I. **PURPOSE:** To provide guidelines and define roles and responsibilities of school nurses, school administrators, school food services personnel, other staff, parents and guardians in planning and managing students with a diagnosis of anaphylaxis as documented by a health care provider. To provide guidance on allergen exposure risk reduction through education, training and environmental assessments and controls.

II. **INFORMATION:** Maryland State law requires that school administrators in consultation with the school health services professional take specific actions to reduce the risk for students that have been diagnosed by a health care provider as having a severe allergic disease and are at risk for anaphylaxis. The safety of students with life threatening allergies requires five (5) key activities: 1) allergy awareness, 2) planning, 3) allergen exposure avoidance measures, 4) treatment strategies and 5) training. School nurses, school administrators, other school staff, parents and students all have responsibilities within these 5 key areas. Managing allergies in school is a team effort among the health care provider, family, student and the school.

III. **SCOPE OF THE PROCEDURE:** This administrative procedure covers all life threatening food allergies such as peanuts/nuts, wheat, eggs/dairy and seafood as well as life threatening allergies to insect venom/stings, medications and latex. References to food allergies herein shall also include food intolerances that may affect a student’s ability to participate in school or school activities.

IV. **DEFINITIONS:**

A. **Anaphylaxis:** A sudden, severe, potentially life-threatening allergic reaction that affects multiple organ systems of the body. Anaphylaxis requires immediate medical attention as it can be fatal if not reversed within seconds or minutes of coming in contact with the allergen. Allergens such as insect stings or bites, foods, latex, medications and other allergens are common causes of anaphylaxis, but it may also be idiopathic or exercise-induced. Anaphylaxis usually occurs immediately (seconds or minutes) but also may occur several hours after allergen exposure. Symptoms progress rapidly, making it a medical emergency.

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

C. **Allergen avoidance and exposure risk reduction:** Actions or activities documented in an individualized health care plan (IHP) that specifically addresses the interventions needed to reduce the risk that an allergic person...
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will come in contact with an allergen that puts them at risk for anaphylaxis or other allergic symptoms.

D. **Auto injector:** A medication delivery device designed to automatically administer an injectable medication (e.g. epinephrine) that does not require manipulation or handling of a syringe or needle; nor the measurement of the medication dose.

E. **Adrenaline:** (epinephrine) is a quick-acting hormone that works to relieve and prevent all of the physiological processes that occur with anaphylaxis. The use of auto-injector epinephrine is recommended in the emergency treatment of an anaphylactic reaction since it does not require manipulation or handling of a syringe, nor calculation or measurement of a dosage. There are numerous epinephrine auto-injector products available for use. Staff responsible for administering emergency medications for anaphylactic reactions must be familiar with the operation of all types of devices used by the students in the school building.

The signs and symptoms of an anaphylactic reaction include, but are not limited to, those listed in Table 1.

Table 1

<table>
<thead>
<tr>
<th>SIGNs and SYMPTOMS OF AN ANAPHYLACTIC REACTION</th>
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<tbody>
<tr>
<td><strong>Organ System</strong></td>
</tr>
<tr>
<td><strong>Mouth/Throat</strong></td>
</tr>
<tr>
<td><strong>Nose/Eyes/Ears</strong></td>
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<tr>
<td><strong>Skin</strong></td>
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<tr>
<td><strong>Lung</strong></td>
</tr>
<tr>
<td><strong>Heart</strong></td>
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<tr>
<td><strong>Mental</strong></td>
</tr>
</tbody>
</table>

NOTE: Not all signs and symptoms need be present for anaphylaxis.

V. **PROCEDURES:**

A. **Parent Responsibilities** - In order to effectively plan for and manage student allergy risks at school, the parents/guardians must:
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1. Notify the school nurse/school upon their child being diagnosed with a food allergy, their suspicions of a food allergy or other life threatening allergy.


3. Provide at minimum, one Epi-Pen auto-injector.

If the parent/guardian of a student with a known or suspected food allergy or other life threatening allergy fails or refuses to provide the Epi-Pen and/or the required documents, the school shall implement an Emergency Care Plan indicating that 911 will be immediately activated upon recognition of signs and symptoms or the known ingestion of an allergen.

B. School Nurse Responsibilities - Upon notification of a known allergy the school nurse will:

1. Review the written medical information and the completed and signed “Parent’s /Guardian’s and Physician’s Medication Authorization for Emergency Medication” Form.

2. Provide a list of students with known allergens.

3. Identify the expiration date of the Epi-pen and ensure that it is the correct dosage for the student.

4. Develop an emergency plan for all students with a diagnosis of anaphylaxis or at risk for anaphylaxis as documented by the health care provider. This plan MUST include how and where the auto-injector epinephrine should be placed to be secure and immediately accessible to all designated school personnel and the emergency protocol in the event an allergen exposure. This plan MUST also include, but not be limited to:

   a. Health care provider’s orders and nursing interventions;
   b. The health care provider’s emergency orders/specific emergency interventions needed;
   c. Emergency contact information that is updated as changes occur.

