Sample Allergy Management Checklists

STRATEGIES / ACTIVITIES

District Policies & Support

- ❑ Alert school administrators to policies necessary for students and staff with known allergies
- ❑ Establish the Allergy Management Team
- ❑ Establish policies and protocols that address individuals with allergies consistent with standards of care:
  - ❑ Policy requiring education of all members in the school environment about life-threatening allergies
    - School personnel education of awareness and seriousness of anaphylactic allergic reactions
    - School personnel education for preventing exposure to major allergens
    - Education materials and support for professional development for all school personnel
    - Training for school personnel accountable for student specific Allergy Action Plans and Protocols/Standing Orders for stock epinephrine auto-injectors.
    - Evaluation of knowledge and practice outcomes school personnel training
    - Periodic reinforcement of training
    - Documentation of training, verification of expiration dates and clarity of contents
    - Consider having designated administrators of Stock Auto-Injection Epinephrine be certified in CPR and First Aid (CDC, Voluntary Guidelines, 2013, pg. 32)
  - ❑ Rescue medication protocols:
    - Health care provider treatment and medication orders
    - Storage, access and administration
    - Non-student specific epinephrine auto-injectors provided in collaboration with school nurse
  - ❑ Identify Common Allergens in the School

    Common Allergens

    - Animal Dander (e.g., cats)
    - Fish
    - Latex
    - Milk
    - Shellfish
    - Tree nuts (e.g., pecans)
    - Eggs
    - Insect venom (e.g., bee stings)
    - Medications
    - Peanuts
    - Soy
    - Wheat

Cafeteria, Classroom, Bus, Extracurricular Activities

- ❑ Cafeteria protocols:
  - Food preparation practices that prevent cross contamination with allergens

- Cleaning for preparation area, food distribution area and student eating areas

- Classroom protocols (NSBA, 2012):
  - Limit or reduce allergens; identify specific allergen safe areas
  - Allow only prepackaged food items with complete ingredient lists (if developmentally appropriate).
  - Implement appropriate hand washing procedures (use of hand sanitizers is not effective in removing the residue of known allergens).
  - Communicate rules and expectations about bullying related to food allergies, including appropriate conduct, consequences, and related disciplinary actions.
  - Train classroom teachers and other staff in allergy awareness, basic prevention/risk reduction procedures, recognizing allergic reactions, reading product labels, identifying hidden allergens, and implementing emergency response procedures.
  - Train classroom teachers and other staff in basic food handling and cleaning procedures to prevent cross contamination from hands, utensils, and surfaces when foods containing known allergens are prepared and/or served in the classroom.
  - Shelter in Place Protocol (F.A.R.E, 2003)
- Bus Protocols (NSBA,2012):
  - Consider assigning trained chaperones on bus routes for students with life-threatening allergies
  - Enforce no eating policies, with appropriate medical considerations and exceptions (i.e., for children with diabetes).
  - Store epinephrine in a safe, appropriate, secure, yet accessible location that will allow for rapid, life-saving administration (avoid temperature extremes, see storage recommendations).
  - Equip all school vehicles with functional two-way communication devices.
  - Include bus drivers as members of the food allergy management team for any passengers with life-threatening food allergies.
  - Train bus drivers in allergy awareness, basic prevention/risk reduction procedures, recognition of allergic reaction, storage of medication, implementation of bus emergency response procedures, and how to deal with food allergy-related bullying. Training provisions should be built into the transportation contract for out-sourced bus drivers.
  - Require bus companies/personnel be trained on local EMS procedures.
  - Assign seating as necessary to support safety of individual students.
- Extracurricular activities, before- and after-school activities, field trips, and community use of facilities (NSBA, 2012):
  - Notify allergy management team members as early as possible of scheduled field trips to allow time for necessary preparation (e.g., special meals, medication storage/transport, and contact with field trip facility personnel to review procedures).
  - Delegate responsibilities for carrying necessary medications (e.g., epinephrine, diphenhydramine); provide a copy of the student's individual written management plan

and contact information of parent/caregiver, the licensed healthcare provider (e.g., primary care provider, allergist), and the name and phone number of the nearest hospital(s).

