recommended prevention for animal allergens is to remove the animal(s) from the facility.

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

Prevention is the best treatment for insect bite or sting allergies. Minimize exposure to insects by not wearing brightly colored clothes or scented cosmetics, using insecticide and shoes outdoors, and avoiding outdoor garbage (a favorite for yellow jackets). The playground materials other than synthetic rubber, such as wood chips, bark, pea gravel and sand, are favorite nesting places for yellow jackets and other stinging insects.

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

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

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

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

Student Allergy Procedure

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

- 1) The parent raises the issue of a student's allergy to the Health Services team member during enrollment, at the time of diagnosis, and/or via the health history form.
- 2) The Health Services team member provides the parent with the forms packet (see Appendix A).
- 3) A licensed healthcare practitioner medically diagnoses the student's allergy and documents it on the Allergy Care Plan (ACP), to include the Student Self-Carry Agreement section, if appropriate (Appendix A, Document 1), which the parent also signs and provides to the Health Services team member.
- 4) A licensed healthcare practitioner and parent/guardian must complete the Medical Statement for Food Substitutions form (Appendix A, Document 2) if the student has a food allergy.
- 5) The Health Services team member alerts the appropriate school staff (teacher, counselor, unlicensed personnel, etc.), and develops an individual health care plan (IHCP) or works with their RN Manager to develop the IHCP. The IHCP is a written management tool, the elements of which could include:
 - a) protocols on the storage, access and administration of medication
 - b) an approach to create a healthy school environment
 - c) communication channels
 - d) provision for confidentiality
 - e) emergency response
 - f) training for school personnel
 - g) awareness education for classmates
 - h) monitoring and evaluation
- 6) When it is suspected that the student's allergy substantially limits a major life activity or bodily function, a referral to a 504 team is appropriate. A 504 plan, written by the Section 504 team members, focuses on providing accommodations and services that remove barriers so that a student can access his/her educational program. The plan provides legal protections for due process and nondiscrimination.

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

Medication Management

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

Team Member Responsibilities

(A) Responsibilities of the Parents/Guardians

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

- ☐ Inform the Health Services team member of your child's allergies and the type of allergen (e.g., food source, mold, insect) prior to the opening of school, during enrollment, at the time of diagnosis, and/or via the health history form.
- ☐ Assessment for self-administration (It is important that students take more responsibility for their food allergies as they grow older and are developmentally ready to accept responsibility.). Included in the Allergy Care Plan (ACP).
- ☐ Provide licensed healthcare practitioner's documentation of allergy [Allergy Care Plan (ACP) (Appendix A)], attaching a small photo of the child to the form, when possible, with parent/guardian's signed consent to administer all medications.
- ☐ Provide a completed Medical Statement for Food Substitutions form (Appendix A) for food allergies, regardless of the expected frequency of school meal purchases.
- ☐ Provide the Health Services office with medication orders from the licensed healthcare practitioner for epinephrine, by auto-injector or nasal spray, as well as other medications needed. Medication orders must be renewed each school year and do not carry forward from one school year to another.
- ☐ Description of the student's past allergic reactions, including triggers and warning signs.
- ☐ Description of the student's emotional response to the condition and need for support.
- ☐ Name/telephone number of the student's primary care provider and allergist, if available.
- ☐ Provide method to reach parent/parent designee should an emergency occur (e.g., telephone, cell-phone, text).
- ☐ Age-appropriate ways to include the student in planning for care and implementing the plan to help foster independence.
- ☐ Provide a list of foods and ingredients to avoid.
- ☐ Provide the Health Services office with at least annual updates on your child's allergy status.
- ☐ Provide the school nurse with the licensed healthcare practitioner's statement if student no longer has allergies.

A-2: *Communicate with all staff members who will be in contact with the child (preferably before the start of the school year) to:*