5. Train all school staff (on an annual basis) to recognize the signs and symptoms of anaphylaxis and the administration of medication with an auto-injector.

6. Include training session participant sign in sheets in the individual student’s health folder and submit a copy to the school administrator.

7. Disseminate the student’s Emergency Care Plan to all staff who supervise the student during the school day and at school sponsored
C. **Actions in the Absence of a School Nurse**

1. Trained staff must be immediately alerted that a child has possibly been exposed to an allergen.
2. Administer the Epi-pen and call 911 requesting the paramedics.
3. Notify the parent of the possible allergen exposure that the Epi-pen was administered, and 911 called.

D. **Accommodations** - Accommodations for individual students should be developmentally appropriate and school specific. A copy of the nurse’s final assessment should be placed in the student’s health record and should be shared with the parent/guardian and health care provider. As the student advances through the school system, his/her needs may change, therefore, accommodations will need to change accordingly. Accommodations to reduce the risk of allergen exposure may include, but are not limited to:

1. Removal/replace of classroom teaching materials that pose an exposure risk;
2. Modification of school/classroom policies on food brought into the school by parents for celebrations or other events;
3. Substitutions or modifications in school meals for children whose disability restricts their diet. Students who obtain school meals as part of any United States Department of Agriculture (USDA) school meal program (i.e. school breakfast program or school lunch program) are entitled to meal modifications because of their special health need (USDA regulations 7CFR Part 15b);
4. Designate a nut or other allergen-free table in the cafeteria for students with nut or other food allergies (Annotated Code of Maryland, Section 7-426.1); and
5. Post a sign on classrooms doors stating allergen free classroom for students with specific allergen risks.
E. **School Environment** - Based on food allergy information provided by parents/guardians the licensed nurse working in collaboration with school administrators and other school staff will assess the school environment in order to identify and address possible allergen exposure risks. This will include any potential barriers to emergency treatment. A comprehensive emergency plan for individual students should include consideration of classroom, cafeteria, and other areas of the school. For example, the school nurse may work with school staff to identify areas for reducing the risk of exposure to allergens for students with anaphylactic reactions such as:

1. Classrooms-allergens in the classroom such as craft materials, other classroom teaching materials and food items brought into the classroom;
2. Cafeteria-food ingredients in each menu identify items that should be avoided, plan for food substitutions if necessary, review procedures in cafeteria or other food service areas to avoid cross-contamination i.e. food handling and distribution, and hand washing practices that may reduce exposure of students to food allergens; and
3. School administrators MUST establish an allergen free table in any school that has one or more students with food allergies severe enough to result in anaphylactic shock. Further, the school administrator must ensure that the purpose and use of any allergy free table is well communicated and understood by all staff that needs to know.

F. **School Administrator/Desigee Responsibilities** - The Annotated Code of Maryland, Education Article, 7-426 specifies certain school and school administrator responsibilities for the care of students with a diagnosis of anaphylaxis or at risk for anaphylaxis as documented by the health care provider. School administrators should work closely with school nurses in planning for these students. The school administrator and school nurse should collaborate in gathering, maintaining, and reviewing school-wide information required to address the needs of these students at minimum annually. School nurses should provide aggregate data to the school administrator and appropriate staff regarding the number and type of allergies and anaphylaxis risks in the student population, and the needed accommodations for these students.

The school administrator must be aware of students with a diagnosis of anaphylaxis or at risk for anaphylaxis as documented by the health care provider, and work with the school nurse to support the effective implementation of health care plans for these students. Implementation of
the health care plans includes supporting reasonable accommodations that are based on the school nurse’s assessment, healthcare provider orders, and the unique needs of each individual student. The school administrator MUST:

1. Support the school nurse’s training, education and awareness activities, which include, but are not limited to:
2. Providing staff training in allergen exposure risk reduction, recognition of signs and symptoms of an anaphylactic;
3. Reaction and the use of epinephrine auto-injectors;
4. Ensuring that the Emergency Care Plan is placed in the classroom substitute folder;
5. Providing outreach and education for parents, other caregivers, and the general school community;
6. Making auto-injector epinephrine as accessible as possible to avoid treatment delay; and
7. Support the school nurse in regards to adherence to the parent/guardian responsibilities.

VI. RELATED PROCEDURES: None.

VII. MAINTENANCE AND UPDATE OF THESE PROCEDURES: This procedure originates with the Office of Health Services, Department of Student Engagement and School Support and will be updated as needed.

VIII. CANCELLATIONS AND SUPERSEDURES: None. This is a new Administrative Procedure.

IX. EFFECTIVE DATE: October 15, 2012.

Approved by:
Alvin L. Crawley, Ed.D.
Interim Superintendent of Schools

Attachment: Emergency Medication-EPI-Pen Order

Distribution: Lists 1, 2, 3, 4, 5, 6, 10, 11, 12, and 13