- Provide access to functioning two-way communication devices, and be cognizant of limited cell phone reception.
- Strongly discourage trading of food and sharing of utensils.
- Promote and monitor good hand washing practices.
- Restrict the use of foods or products (i.e. latex) that are known allergens in classrooms during after-school activities when a student will use that classroom with a known food allergy during the school day.
- Train before- and after-school coordinators in allergy awareness, basic prevention/risk reduction procedures, recognizing an allergic reaction, implementing emergency response procedures, and how to deal with food allergy-related bullying. Training and response provisions should be built into contracts for out-sourced programs.
- Train before- and after-school coordinators in basic food handling procedures to prevent cross contamination from hands, utensils, and surfaces when foods containing known allergens are prepared and/or served.
- Encourage and permit parents of students with food allergies opportunities to attend field trips/activities as added support.
- Notify parents of students with food allergies when extracurricular events will include the provision of meals or food off school property and encourage parents to provide safe food alternatives.
- Promote allergy policy awareness and compliance with outside community members and organizations that are authorized to use school facilities, including school grounds.
- Notify in writing, facilities manager if wasp, bees, etc. nests are found on school property.

Awareness Education for Students, Parents, Community members

- ❑ Awareness education for students (NSBA, 2012):
  - Food allergy awareness education should be a part of a district's health education curriculum. Consider incorporating lessons into family and consumer sciences, science, health, and/or physical education courses.
- ❑ Awareness education and resources for parents/caregivers (NSBA, 2012):
  - To increase understanding of the special needs of students with food allergies, parent education should be provided by qualified personnel, such as the school nurse (RN) or designee, or an appropriate local licensed healthcare provider. As feasible, in-person education is desirable, but written communications can also be effective. Parents of a

student with food allergies might provide useful information and support in addition to that provided by qualified personnel.

- ❑ Hand washing protocols
- ❑ Emergency response protocol to accommodate individuals with life-threatening allergies during emergencies, lockdowns, and all school sponsored activities on or off school grounds, school-provided transportation, and school-related programs.

Anti-bullying, Confidentiality

- ❑ Bullying prevention policies and policies regarding discrimination of students with chronic illness including those with food allergies
- ❑ Policy regarding parental notification about the Section 504 or Individual Healthcare Plan (IHP) process
- ❑ Privacy and confidentiality policies and protocols for protecting health information of any individuals with known or previously undiagnosed allergies

Health Care Professionals, Debriefing, School Wellness Role in Prevention

- ❑ Policy requiring professional continuing nursing education related to life-threatening allergy, medication, storage, and training
- ❑ Post event debriefing protocol following all allergen exposures and/or rescue medication administrations
- ❑ Policy regarding the role of the school wellness committee / school health council to address the needs of students with chronic conditions, including students with life threatening allergies.

Vermont Anaphylaxis Recognize-Treat Protocol – Unknown Allergens

Act 68 (2013): An act relating to health and schools.
School Administrator may authorize a school nurse or designated personnel to be trained in epinephrine auto-injector administration for a student or other individual at school if the nurse or designated personnel believe in the individual is experiencing anaphylaxis.
These designated personnel shall be immune from any civil or criminal liability unless the person's conduct constitutes intentional misconduct.
Providing or administering an epinephrine auto-injector under this section does not constitute the practice of medicine.

Designated Nurse or Personnel Using Established Protocols shall:

Respond

- Observe: stay with individual
- Send someone: Get Epinephrine Fast

Act

- Administer
- Call 911
- Care for individual, may need repeat dose
- Stay with individual/patient/ maintain airway/start CPR if needed
- Ask someone to notify parent/guardian, significant other

To Emergency Department

- Send current student/staff emergency health information if available
- Tell EMS what you know
- Send used auto-injector epinephrine to ED and copy of school intervention plan (copy kept with stock epi)