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

A-3 *Recognize the importance of:*

- ☐ Providing the school with a minimum of two up-to-date single, dose applicators (EpiPen[®], neffy[®]). (More may be necessary based on the student’s activities and travel during the school day.)
- ☐ Ensuring any medications brought by or for the child are properly labeled and replace any medications consumed or past their expiration date. All prescription medication **MUST** be in the original pharmacy labeled container and delivered by the parent/guardian directly to the Health Services office. Under **NO** circumstances should medications be brought to school by the student (minor).
- ☐ Discussing with the Health Services office the possibility of the student carrying the EpiPen[®] or neffy[®].
- ☐ Deciding if additional epinephrine auto-injectors or nasal spray will be kept in the Health Services office.
- ☐ Educating the child, in an age-appropriate manner, in the self-management of their allergy, which may include:
 - a. Safe and unsafe foods/activities.
 - b. Strategies for avoiding exposure to unsafe foods/substances/activities to include not sharing with or accepting food from others.
 - c. Symptoms of an allergic reaction.
 - d. How and when to tell an adult that they might be having an allergic response.
 - e. How to proactively manage their allergies and reactions based on their developmental level.
 - f. How to read food labels.
- ☐ Providing a medical alert bracelet for your child.
- ☐ Leaving a bag of “safe snacks” in your child’s classroom for him or her to choose from during an unplanned special event.
- ☐ Providing a non-perishable lunch to keep at school, in case your child forgets lunch one day.
- ☐ On special occasions, be willing to provide for the entire class a safe food your child can consume and to foster inclusion.
- ☐ Being willing to go on your child’s field trips, if possible and if requested.

(B) Responsibilities of the Student

- ☐ Take as much responsibility as possible for avoiding allergens.
- ☐ Do NOT trade or share foods.
- ☐ Wash hands before and after eating.
- ☐ Learn to recognize symptoms of an allergic reaction.
- ☐ Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- ☐ Take more responsibility for their allergies as they get older. (Refer to parent responsibilities outline.)
- ☐ Develop a relationship with the Health Services team member and/or another trusted adult in the school to assist in identifying issues related to the management of the allergy in school.

(C) Responsibilities of the Health Services Office

- ☐ RN Manager or school-based nurse to review student health histories for indication that a student has allergy(ies).
- ☐ Upon receiving notice of student's known or suspected allergy, provide Appendix A forms to parent/guardian.
- ☐ RN Manager or school-based nurse to review and verify the Appendix A documents submitted by parents/guardians and healthcare practitioners are complete and contain all the necessary information to safeguard the child.
 - Verify the Allergy Care Plan (ACP) (Appendix A) includes the student's name, photo, allergens, and symptoms of allergic reactions, risk reduction procedures, emergency procedures, and required signatures.
 - Health Services team member to forward the Medical Statement for Food Substitutions form (Appendix A) to Nutrition Services.
 - Enter the allergy, its symptoms and appropriate action for allergies verified by a healthcare practitioner on the Allergy Care Plan into the medical alert section of student's SchoolCare and PowerSchool Premier account.
- ☐ Notify the principal or school counselor whenever there is an indication of any accommodation required or impact on the child's ability to participate in any school curriculum or functions.
- ☐ Remind the parent/guardian to review prevention plans, symptoms and emergency procedures with their child.
- ☐ Familiarize teachers with the Allergy Care Plan(s) (ACPs) of their students by the start of the school year, or as soon as the plans are written. Other staff members who have contact with the students with life threatening allergies should be familiar with their Allergy Care Plans on a need-to-know basis.

- ☐ RN Manager or school-based nurse to conduct in-service training and education for appropriate staff regarding a student's life-threatening allergen(s), symptoms, risk reduction procedures, emergency procedures, and how to use and administer an epinephrine single-dose application.
- ☐ Inform and educate new personnel as necessary.
- ☐ Introduce yourself to the student and show him or her how to get to the Health Services office.
- ☐ Post school district's emergency protocol and have available all ACPs in the school Health Services office. Post location of epinephrine single-dose applicator.
- ☐ Periodically check medications for expiration dates and arrange for them to be current.
- ☐ Devise a contingency plan in the case of a substitute school nurse or no Health Services team member on-site.
- ☐ Meet with parents as needed to discuss issues relating to plan implementation.
- ☐ Inform parent/guardian if their student experiences an allergic reaction at school.

(D) Responsibilities of the School Administration

- ☐ Identify a care plan team that may include, but is not limited to, the Health Services team member, principal, teacher(s), specialists, Nutrition Services personnel, aides, physical education teacher, custodian, and counselor to work with parents and the student (if age appropriate) to establish a prevention plan. Changes to the plan to promote allergy management should be made with parent/guardian and care plan team participation. The plan will attempt to accommodate the child's needs throughout the school including in the classroom, cafeteria, after-school programs, during school-sponsored activities. Students should not be excluded from school activities based solely on their allergy. Field trips will also be discussed to decide upon the appropriate strategies for managing the allergy while outside the school environment.
- ☐ Take the following actions upon receipt of the completed ACP:
 - Practice the Allergy Care Plan before an allergic reaction occurs to assure the efficiency and effectiveness of the plan.
 - Verify with the Health Services team member that medications are appropriately stored, secured and easily accessible to designated trained staff when no Health Services personnel is on-site.
 - Verify Allergy Care Plans are accessible to affected staff.
 - Assure all staff who interact with the student on a regular basis understand allergies, can recognize the symptoms of an allergic reaction, know appropriate emergency response, and work with other school staff to eliminate the use of allergens in the allergic student's meals, educational tools, arts and crafts projects, and incentives. Also ensure that all staff appropriately respond to any harassment or threats against a child with severe allergies.

