

# SHEFFIELD CITY SCHOOLS

## ANAPHYLAXIS PREPAREDNESS PROGRAM

### **Background:**

In response to Act # 2014-405 by the State Legislature, the Sheffield City School System recognizes the growing concern with severe life-threatening allergic reactions (anaphylaxis), especially with regard to food items. Other common causes of anaphylaxis include allergies to latex, medications, and insect stings.

### **Pathophysiology and treatment:**

Anaphylaxis can affect almost any part of the body and cause various symptoms, including breathing difficulties and a drop in blood pressure or shock, which are potentially fatal.

Medications to treat anaphylaxis include:

- Epinephrine
- Antihistamines

Treatment of anaphylaxis is centered on treating the rapidly progressing effects of the histamine release in the body with epinephrine. The allergen should also be removed immediately.

### **Creating an Allergen-Safe School Environment:**

The Sheffield City School System supports the three levels of prevention through its methods of creating an allergen-safe environment:

- Primary prevention (Level I) – promotes health and protects against threats through anaphylaxis awareness and training.
- Secondary prevention (Level II) – detects and treats problems early, as in a first-time reaction at school with staff or students. Early treatment of anaphylaxis saves lives.
- Tertiary prevention (Level III)-
  - Protects a student from exposure to offending allergens as the most important way to prevent life-threatening anaphylaxis.
  - Involves the school personnel, medical provider and parent/guardian in a collaborative effort to develop a management plan for an individual student.
  - Educates the entire school community about life-threatening allergies.

## **RESPONSIBILITIES**

### **School District Superintendent**

- Provides leadership and designates school district resources to implement the school district's approach to managing severe allergies.
- Promotes the dissemination of anaphylaxis allergy-related procedures to all school staff, families, and the community.
- Assures each school has a team who is responsible for allergy management.
- Is familiar with federal and state laws, including regulations, and policies relevant to the obligations of schools to students with severe allergies and assures these practices follow these laws and policies.
- Supports professional development on anaphylaxis for all employees.

### **School Administrator (Principal or Assistant Principal)**

- Coordinates implementation of a comprehensive Anaphylaxis Allergy Program in conjunction with the school nurse.
- Promotes the communication of the procedures for managing severe allergies to all school staff, substitute teachers, classroom volunteers and families.
- Shares information about students with severe allergies with all staff members who need to know, provided the exchange of information occurs in accordance with FERPA and any other federal and state laws which protect the confidentiality or privacy of student information.
- Supports professional development on anaphylaxis for employees.

### **School Nurse**

- RN School Nurse takes the lead in planning and implementing the school's Anaphylaxis Allergy Management Prevention Plan.
- Supports partnerships among school staff and the parents and doctors (e.g., pediatricians or allergists) of students with severe allergies.
- Assures students with severe allergies are identified and shares such information with other staff who need to know in accordance with FERPA and any other federal and state laws which protect the confidentiality or privacy of student information.
- Develops an Individual Health Care Plan and Emergency Care Plan for each student with a severe allergy and shares it with appropriate staff.
- Keeps the medical provider-ordered Epinephrine in a secure place; regularly inspects the expiration date on all stored epinephrine auto-injectors.
- Annually trains staff members on the use of epinephrine auto-injector and in the recognition of the signs and symptoms of food allergy reactions and anaphylaxis.
- Assures food service staff are aware of the actions which must be taken as written in the Emergency Care Plan if a food allergy emergency occurs in the cafeteria.
- Assures staff plan for the needs of students with food/latex/insect allergies during class field trips and during other extracurricular activities.
- Works with other school staff and parents to create a safe environment for students with severe allergies.

### **Food Service Staff**

- Identifies, with the assistance of school nurse, students with severe allergies in a way which does not compromise students' privacy or confidentiality rights.
- Has a current dietary order from a licensed medical provider, and other relevant medical information which are needed to make meal accommodations for students with food allergies.
- Follows procedures to prevent allergic reactions and cross-contact of potential food allergens during food preparation and service.
- Manages food substitutions for students with food allergies.
- Undergoes annual training to recognize and understand the following:
  - Signs and symptoms of allergic reactions and how they are communicated by students.
  - How to read food labels and identify allergens.
  - Proper use of an epinephrine auto-injector.
  - Ways to deal with emergencies in the school which are consistent with the student's Emergency Care Plan.
  - FERPA, USDA, and other federal and state laws which protect the privacy and confidentiality of information regarding specific students' food allergies and food allergy disabilities.
  - Policies on bullying and discrimination against all students, including those with food allergies.