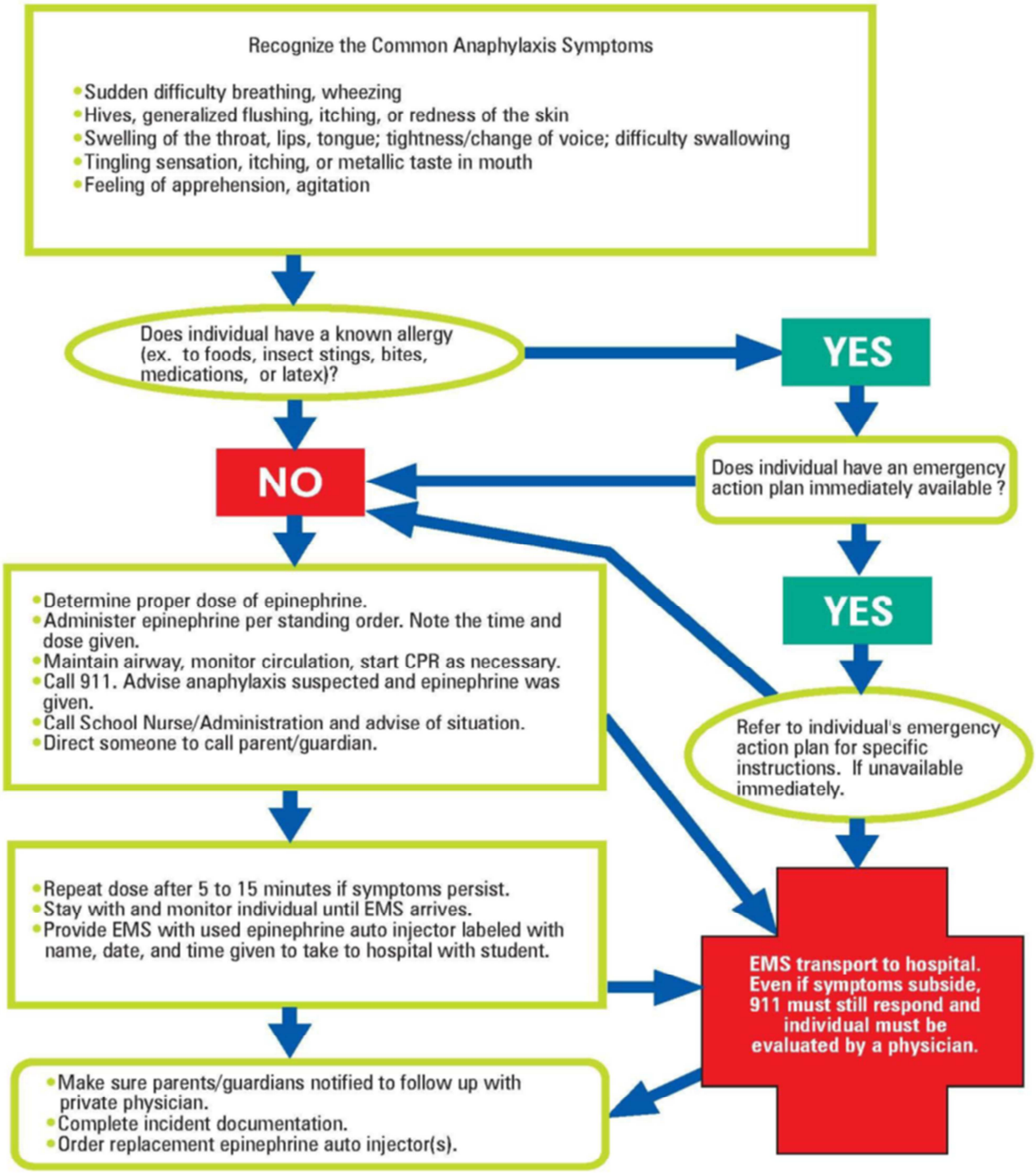
DOCUMENT

- Use form requested by the school nurse/administrator
- Also fill out school incident form with in 24 hrs.
- Confidentiality: (See back side)

Evaluate

- Notify School Nurse or buiding administrator ASAP
- Notify Prescribing HCP; Replace stock auto-injector epi,
- Revise plan as needed, Reinforce Training
- Copy of School Allergy Managment Plan attached to Stock Epinephrine

Recognize Anaphylaxis Symptoms



Adapted 2013, Virginia AAP Algorithm for Anaphylaxis Recognition (July 2012)

Emergency Care Plan

Allergy Action Plan- for individual

Place Student's Picture Here

Name: _____ **D.O.B.**__/__/__

Allergy to: _____

Weight: ____ lbs. **Asthma:** □ Yes (higher risk for a severe reaction) □ No

Any SEVERE SYMPTOMS after suspected or known exposure:

One or more of the following:

LUNG:	**Short of breath, wheeze, repetitive cough**
HEART:	**Pale, blue, faint, weak pulse, dizzy, confused**
THROAT:	**Tight, hoarse, trouble breathing/swallowing**
MOUTH:	**Obstructive swelling (tongue and/or lips)**
SKIN:	**Many hives over body**

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)

GUT: Vomiting, diarrhea, crampy pain

1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:
   - Antihistamine
   - Inhaler (bronchodilator) if asthma
   - Notify Parent/Guardian