- Be prepared to handle a reaction and ensure availability of a staff member trained to administer prescribed medications during the school day regardless of time, location or activity.
- To reduce exposure to latex allergens, consider posting a sign at the main and commonly used entrances to the facility designating it as a “Latex Reduced Facility”, cautioning against delivery of balloon bouquets or other latex containing products.
- Consider contacting Risk Management (907-459-1344) for assistance in identifying latex-containing items in student occupied spaces such as classroom(s), main office area, Health Services office, gym, etc. that need to be removed and replaced with non-natural latex items.
- Notify parents of the student’s classmates of the need to avoid latex containing school supplies.
- To reduce exposure to other allergens:
 - a. Designate certain areas of the school as allergen free areas (for example, “Peanut Free Table”) based upon the healthcare practitioner’s recommendation(s).
 - b. Notify parents of student’s classmates of need to avoid bringing food/objects containing the allergen.
 - c. When necessary, take steps to reduce the allergen in the facility, posting appropriate signage and educating all school occupants of the specific allergen.
 - d. Prohibit the practice of ‘food sharing’ tables when students with known food allergies are within the school.

- ☐ Make sure a contingency plan is in place in case of a substitute teacher, nurse or Nutrition Services personnel or there is no Health Services team member on-site.
- ☐ Have a plan in place when the Health Services team member is not available.
- ☐ Establish a culture of respect in the school and educate students, staff and parents as to the expectation. Conduct prompt and thorough investigations of allegations of harassment or bullying based on disability and take appropriate action based on the findings.

(E) Responsibilities of the Classroom Teacher/Specialist

E-1: Gather necessary information and documentation:

- ☐ Receive and read the Allergy Care Plan (ACP) (Appendix A, Document I) of any student(s) in their classroom with life threatening allergies.
- ☐ Participate in a care plan team meeting for the student with life-threatening allergies and in-service training regarding:
 - a. Allergens that cause life-threatening allergies (such as foods, insect stings, medications, latex).

- b. Steps to take to prevent life-threatening reactions and accidental exposures to allergens.
- c. Recognize symptoms of the student's life-threatening allergic reaction.
- d. Steps to manage an emergency.
- ☐ Keep the student's ACP, with photo, accessible in the classroom (i.e., keep with lesson plan).
- ☐ Ensure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's allergies and necessary safeguards.
- ☐ Organize information in a prominent and accessible format for substitute teachers.
- ☐ Coordinate with parent on providing a lesson plan about allergies for the class and discuss anaphylaxis in age-appropriate terms, with student's permission.
- ☐ Educate classmates to not endanger, isolate, stigmatize, bully or harass students with allergies.
- ☐ Be aware of how the student with allergies is being treated; enforce school rules about bullying and threats.
- ☐ Inform parents of any school events where food will be served.
- ☐ Participate in the planning for a student's re-entry to school after an anaphylactic reaction.
- ☐ Act according to the plan if a student reports signs of an allergic reaction.

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

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

E-3: Classroom Activities:

- ☐ Avoid use of foods for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, or other projects).
- ☐ Welcome parental involvement in organizing class parties and special events.

- ☐ Consider non-food treats.
- ☐ Use stickers, pencils or other non-food items as rewards instead of food.

E-4: Field Trips:

- ☐ Collaborate with the Health Services team member, prior to planning field trips
- ☐ For students who self-administer, ensure epinephrine single dose applicators (**EPIPEN®**, **neffy®**) are taken on field trips.
- ☐ Ensure that functioning two-way radio, walkie-talkie, cell phone or other communication device is taken on field trips.
- ☐ Review plans for field trips, avoid high-risk places. Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening allergens.
- ☐ Know where the closest medical facilities are located, 911 procedures and whether the ambulance carries epinephrine.
- ☐ Invite parents of a student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone. However, the student's safety or attendance must not be conditioned on the parent's presence.
- ☐ One to two people on the field trip should be trained in recognizing symptoms of life-threatening allergic reactions.

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

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

(G) Responsibilities of Nutrition Services

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

Not all students with food allergies or intolerances have a disability as defined under Section 504 of the Rehabilitation Act. Nonetheless, Nutrition Services may, but is not required to, provide reasonable food substitutions for such students. Nutrition Services must make the substitutions prescribed when a student's licensed healthcare practitioner certifies the student's allergy may result in a severe, life-threatening (anaphylactic) reaction, as this meets the regulations' definition

of disability. Nutrition Services makes every effort to provide reasonable substitutions, based on product and inventory availability, but may be limited and/or unable to provide physician recommended substitutions (e.g., prescription-based supplements.)