### **Transportation Staff**

- Receives information from the school nurse on Emergency Care Plans for managing students with severe allergies who are transported to or from school.
- Completes annual training on recognizing and understanding the following:
  - Signs and symptoms of severe allergy and how they are communicated by students.
  - Response to a severe allergy emergency while transporting children to and from school.
  - Proper use of an epinephrine auto-injector
  - Ways to deal with emergencies which are consistent with a student's Emergency Care Plan or transportation emergency protocol.
  - FERPA, USDA, and other federal and state laws which protect the privacy and confidentiality of student information regarding specific students' food allergies and food allergy disabilities.
  - Policies which prohibit discrimination and bullying against all students, including those with food/latex/insect allergies.

### **Teachers and Other Staff Members**

- Receives Emergency Care Plan from the RN School Nurse for identified students and understands the essential actions to manage severe allergy reactions, including when meals or snacks are served in the classroom, on field trips, or during extracurricular activities.
- Works with parents, the school nurse, and other appropriate school personnel to determine whether any classroom modifications are needed.

- Shares information and responsibilities with substitute teachers and other adults who regularly help in the classroom.
- Undergoes training on the recognition and understanding of the following:
  - Signs and symptoms of severe allergies and how they are manifested in and communicated by students.
  - How to read food labels and identify allergens.
  - Proper use of an epinephrine auto-injector.
  - Ways to respond to food allergy emergencies which are consistent with a student's Emergency Care Plan.
  - When and how to call Emergency Medical System (911) and parents.

#### **ACTION STEPS FOR ANAPHYLAXIS MANAGEMENT**

- Provide necessary precautions and general training for staff in transportation, classrooms, the cafeteria, or the gymnasium by the RN school nurse;
- Train (by the RN school nurse) all adults in supervisory roles in the recognition and emergency management of a specific medical condition for specific students;
- RN School Nurse will develop Individual Health Care Plans (IHP), Emergency Care Plans (ECP), 504 Plans, or Individualized Educational Plans (IEP) as indicated;
- Follow established emergency medical protocols for nursing staff;
- Follow specific orders from medical providers regarding the care of specific students with severe life-threatening conditions;
- Allow self-directed students as assessed by the RN school nurse to carry life-saving medication with prior approval by the medical provider; and
- Assure appropriate and reasonable building accommodations are in place within a reasonable degree of medical certainty.

**Student Demographics and Health History**

1. School District: \_\_\_\_\_ Name of School: \_\_\_\_\_
2. Age: \_\_\_\_\_ Type of Person: Student  Staff  Visitor  Gender: M  F  Ethnicity: Spanish/Hispanic/Latino: Yes  No
3. Race: American Indian/Alaskan Native  African American  Asian  Native Hawaiian/other Pacific Islander  White  Other
4. History of allergy: Yes  No  Unknown  If known, specify type of allergy: \_\_\_\_\_
- If yes, was allergy action plan available? Yes  No  Unknown  History of anaphylaxis: Yes  No  Unknown
- Previous epinephrine use: Yes  No  Unknown  Diagnosis/History of asthma: Yes  No  Unknown

**School Plans and Medical Orders**

5. Individual Health Care Plan (IHCP) in place? Yes  No  Unknown
6. Written school district policy on management of life-threatening allergies in place? Yes  No  Unknown
7. Does the student have a student specific order for epinephrine? Yes  No  Unknown
8. Expiration date of epinephrine \_\_\_\_\_ Unknown