MILD SYMPTOMS ONLY:

MOUTH:	Itchy mouth
SKIN:	A few hives around mouth/face, mild itch
GUT:	Mild nausea/discomfort

1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent (see other side)
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose):

_____

Antihistamine (brand and dose): _____

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

Monitoring – Circulation, Airway, Breathing (AHA 2010 CPR protocol)

Stay with student; alert health care professionals and parent. Note time when epinephrine was administered and inform rescue squad upon arrival; request an ambulance with epinephrine. A **second dose of epinephrine can be given 5 minutes** or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student/patient lying on back with legs raised. Treat student even if parents cannot be reached (See back for auto-injection technique). Provide CPR if necessary and/or other first aid measures as needed.

_____ _____ _____ _____
Parent/Guardian Signature Date Physician/Healthcare Provider Signature Date

Contacts

Call 911 EMS Doctor: _____ Phone: (__)__-_____

Parent/Guardian: _____ Phone: (__)__-_____

Other Emergency Contacts

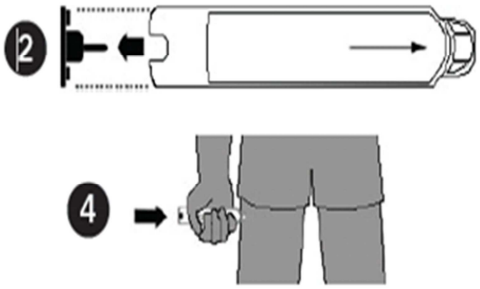
Name/Relationship: _____ Phone: (__)__-_____

Adapted from Food Allergy Research & Education Network 8/2013

Instructions for Administration of Epinephrine Auto-Injector

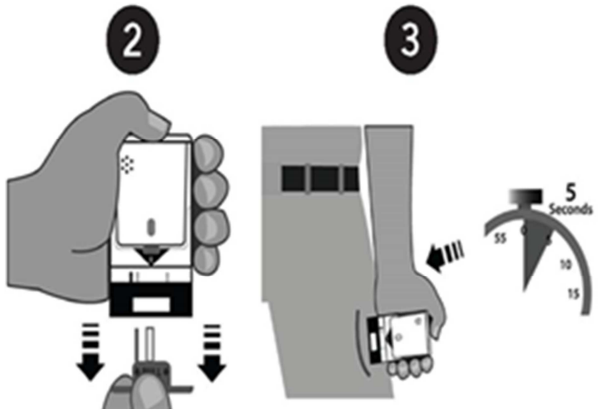
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



Auvi-Q™ (Epinephrine Injection, USP) Directions

1. Remove the outer case of Auvi-Q. this will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



AdrenaCLICK®/AdrenaCLICK® Generic Directions

1 Remove the outer case.
2 Remove grey caps labeled "1" and "2".
3 Place red rounded tip against mid-outer thigh.
4 Press down hard until needle penetrates.
5 Hold for 10 seconds. Remove from thigh.

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

Signature of Parent:_____ Physician: _____Date:_____

Liability: ."school shall be immune from any civil or criminal liability arising from the administration or self-administration of an epinephrine auto-injector under this section unless the person's conduct constituted intentional misconduct…" V.S.A. 16 § 1388.

Adapted from Food Allergy Research & Education Network 8/2013

Prevention, Protocols, Implementation, and Training Resources – Act 68 – 2013

In response to legislation materials below are made available for the use and training of Stock Supply and Emergency Administration of Epinephrine Auto-Injectors including non-patient specific orders for life saving treatment of first-time reactions.

Prevention of exposure to allergens in schools:

1. Vermont Agency of Education
    a. Act 158: An Act Relating to Life-Threatening Allergies and Chronic Illnesses in School (2006)
    b. Managing Life-Threatening Allergic Conditions in Schools (2008) pg. 8-10
2. Centers for Disease Control and Prevention
    a. Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs (2013)
3. FDA Food Safety Modernization Act (FSMA) (2011).
4. National School Boards Association-Health Information Network
    a. Safe at School and Ready to Learn pg. 8-10
5. National Education Association/Health Information Network (NEA HIN)
    a. Food Allergy Handbook pg. 24-25