In order for Nutrition Services to meet its responsibilities, the student's special dietary request must be documented on the school district's *Medical Statement for Food Substitutions* form (Appendix A, Document 2) and be submitted to the school district's Nutrition Services Department.

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

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

The Director of Nutrition Services will train staff to:

- ☐ Assure food allergies are addressed and that foods are not potentially cross-contaminated with either foods identified as allergens or latex containing products.
- ☐ Know the ingredients of school food items.
- ☐ Annually review food labels.
- ☐ Label peanut and nut products produced by Nutrition Services.
- ☐ Participate with care plan team as needed.
- ☐ Ensure all meal requests are on appropriate forms.
- ☐ Make menu accommodations as needed. Provide information on the accommodations to the appropriate Nutrition Services staff, student, and parent/guardian.
- ☐ Provide appropriate food substitutions that comply with *Medical Statement for Food Substitutions* form (Appendix A, Document 2).

(H) Responsibilities of School Secretary

The school secretary will notify the school's Health Services team member immediately upon any in-district transfer of a student. This is necessary in order for the Health Services department to check SchoolCare for the medical alert status of the transferring student and notify the school's cafeteria manager as necessary.

Student Allergy Response Checklist

<u>ACTION</u>	<u>RESPONSIBLE PARTY(IES)</u>	<u>NOTES</u>
☐ Provide Appendix A forms to parent(s)	Health Services	
☐ Complete Medical Statement for Food Substitutions form (Appendix A)	Parent(s)/Legal Guardian	
☐ Complete Student Allergy Care Plan (Appendix A, Document I)	Practitioner / Parent(s)/Legal Guardian	
☐ Submit Completed Form(s) to Health Services office	Parent(s)/Legal Guardian	
☐ Review Form(s), Data Entry & Filing	RN Manager/School-Based Nurse	
☐ Provide Medical Statement for Food Substitution form to Nutrition Services	Health Services	
☐ Input food allergy into PowerSchool Premier	RN Manager/School-Based Nurse	
☐ Notify Principal of allergy impacts	Health Services	
☐ Identify Care Plan Team	Principal	
☐ Develop IHCP, if appropriate	RN Manager/School-based Nurse	
☐ Coordinate Prevention Plan (Elements Impacting Other Departments or Facilities)	Principal	
☐ Consider referral to a 504 Process	504 Committee	
☐ Educate Child in Allergy Self-Management	Parent(s)/Legal Guardian	
☐ Post Signage in Facility/Areas	Principal	
☐ Consider conducting an Allergy Care Plan Drill	Principal/Health Services	
☐ Proper Storage of Medications	Health Services	
☐ Train Responsible Staff on Allergies	RN Manager/School-Based Nurse	
☐ Allergen Sources Minimized	Principal	
☐ Eliminate Cross-Contamination	Director of Nutrition Services	Latex or Food
☐ Review Allergy Care Plan	Parent(s)/Legal Guardian, Health Services	Annually or Upon Allergic Reaction

Allergy Emergency Response

The student's individual health care plan (IHCP), if created due to complexity of allergy(ies), shall include an outline of emergency procedures for managing life threatening allergic reactions. This plan shall identify personnel who will:

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

Returning to School After a Reaction

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

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

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

Special Consideration for the Student

It is recommended, but not required, that the student and parent(s) shall meet with the school's Health Services office/school staff who responded to the allergic reaction and be reassured about the student's safety, what happened and what changes will be made to prevent another reaction.

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

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

Actions After an Allergic Reaction

The principal or Health Services team member will work to identify the source of allergen exposure. The principal may reach out to Risk Management for assistance in identifying the source.

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

In the Event of a Fatal Allergic Reaction

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

Training for School Personnel

Training of appropriate staff will be conducted either 1:1, in a small group, or as part of a school professional development day.

EPIPEN® Training Guidelines

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

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

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

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

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

Training video: [How to Use EpiPen® On Someone Else](#)

How to administer EPIPEN® and EPIPEN Jr.®

1. Pull off blue activation cap - “Blue to the sky”
2. Hold orange tip near outer thigh (always apply to thigh) - “Orange to the thigh”
3. Swing and jab firmly into outer thigh until auto-injector mechanism functions. Hold in place for at least 3 full seconds. The recommendation is count to 10.
4. The **EPIPEN®** unit should then be removed and discarded. Massage the injection area for 10 seconds.