**Epinephrine Administration Incident Reporting**

9. Date/Time of occurrence: \_\_\_\_\_ Vital signs: BP \_\_\_\_/\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_
10. If known, specify trigger which precipitated this allergic episode:
- Food  Insect Sting  Exercise  Medication  Latex  Other  \_\_\_\_\_ Unknown
- If food was a trigger, please specify which food \_\_\_\_\_
- Please check: Ingested  Touched  Inhaled  Other  specify \_\_\_\_\_
11. Did reaction begin prior to school? Yes  No  Unknown
12. Location where symptoms developed:
- Classroom  Cafeteria  Health Office  Playground  Bus  Other  specify \_\_\_\_\_
13. How did exposure occur?
- \_\_\_\_\_
14. Symptoms: (Check all that apply)
- |  |  |   |   |  |
|--|--|---|---|--|
| <b>Respiratory</b>                                   | <b>GI</b>                                      | <b>Skin</b>                               | <b>Cardiac/Vascular</b>                   | <b>Other</b>                                   |
| <input type="checkbox"/> Cough                       | <input type="checkbox"/> Abdominal discomfort  | <input type="checkbox"/> Angioedema       | <input type="checkbox"/> Chest discomfort | <input type="checkbox"/> Diaphoretic           |
| <input type="checkbox"/> Difficulty breathing        | <input type="checkbox"/> Diarrhea              | <input type="checkbox"/> Flushing         | <input type="checkbox"/> Cyanosis         | <input type="checkbox"/> Irritation            |
| <input type="checkbox"/> Hoarse voice                | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> General pruritis | <input type="checkbox"/> Dizziness        | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Nasal congestion/rhinorrhea | <input type="checkbox"/> Oral Pruritis         | <input type="checkbox"/> General rash     | <input type="checkbox"/> Faint/Weak pulse | <input type="checkbox"/> Metabolic             |
| <input type="checkbox"/> Swollen (throat, tongue)    | <input type="checkbox"/> Nausea                | <input type="checkbox"/> Hives            | <input type="checkbox"/> Headache         | <input type="checkbox"/> Red eyes              |
| <input type="checkbox"/> Shortness of Breath         | <input type="checkbox"/> Vomiting              | <input type="checkbox"/> Lip swelling     | <input type="checkbox"/> Hypotension      | <input type="checkbox"/> Sneezing              |
| <input type="checkbox"/> Stridor                     | <input type="checkbox"/> Wheezing              | <input type="checkbox"/> Localized rash   | <input type="checkbox"/> Tachycardia      | <input type="checkbox"/> Uterine cramping      |
| <input type="checkbox"/> Tightness (chest, throat)   |  | <input type="checkbox"/> Pale             |   |  |

Appendix A  
Medication  
Administration  
2 of 2 pages

For Office Use: Original report to School Nurse on campus where incident occurred; School Nurse will forward a copy to Health Services at CO

16. Location of epinephrine storage: Health Office  Other  specify \_\_\_\_\_
17. Epinephrine administered by: RN  Self  Other  Epinephrine was \_\_\_\_\_ student-prescribed or \_\_\_\_\_ school stock
- If epinephrine was self-administered by a student at school or a school-sponsored function, was the student formally trained?
- Yes  If known, date of training \_\_\_\_\_ No
- Did the student follow school protocols to notify school personnel and activate EMS? Yes  No  NA

If epinephrine was administered by other, please specify \_\_\_\_\_

Was this person formally trained? Yes  Date of training \_\_\_\_\_ No  Don't know

18. Time elapsed between onset of symptoms and communication of symptoms: \_\_\_\_\_ minutes

19. Time elapsed between communication of symptoms and administration of epinephrine: \_\_\_\_\_ minutes  
Parent notified of epinephrine administration: (time) \_\_\_\_\_

20. Was a second epinephrine dose required? Yes  No  Unknown

If yes, was dose administered at the school prior to arrival of EMS? Yes  No  Unknown

Approximate time between the first and second dose \_\_\_\_\_

Biphasic reaction: Yes  No  Don't know

### Disposition

21. EMS notified at: (time) \_\_\_\_\_ Transferred to ER: Yes  No  Unknown

If yes, transferred via ambulance  Parent/Guardian  Other  Discharged after \_\_\_\_\_ hours

Parent: At school  Will come to school  Will meet student at hospital  Other: \_\_\_\_\_

22. Hospitalized: Yes  If yes, discharged after \_\_\_\_\_ days No  Name of hospital: \_\_\_\_\_

23. Student/Staff/Visitor outcome: \_\_\_\_\_

### If first occurrence of allergic reaction:

a. Was the individual prescribed an epinephrine auto injector in the ER? Yes  No  Don't know

b. If yes, who provided epinephrine auto injector training? ER  PCP  School Nurse  Other  \_\_\_\_\_ Don't know

c. Did the ER refer the individual to PCP and/or allergist for follow-up? Yes  No  Don't know

### School Follow-up

24. Did a debriefing meeting occur? Yes  No  Did family notify prescribing MD? Yes  No  Unknown

25. Recommendation for changes: Protocol change  Policy change  Educational change  Information sharing  None

27. Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

(please print)

Title: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

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