Protocols for Responding to Life Threatening Allergic Reactions

1. Vermont Department of Health/Agency of Education
    a. ***Standards of Practice: School Health Services (2010) Section 3 – Allergies
        i. Templates for Health Care Providers (includes an increased awareness of those with first-time life-threatening reactions.)
            1. Assessing
            2. Administering
            3. Caring for
            4. Disposing
            5. Storage and handling
2. National Association of School Nurses
    a. Get Trained at School (2013)
    b. NASN Tool Kit (2011)
        i. Forms; check lists
        ii. Post event review
3. Centers for Disease Control and Prevention
    a. Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs (2013) pg. 22-33

        i. Certified First Aider pg. 32
        ii. Three levels of training pg. 34
        iii. Community use awareness pg. 39
4. Food Allergy Education and Research (F.A.R.E.) Shelter in Place Plan
5. Vermont Agency of Education
    a. Act 158: An Act Relating to Life-Threatening Allergies and Chronic Illnesses in School (2006)
    b. Managing Life-Threatening Allergic Conditions in Schools (2008) pg. 5
6. National School Boards Association-Health Information Network
    a. Safe at School and Ready to Learn pg. 12-13

Implementation Process for Students with Life Threatening Allergic Reactions.

1. Centers for Disease Control and Prevention
   Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs (2013)
    a. Actions for School Boards and District Staff pg. 45-56
    b. Actions for School Administrators and Staff pg. 57-76
    c. Actions for Early Care and Education Administrators and Staff pg. 77-85
    d. Recommendation for First Aid Certification pg. 32
2. Incorporates instructions from health care provider
    a. Vermont Department of Health/Agency of Education
        i. ***Standards of Practice: School Health Services (2010)
            1. Section 3 – Allergies (2013)
            2. Section 27 – Students with Special Health Needs (2010)
3. Includes requirements of 1387 for self possession and administration
    a. ***Standards of Practice: School Health Services (above)
    b. 16 V.S.A. § 1387.Possession and self-administration of emergency medication (2007)
4. Becomes part of the student's school health record, annually
    a. Vermont Department of Health/Agency of Education
        i. ***Standards of Practice: School Health Services (2010)
            1. Section 3 – Allergies (2013)
            2. Section 27 – Students with Special Health Needs (2010)
5. Education and training for school nurses and designated personnel, annually
    a. National Association of School Nurses
        i. Get Trained at School (2013)

b. Storage of stock epinephrine auto-injectors. Food Allergy Handbook pg. 8
c. Vermont State Board of Education Rules and Regulations, Student Safety, section 4220- 4222.5, page 4 – regarding the storage of Prescription Drugs .
d. CDC Voluntary Guidelines for Managing Food allergies in Schools and Early Care and Education Programs FAQ 2013

6. Each school will publish annually
    a. Reference to be made on school website and all student/parent handbooks to materials available at the school.
    b. Recommend plan for families to opt out of emergency response???
7. Protocols for the prevention of bullying related to life threatening allergies: National School Boards Association-Health Information Network (Safe at School and Ready to Learn, pg.15)
    a. Centers for Disease Control and Prevention Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs (2013) pg. 21

[i]

[i] ***Suggested templates created by the Vermont Department of Health (pending approval by the JSHC)

Allergies
Section 3
Updated 8/2013

Standing Order for Epinephrine Auto Injector and Protocol

First-time Life-Threatening Allergic Reaction (Anaphylaxis) K-12 Schools

The following standing orders apply to persons who do not have individual orders provided by parents and/or private physicians. The guidelines apply to persons with allergic symptoms triggered by touching, inhaling or ingesting allergens or by insect stings

- □ Before administering medications, attempt to obtain a history from the patient or bystanders, check for Med-Alert bracelets, etc., to ascertain if patient has any underlying condition that could mimic allergies or anaphylaxis.
- □ If there is reasonable evidence that the person is having an **allergic reaction** and it appears that death is imminent, give epinephrine regardless of age.

Any SEVERE SYMPTOMS after suspected or known exposure:
One or more of the following:

LUNG: **Short of breath, wheeze, repetitive cough**
HEART: **Pale, blue, faint, weak pulse, dizzy, confused**
THROAT: **Tight, hoarse, trouble breathing and/or swallowing or speaking**
MOUTH: **Obstructive swelling (tongue and/or lips)**

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Vomiting, diarrhea, belly cramps
NEURO: Fear, apprehension, feeling of impending doom, passing out

1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box below)
4. Send used auto-injector/s to emergency department with patient

Medications/Doses

Select appropriate epinephrine dose, based on weight**; if unable to assess weight, use larger dose.**

Dosage: **0.15 mg Epinephrine** auto-injector IM, if less than 66 pounds
0.30 mg Epinephrine auto-injector IM, if 66 pounds or more

Monitoring – Airway, Breathing, Cardiac

Stay with student; alert health care professionals and parent. Note time when epinephrine was administered and inform rescue squad upon arrival; request an ambulance with epinephrine. **A second dose of epinephrine can be given 5 minutes or more after the first** if symptoms persist or recur. For a severe reaction, consider keeping student/patient lying on back with legs raised. Treat student even if parents cannot be reached (See back for auto-injection technique). Provide CPR if necessary and/or other first aid measures as needed.