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

neffy® Training Guidelines:

Nobody likes getting a needle, but epinephrine auto-injectors, such as **EPIPEN®**, have long been the primary treatment for anaphylaxis, a serious allergic reaction some people have in response to triggers such as peanut butter, eggs, and other foods; bee and other insect bites/stings; and antibiotics, aspirin, and other medications. Without immediate treatment, these reactions can progress rapidly and be potentially life-threatening within a matter of minutes.

But now there is **neffy®**, a new emergency nasal spray. It's the first epinephrine product for anaphylaxis treatment that doesn't involve a needle.

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

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

- Know the six rights (6 R's) of medication administration.
- Read medication label and correctly follow directions on medication label.
- Proper storage of prescription medication.
- Understand anaphylaxis and its signs and symptoms.
- Know how to appropriately administer **neffy®** nasal epinephrine spray.
- Steps to follow after administering **neffy®** nasal epinephrine spray.
- How to call EMS (911).

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

Training video: How to use **neffy®** in an emergency situation – [Adult](#) and [Adolescent](#)

How to administer neffy®

1. Pull open packaging to remove the **neffy®** nasal spray device
2. Hold the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle.
3. Insert the nozzle into a nostril until your fingers touch your nose. Keep the nozzle straight into the nose pointed toward the forehead.
4. Press plunger up firmly until it snaps up and sprays liquid into the nostril.
5. If a second dose of **neffy®** is needed, administer a new nasal spray into the same nostril starting 5 minutes after the first dose.



1. REMOVE

Remove **neffy** from packaging. Pull open the packaging to remove the **neffy** nasal spray device.



2. HOLD

Hold device as shown. Hold the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle.

- Do not pull or push on the plunger.
- Do not test or prime (pre-spray). Each device has only 1 spray.



3. INSERT

Insert the nozzle into a nostril until your fingers touch your nose. Keep the nozzle straight into the nose pointed toward your forehead.

- Do not point (angle) the nozzle to the nasal septum (wall between your 2 nostrils) or outer wall of the nose.



4. PRESS

Press plunger up firmly until it snaps up and sprays liquid into the nostril.

- Do not sniff during or after the dose is given. If any liquid drips out of the nose, you may need to give a second dose of **neffy** after checking for symptoms.

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

Amneal® Training Guidelines:

Amneal Pharmaceuticals manufactures and distributes generic, epinephrine auto-injectors for the treatment of anaphylaxis, a severe allergic reaction. Their Epinephrine Injection, USP Auto-Injector 0.3mg is a generic version of **EPIPEN®**, a well-known auto-injector. Amneal also produces a 0.15mg auto-injector for pediatric use.

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

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

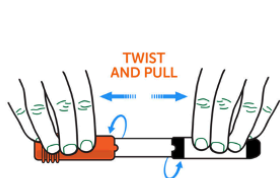
- Know the six rights (6 R's) of medication administration.
- Read medication label and correctly follow directions on medication label.
- Proper storage of prescription medication.
- Understand anaphylaxis and its signs and symptoms.
- Know how to appropriately administer **Amneal** nasal epinephrine spray.
- Steps to follow after administering **Amneal** nasal epinephrine spray.
- How to call EMS (911).

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

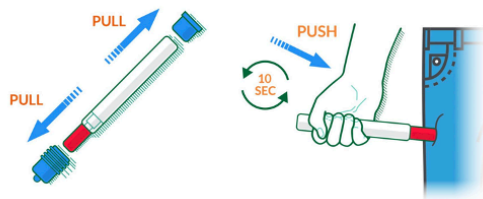
Training video: [Amneal instructional Video](#)

How to administer Amneal

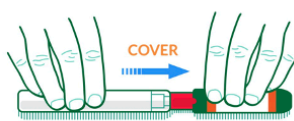
1. **Twist** and **pull** to remove epinephrine injection from its protective carrying case.
2. **Pull** off **blue** end caps. Grasp the auto-injector in your fist with the red tip pointing downward (the needle comes out of the **red** tip)
3. Put the **red** tip against the middle of the outer thigh, perpendicular to the thigh. Press down hard and hold firmly against the thigh for 10 seconds to deliver the medicine.
4. Carefully cover the needle with the carrying case. Note, the needle does not retract and is covered first before pushing the unlabeled half over the non-needle end.



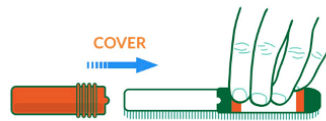
STEP 1. Prepare epinephrine injection for injection



STEP 2. Administer epinephrine injection



STEP 3. Call 9-1-1
STEP 4. After use/disposal



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

Employee Allergy Procedure

If an employee has a concern about his or her allergy affecting his or her job performance, the employee is responsible for notifying the supervisor of the potential impact. The employee and his or her supervisor will work together to address the needs of the employee in the work environment. Employees and/or supervisors can contact the Human Resources Department – Labor Relations at labor.relations@kl2northstar.org to initiate the process.

Supervisor's ADAAA Guide for Employees



References

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

- American Academy of Allergy Asthma and Immunology (<http://www.aaaai.org/ar/default.stm>)
- Environmental Protection Agency “Tools for Schools” (http://www.epa.gov/iaq/schools/actionkit_text.html)
- Food Allergy Research and Education (<http://www.foodallergy.org/>)
- Cleveland Clinic (<https://my.clevelandclinic.org/health/diseases/8619-anaphylaxis>)
- National Institute of Health (<https://pmc.ncbi.nlm.nih.gov/articles/PMC5589409/>)
- Center for Disease Control and Prevention (www.cdc.gov)
- Carolina Asthma & Allergy Center (<https://www.carolinaasthma.com/blog/what-causes-a-person-to-develop-allergies/>)
- Allergy, Asthma and Immunology Center of Alaska (www.allergyalaska.com)
- Latitude Food Allergy Care (<https://latitudefoodallergycare.com/resources/>)
- **EPIPEN**® (www.epipen.com)
- **neffy**® (www.neffy.com)
- National Association of School Nurses (<http://www.nasn.org>)
- Health, Mental Health and Safety Guidelines for Schools (<http://www.nationalguidelines.org>)
- National Institute of Allergy and Infectious Diseases (<http://www.niaid.nih.gov>)

APPENDICES

Allergy/Anaphylaxis Care Plan can be accessed online [here](#)



Fairbanks North Star Borough School District
Allergy/Anaphylaxis Care Plan

Student
Photo

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH
SCHOOL		GRADE	STUDENT ID

MEDICAL PROVIDER AUTHORIZATION

BACKGROUND

Allergy/Anaphylaxis Trigger(s)

Does this student have asthma? **Having asthma increases the risk of having a more severe allergic reaction.* ☐ YES ☐ NO

Does this student have food allergies? **If yes, please complete the Meals and/or Accommodations form.* ☐ YES ☐ NO

STUDENT SYMPTOMS

Mild Symptoms

☐ Itchy Nose ☐ Itchy Mouth ☐ Sneezing ☐ A few hives ☐ Other _____

Severe Symptoms

☐ SOB, wheezing, or coughing ☐ Cyanotic ☐ Weak pulse ☐ Faint or dizzy ☐ Tight or hoarse throat
☐ Vomiting or diarrhea, if severe ☐ Trouble swallowing ☐ Multiple hives ☐ Feeling of doom
☐ Pain or tightness in chest ☐ Unconsciousness ☐ Abdominal cramping or pain
☐ Swollen face, eyes, or tongue ☐ Altered mental status ☐ Other _____

MEDICATION ORDER

Is this student able to safely carry an epinephrine auto-injector or nasal spray during school hours? ☐ YES ☐ NO
(If this student is not able to self-treat, a nurse or trained adult may administer Epinephrine auto-injector or nasal spray)

☐ Any available PO antihistamine per package instructions for *Mild Symptoms* as indicated above.

☐ epinephrine (**EPIPEN**®) 0.3 mg IM for *Severe Symptoms* as indicated above.

☐ epinephrine (**EPIPEN Jr.**®) 0.15 mg IM for *Severe Symptoms* as indicated above.

☐ epinephrine (**neffy**®) 2 mg NAS for *Severe Symptoms* as indicated above.

☐ Other _____

ADDITIONAL COMMENTS

MEDICAL PROVIDER NAME/TITLE	PHONE NUMBER	EMAIL
MEDICAL PROVIDER SIGNATURE		DATE

THESE ORDERS EXPIRE AT THE END OF THE CURRENT SCHOOL YEAR AND MUST BE RENEWED EACH FALL



Fairbanks North Star Borough School District
Allergy/Anaphylaxis Care Plan

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH
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PARENT/GUARDIAN AGREEMENT AND AUTHORIZATION

I request that the medication(s) selected and allergy/anaphylaxis protocols listed on this plan be provided to my child. ***I will provide needed medications or supplies for care in school. Prescription medication must be in the original pharmacy container labeled with the following information: student name, medication, dosage, route, administration time, ordering healthcare provider, pharmacy, date issued, and prescription number.*** I understand that, in the absence of Health Services personnel, other trained Fairbanks North Star Borough School District ("FNSBSD") personnel may administer this medication.