PHYSICIAN INFORMATION

Name/Title (Printed): _____ Practice Name _____
Contact Number: _____ Address: _____

SIGNATURE: _____ Authorization dates: Start _____ Stop: _____

AUTHORIZING ADMINISTRATOR INFORMATION

School Administrator (Printed): _____ Date: _____ School/District: _____

SIGNATURE: _____ [NOTE: Maintain list of trained, designated personnel]

Adapted from Food Allergy Research & Education Emergency Action Plan 8/2013; www.aaai.org Emergency Plan 7/2013

Standing Order for Epinephrine Auto Injector and Protocol

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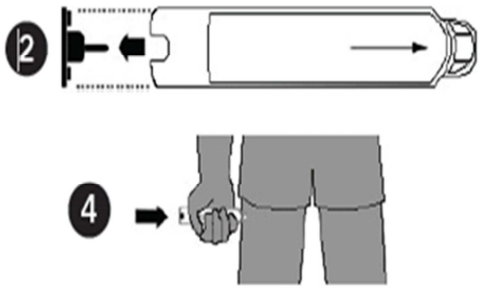
5. Remove and massage the area for 10 seconds.



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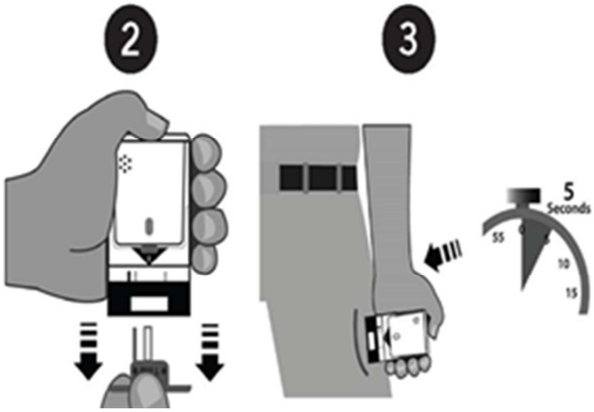

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Liability: .".school shall be immune from any civil or criminal liability arising from the administration or self-administration of an epinephrine auto-injector under this section unless the person's conduct constituted intentional misconduct…" V.S.A. 16 § 1388.

Adapted from Food Allergy Research & Education Emergency Action Plan 8/2013; www.aaai.org Emergency Plan 7/2013

Storage, Handling, Disposal: Vermont Schools and Epinephrine

- to ED (preferred)
- to doctors office
- to pharmacy

- to ED (preferred)
- to doctors office
- to pharmacy
- medical waste container

- Light sensitive
- Store at 68' -77' (Field trip: thermal lunch bag - optional)
- Replace if not clear and colorless

Storage, Handling, Disposal: Vermont Schools and Epinephrine

STORAGE AND HANDLING

Epinephrine is light sensitive and should be stored in the outer case provided to protect it from light. Store at 20°-25°C (68°-77°F); excursions permitted to 15°-30°C (59°-86°F). Do not refrigerate. Before using, check to make sure the solution in the auto-injector is clear and colorless. Replace the auto-injector if the solution is discolored, cloudy, or contains particles.

STORAGE (ACCESSIBILITY OF)

Stock Epinephrine Auto Injectors should be stored in locations protected from children. One of each Adult and Pediatric dose in should be in designated first aid kits and available to designated personnel. Expiration dates and integrity of contents are checked regularly by designated personnel.

Please note the State Board of Education Rules and Regulations, Student Safety, section 4220-4222.5, page 4 – regarding the storage of Prescription Drugs .

DISPOSAL OF A USED EPINEPHRINE AUTO-INJECTOR

Expired and used auto injectors must be disposed of properly. They should be taken to a doctor's office or to a hospital for proper disposal. Also, remind your patients to obtain a replacement for any epinephrine auto-injector(s) used or disposed of.