Employees and agents of the Fairbanks North Star Borough School District ("FNSBSD") strive to provide treatment consistent with the appropriate standard of care, but are not infallible. I agree to release, defend, indemnify, and hold harmless FNSBSD from any liability for the risks or results of the care, which may include INJURY, ILLNESS, or DEATH, or the manner in which it is administered, including for NEGLIGENCE. I will notify FNSBSD immediately if the medications or protocols change. I give permission for the exchange or release of health information between the medical provider listed above and FNSBSD as part of the provision of my child's care. I agree for Health Services personnel to share health information with FNSBS staff on a need-to-know basis for my child's safety and to foster academic success. I understand that ANY remaining medication(s) will be disposed of at the end of the school year, unless I pick up the remaining medication(s) by the last school day, as indicated on the FNSBSD school year calendar.

THIS CARE PLAN EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR AND MUST BE RENEWED EACH FALL.

PARENT/GUARDIAN NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER
PARENT/GUARDIAN SIGNATURE		DATE

STUDENT SELF-CARRY AGREEMENT

I have been trained in the use of my epinephrine auto-injector or nasal spray and allergy medication. I understand the signs and symptoms of an allergic reaction and agree to have my epinephrine auto-injector or nasal spray available at all times. I will notify a responsible adult (teacher, nurse, health assistant, coach, noon duty, etc.) IMMEDIATELY if I use my epinephrine auto-injector or nasal spray. I will not share my medication with other students or leave my medication unattended. I will use my allergy medication only for the prescribed purpose.

STUDENT NAME	
STUDENT SIGNATURE	DATE

NURSE PLAN REVIEW AND STAFF TRAINING

I have reviewed the Allergy/Anaphylaxis Care Plan for accuracy and ensure that all required fields and signatures are completed before administering medication to a student. I approve of the agreement arranged between the physician, parent, nurse, and student for the management of the student's health needs. I will conduct training with school staff, as needed, to ensure the safety and well-being of the student in the school setting.

NURSE NAME	
NURSE SIGNATURE	DATE

ADAPTED AND REPRINTED WITH PERMISSION FROM THE ANCHOAGE SCHOOL DISTRICT

Access Request Special Meals and/or Accommodations online [here](#)



Child Nutrition Programs

Medical Statement to Request Special Meals and/or Accommodations

Please return or fax form to school

Fax Number: _____

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

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

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

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

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

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

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

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

6. Indicate Texture:

☐ Regular ☐ Chopped ☐ Ground ☐ Pureed

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

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

8. Adaptive Equipment:

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

Signature of Physician or Medical Authority	Printed Name & Title	Telephone	Date
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"USDA and the State of Alaska are equal opportunity providers and employers"

The Fairbanks North Star Borough School District is an equal employment and educational opportunity institution.



Fairbanks North Star Borough School District

Child Nutrition Programs

Medical Statement to Request Special Meals and/or Accommodations

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

Students with Disabilities

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

Students with other special dietary needs

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

Definitions:

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

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

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

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

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

The medical statement shall identify:

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

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

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FNSBSD Administrative Regulation

AR 1062.2 Student Welfare – Student Health Services and Requirements - Administering Medicines to Students

Section 3: Self-Administration of Inhalers and Auto injectable Epinephrine

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

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

Section 5: Training

Non-nursing personnel designated to administer medication in the nurse's absence will be provided an in-service on procedures approved by the district.

Section 6: Discipline

A student found to have misused or possessed prescription or nonprescription medication with the purpose of altering his or her consciousness, or under circumstances presenting a potential of harm, will be considered in violation of Board policy.

Section 504 Referral form can be accessed online [here](#)



FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

520 Fifth Avenue Fairbanks, Alaska 99701-4756 (907) 452-2000

WWW.K12NORTHSTAR.ORG

Section 504 Referral

Referred By: _____ Referral Date: _____

Student Name: _____ Age: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Parent(s): _____ Address: _____

Home Phone: _____ Cell: _____

For a student to be eligible for Section 504 services, *the student must have a physical or mental impairment that substantially limits one or more major life activities.*

1. Reason for Referral:

2. What major life activity(ies) do you believe is/are substantially limited?

- | | | |
|---|--|--------------------------------------|
| ☐ Seeing | ☐ Reading | ☐ Learning |
| ☐ Hearing | ☐ Thinking | ☐ Walking |
| ☐ Speaking | ☐ Concentrating | ☐ Breathing |
| ☐ Caring for Oneself | ☐ Other _____ | ☐ Other _____ |

3. Indicate specifically how the major life activity is being limited (e.g., what is the student not able to do or benefit from?):

4. What interventions have been attempted and what were the results?

5. Briefly summarize the student's classroom performance (e.g., grades, attendance, behavioral concerns, health care needs, etc.):

*Attach any supporting documents and return this form to the school counselor.

Revised 8/21

CHECKLISTS and RESOURCES

BACK2FARE SCHOOL CHECKLIST



What to do
BEFORE
school starts

3

- Be well-versed on your child's food allergy.
- The foods he or she must avoid.
- The signs and symptoms of an allergic reaction.
- The ways your child might describe an allergic reaction.
- The correct way to use an epinephrine auto-injector.
- Make sure your child knows what to do if he or she experiences an allergic reaction.
- Schedule an appointment with your child's pediatrician or allergist.
- Check your child's medication supply and expiration dates.
- Get a prescription for any medications you may need (e.g., for school, self-carry, home).
- Check that you have the correct strength of epinephrine auto-injector for your child's weight.
- Have the medical provider fill out any required school forms, including a food allergy emergency care plan.

Learn more at [FoodAllergy.org](https://www.FoodAllergy.org)



BACK2 SCCHOOL CHECK23 LIST



FARE

Learn more at
[FoodAllergy.org](https://www.FoodAllergy.org)



**SCHOOL
Information**

- Meet with your child's teacher, school nurse, cafeteria manager and other staff (e.g., coach, band director).
- Be clear on the school's guidelines for managing students with food allergies.
- Discuss your child's needs throughout the school day in different areas, including the classroom, cafeteria, playground and school bus.
- Ask if cafeteria staff have been trained on safe food preparation for food allergies.
- Share your child's emergency care plan with everyone who comes in contact with him or her
- Work with the school to develop a Section 504 Plan, or other written food allergy management plan
- Know who is trained to give your child's medication in the event of an emergency.
- Determine if guidelines like no food sharing or handwashing after eating or handling food can be implemented in the classroom.
- Discover where food will be kept, where your child will eat and who will oversee meals or snacks.
- Ask to be given advanced notice about field trips and other events
- Deliver your child's emergency care plan and medication(s) on or before the first day of school.
- Remind your child to avoid eating any food whose ingredients are unknown, such as home-baked goods.
- Check-in with your child's teacher(s) to see how things are going.
- Always be on the lookout for signs that your child might be experiencing bullying or teasing because of his or her food allergy.
- Share resources, like those found on FARE's Back-to-School Headquarters, with your child's school

HELP KEEP YOUR CLASSMATES WITH FOOD ALLERGIES SAFE

WASH HANDS



before and
after handling
or eating food



Wet with
water



Lather
with soap



Scrub for
20 seconds



Rinse



Dry

For more information on
managing food allergies,
visit foodallergy.org



FARE
Food Allergy Research & Education



Cleaning Methods

Schools, Early Childhood Education (ECE) programs, and communities have a shared responsibility to promote a safe physical environment that protects children with food allergies. State and local health regulations, generally based on the FDA Model Food Code, provide school districts, schools, and ECE programs with requirements governing the cleaning and sanitizing of surfaces and other practices that can protect against the unintentional transfer of residue or trace amount of an allergic food into another food. Some practices to reduce this cross-contact include the following:

- Clean and sanitize with soap and water or all-purpose cleaning agents and sanitizers that meet state and local food safety regulations, all surfaces that come into contact with food in kitchens, classrooms, and other locations where food is prepared or eaten.
- Clean and sanitize food preparation equipment, such as food slicers, and utensils before and after use to prevent cross-contact.
- Clean and sanitize trays and baking sheets after each use. Oils can seep through wax paper or other liners and cause cross-contact.
- Use appropriate hand-washing procedures that emphasize the use of soap and water. Plain water and hand sanitizers are not effective in removing food allergens.
- A study found that for removal of peanut allergens from hands, liquid soap, bar soap, and commercial wipes were very effective. Plain water and antibacterial hand sanitizer left detectable levels of peanut allergen on 3 out of 12 and 6 out of 12 hands, respectively.

Distribution of peanut allergen in the environment. Perry TT, Conover-Walker MK, Pomes A, Chapman MD, Wood RA. J.Clin Immunol, Vol. 113, No. 5. Retrieved from [http://www.jacionline.org/article/S0091-6749\(04\)01067-X/fulltext](http://www.jacionline.org/article/S0091-6749(04)01067-X/fulltext)

Voluntary Guidelines for Managing Food Allergies in School. P.38. Centers for Disease Control. Retrieved from http://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf