

Implementing the Kelsey Ryan Act

Purpose

The 2005 Florida Legislature amended section 1002.20, Florida Statutes (F.S.), to create the Kelsey Ryan Act, which gives students the right to carry and self-administer epinephrine on school grounds if exposed to their specific life-threatening allergens. The Florida Department of Education, working in conjunction with the Florida Department of Health and public and private partners, developed this technical assistance paper (TAP) to assist schools with implementation of policies and procedures for the care of students with life-threatening allergies. The purpose of this document is to assist local administrators and school health programs to develop policies to implement section 1002.20(3)(i), F. S., the Kelsey Ryan Act. These guidelines provide information to:

- 1) Ensure the students' rights as well as the safety of other students.
- 2) Clearly identify roles and responsibilities of school districts, schools, school health staff, and parents to ensure that the student has consistent and immediate access to emergency injectable medication.
- 3) Ensure that emergency medical services (EMS) are engaged immediately in the sequence that puts the safety of the child first.
- 4) Ensure services are safe and performed in accordance with nursing practice standards through nursing care planning, delegation, training, and monitoring of direct service providers.

Background

Life-threatening allergies are presenting increased challenges in schools. According to the *2003-04 Annual School Health Services Report*, there are more than 115,000 students with allergies in Florida schools. Another 141,480 students diagnosed with asthma may also experience life-threatening allergic reactions if exposed to allergens. When students with life-threatening allergies are exposed to their specific allergens, the immediate administration of epinephrine through an auto-injector syringe may be life saving. The Kelsey Ryan Act allows "public school students with a history of life-threatening allergic reactions to carry an epinephrine auto-injector and self-administer epinephrine while in school, participating in school-sponsored activities or in transit to or from school or school-sponsored activities if the school has been provided with parental and physician authorization."

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BUREAU OF EXCEPTIONAL EDUCATION AND STUDENT SERVICES

School environments provide numerous opportunities for exposure to allergens. Examples of allergens include food and food additives, stinging insects, medications, chemicals and chemical odors such as paint and perfumes, animal hair, and latex rubber. Anaphylaxis is the medical term for the life-threatening allergic reactions that may occur when allergic individuals are exposed to specific allergens. Anaphylaxis is a collection of symptoms affecting multiple systems in the body. Signs and symptoms include one or more of the following:

- Hives, itching (of any body part);
- Vomiting, diarrhea, stomach cramps;
- Red, watery eyes, runny nose;
- Wheezing, coughing, difficulty breathing, shortness of breath;
- Throat tightness or closing, difficulty swallowing, change of voice;
- Flushed, pale skin, dizziness;
- Swelling (of any body part);
- Fainting or loss of consciousness;
- Sense of doom;
- Change in mental status;
- Itchy scratchy lips, tongue, mouth and/or throat.

Exposure to allergens may produce immediate reactions followed by delayed symptoms up to two to four hours later. Initial symptoms may respond to epinephrine, but the delayed reaction may not respond at all to epinephrine. For this reason, it is imperative to transport the student by emergency medical services to the nearest hospital emergency department immediately following the administration of epinephrine even if the symptoms appear to have been resolved.

To ensure the safety of students with life-threatening allergies, advanced planning, training, and preparation are necessary. These preparations must occur in collaboration with parents, school nurses, health care providers, and school faculty and staff who will have direct contact with the student during the school day. Students with allergies should have a personal allergy management plan at school for carrying and self-administration of emergency medication that addresses their care according to their specific allergy(ies). Given the mobility of students throughout campus during the school day, the presence of a nurse on campus does not ensure the immediate availability of emergency medication for a life-threatening emergency. All classroom teachers and school staff likely to be present in the event of exposure to allergens must be aware of the school and district policies and be prepared to react immediately.

The school nurse is responsible for the development of the student's individualized healthcare plan (IHCP). The IHCP should include student-specific allergen information, the emergency management plan, and the names of school staff prepared to respond to an anaphylaxis emergency.

It is most likely that in the face of a natural disaster or emergency, all students will be sent home from school. However, in the event that environmental hazards exist that would prevent the students from leaving the school or that may precipitate an allergic episode, emergency medical services must be aware that environmentally fragile students with life-threatening allergies may be in the affected schools. Every effort should be made to remove the students with life-threatening allergies safely and ensure that emergency medication is available to the students.

Legal Aspects to Consider

A combination of state and federal laws guarantee access to education and to health and other support services that enable students with special health needs to attend school. Section

381.0056, F.S., mandates basic school health services for all students; section 1006.062, F.S., mandates assistance with medication and special procedures; section 1002.20(3)(i)(3)(i), F. S., gives students the right to carry and self-administer epinephrine. The school district determines whether students with life-threatening allergies should receive services under Section 504 (Rehabilitation Act of 1973), Title II of the Americans with Disabilities Act (ADA), or the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004). If the district determines that the student should receive services under IDEA 2004, the school staff documents the related aids and services needed in the student's IEP. If it is determined that the student is eligible for services under Section 504, the school staff develops a Section 504 plan to document the related aids and services the school district will provide. Attach the IHCP regarding life-threatening allergies to either plan to document the healthcare services required by the student.

Nursing services in Florida and Florida schools are regulated by the provisions of The Nurse Practice Act, *Chapter 464, F.S.*, which specifies nursing training and qualifications, practice parameters, and guidelines for the legal use of health aides or unlicensed assistive personnel in care provision. For further clarification of the nurse's role in delegation and supervision, see Chapter 64B9-14.001-.003, *Florida Administrative Code (F.A.C.)*. This rule describes the delegation of tasks or activities (Chapter 64B9-14.002, *F.A.C.*) and the delegation of tasks prohibited (Chapter 64B9-14.003, *F.A.C.*).

Internet sites for text of state and federal laws that apply to children with special health care needs are provided in the reference section.

Note: The Individuals with Disabilities Education Improvement Act (IDEA 2004) was reauthorized, revised, and renamed in 2004 and became effective July 1, 2005.

Policy Guidance for School Administrators

The well-being of a student with life-threatening allergies requires a collaborative relationship among the healthcare provider, the school, and the home. The student's family and the healthcare team are responsible for the medical management and should contribute information for the IHCP. The school district and its administrators should be familiar with the school issues and responsibilities associated with students with life-threatening allergies and ensure consistent care through district-wide policies. Nursing services should be in accordance with nursing practice standards. Though governed by different laws and sometimes provided by different agencies, districts and nursing services are overlapping and interdependent.

Several national education and health organizations have jointly issued guidance publications for schools regarding students with life-threatening allergies. Copies of these guides ("Students with Chronic Illnesses: Guidance for Families, Schools, and Students," the National Association of School Nurses Position Statement, "Epinephrine Use in Life-Threatening Emergencies," and the Food Allergy and Anaphylaxis Network document, "School Guidelines for Managing Students with Food Allergies") are provided in appendix B.

District Responsibilities

- Create policies and a system-wide emergency plan to address life-threatening allergies.
- Require IHCP planning by a nurse to include parent/guardians, appropriate school staff, and the student's healthcare provider.
- Involve emergency medical services (EMS) in developing a plan that includes at a minimum where/how to enter school, what EMS can do, and a policy for directing staff to the

emergency site.

- Include a policy that clearly specifies that 911 be called **immediately** in an emergency in which an epinephrine auto-injector is used, followed by notification of school administration and parents/guardians.
- Develop policies that promote safe school environments such as latex-free, pet-free, and integrated pest management as well as food-free classrooms (or develop protocols to prevent exposure to allergens).
- Provide annual in-service education to all appropriate staff (teachers, bus drivers, food services staff, custodians, and administrators) to ensure understanding and follow-through of all procedures.
- Include a no-food-sharing, no-utensil-sharing policy to be enforced district wide.
- Promote tolerance for differences and discourage harassment.

Parents/Guardians

The school health policies should delineate roles that promote partnerships between parents and the school. According to the School Health Services Act (s. 381.0056, *F.S.*), “school health services supplement rather than replace parental responsibility.” For children to receive safe, consistent services while in school, it is important for parents and guardians to:

- Inform the school as soon as possible when a student is newly diagnosed as having an allergy or when a previously diagnosed student enrolls in a new school. Ideally, parents should work with the school staff prior to their child’s admission to ease the student’s transition into the school environment.
- Participate in an IHCP conference as soon as possible after diagnosis and prior to the start of each school year.
- Provide a medication authorization form to the school with medication and supplies for the emergency management of the student’s allergy.
- Monitor and replace medication immediately after use or upon expiration.
- Provide the school with accurate emergency contact information and the healthcare providers’ written medical orders for the student’s emergency management.
- Provide the school nurse with written medical orders when there are changes in the medical management that affect care in school.
- Accept financial responsibility for 911 calls and emergency transportation.
- Sign appropriate written permission for authorization of treatment and sharing of necessary health-related information.
- Provide the student with a medical identification tag or jewelry to wear in school.
- Work with healthcare providers, their staff, and the child to promote self-sufficiency in knowing and avoiding allergens and how to self manage.

Healthcare Provider

The physician/healthcare provider manages the medical care of the student with life-threatening allergies. The physician should provide information and guidance to the school nurse to use in developing the IHCP. Physicians should take into consideration the resources available in the school to assist students with their care. To safeguard student health, the physician should:

- Provide the school nurse with the required medical history information, authorization forms, and emergency information specific to the needs of the student.
- Provide specific written orders in an allergy action plan, which should include steps to ensure reliable, prompt access to an epinephrine auto-injector.
- Be accessible by phone or fax to review or contribute to the IHCP and for emergency

orders.

- Educate the student and the parent/guardians regarding prevention and management of allergic exposure. (According to the American Academy of Pediatrics [1999], “Education should begin at the time of diagnosis and be integrated into every step of clinical care.”)
- Determine the level of self-care allowed based on the student’s knowledge, developmental level, and abilities.

Principal and School Administrators

The principal should enforce district policies to ensure that the services needed to implement the student’s plan of care are available and should set the example for the rest of the school-based staff to create a safe environment for the student at risk of anaphylaxis. The principal or the administrative designee should participate in basic awareness education for life-threatening allergies. In some cases, the principal or the administrative designee may choose to participate in more in-depth education to be prepared to assist in an emergency when the designated and trained teacher or unlicensed assistive personnel (UAP) is unavailable. The principal should:

- Be aware of the federal and state laws governing the educational requirements for students with special health needs.
- Ensure that all health policies related to emergency management of allergies at school are current and implemented for all school and school sponsored activities.
- Promote tolerance for differences and discourage harassment.
- Collaborate with the school nurse in selecting and designating staff to provide the student-specific services required for each student with life-threatening allergies in schools, universal pre-k, and all school sponsored activities.
- Provide a physical environment where children with allergies will be safe.
- Require all school staff to attend scheduled trainings in order to understand universal precautions, understand allergies, recognize symptoms, and learn what to do when an emergency occurs.
- Facilitate problem solving and negotiations among members of the school team and the student’s family.
- Have a contingency plan in place that is understood by all staff and students in the event the nurse is not on site at the school.
- Formulate a contingency plan to ensure that substitute teachers are knowledgeable about the needs of students with life-threatening allergies.

Teachers/Coaches, Bus Drivers, and Before and After School Program Staff

Teachers and coaches should provide a supportive learning environment and treat the student with life-threatening allergies the same as any other student, while at the same time making the required accommodations. All staff who will have direct contact with the student or may be present when exposure to an allergen occurs should be prepared to administer epinephrine if needed and to activate the emergency medical response system. Teachers and assistants, coaches, bus drivers, and before and after school staff should:

- Be trained to recognize symptoms of an allergic reaction, how to administer epinephrine, and how to activate the emergency response protocol when a student in their class/bus is exposed to a life-threatening allergen.
- Provide a physical environment where children with allergies can be safe by:
 - a) Being familiar with the student’s IHCP.
 - b) Ensuring that substitute teachers/bus drivers know about the student at risk and what

- emergency procedures to follow.
- c) Using non-food items for rewards and enforcing the district's no sharing food and utensils policy.
 - d) Reviewing lesson plans to eliminate allergens in areas such as science experiments, food preparation, or arts classes.
 - e) Teaching and allowing adequate time for proper hand washing.

We encourage local school districts to collaborate with local health departments to develop training programs that cover the special considerations, emergency services, and transportation of students with life-threatening allergies.

With the permission of the student and parents/guardians, the teacher or the school nurse may educate classmates about the special needs of an individual with life-threatening allergies and use this as an opportunity to educate students regarding allergen avoidance and the need for immediate notification if a student is exposed to an allergen.

Dietary Food Services

Food service staff members may play a critical role in providing an allergen-free environment for students. They should attend basic awareness education for recognizing allergic reactions to facilitate their understanding of the direct link between their food service activities and the overall health and safety of students with food allergies. The food service staff should work with a dietitian to develop a plan so that the student with food allergies is not served any food containing an allergen. They should also:

- Provide and maintain an allergen-free table in the lunchroom and a policy for cleaning all tables.
- Participate in allergen-free school environment to reduce or eliminate use of as many allergens as possible.
- Establish policies and procedures to eliminate cross-contamination of food and utensils.

School Counselors, Social Workers, Psychologists

School counselors, social workers, and psychologists should be aware of the students in their schools who have life-threatening allergies. They may be asked to assist the student with any expressed concerns regarding allergies and to identify and respond to ineffective coping mechanisms demonstrated by the student or the family. The school counselor, social worker, or psychologist should be familiar with community resources and services available to assist the student and family.

Student with Epinephrine Auto-Injector

To remain active and healthy, the student with life-threatening allergies must assume some of the responsibility for following the medical management plan designed by their healthcare provider. Medication and supplies must be handled safely to prevent loss, damage, or accidental injection of other students. The student should:

- Carry the auto-injector securely on their person at all times and notify an adult if it is missing.
- Notify the teacher or responsible adult to call 911 if he/she has used the auto-injector.
- Cooperate with school personnel in the emergency plan of care.
- Follow the local policies and safety procedures.

- Wear a medical identification tag or jewelry while in school if provided by parent/guardian.
- Seek adult help immediately if exposed to an allergen or symptoms of an allergic reaction occur.
- Conform to an allergy reduction/avoidance diet according to the medical plan of care and take responsibility for avoiding allergens.
- Complete the initial and ongoing allergen avoidance education provided by the primary healthcare provider.
- Demonstrate competence in the use of the auto-injector (see appendix A - Student Checklist for Self-Administration of Auto-Injector for Allergic Reactions).

Recommendations for Staff Education

Knowledgeable school personnel can facilitate a normal lifestyle for students with allergies, including reduced exposure to allergens, fewer school absences, less disruption in the classroom, appropriate acute care, and full participation in school activities. Annual training of school personnel will be necessary to achieve this goal. All school-based staff should attend awareness education classes that include:

- Federal and state guidelines and the accommodations that may be required by law.
- An overview of issues, policies, and standards adopted by their school district/county health department to provide an allergen-free school environment.
- Roles and responsibilities of the student, the parents, and the school-based staff.
- An overview of the usual medical plan of care for children with allergies.
- Signs and symptoms of a life-threatening allergic episode.
- Emergency actions that may be necessary.

School-based staff having direct contact with a student with life-threatening allergies should receive training that includes all of the above and student-specific information in the IHCP.

Staff who will be required to assist or monitor the student with life-threatening allergies should receive education that includes all the information listed above plus student-specific information, how to administer emergency medications, and the proper sequence for immediately activating the emergency response system. These staff will need periodic competence-based monitoring and supervision of all skills by the school nurse to ensure that they can perform these tasks if needed. (See appendix A - Skills Checklist for Delegation to Unlicensed Assistive Personnel.)

School Nurse Role in Care, Delegation, and Training

The school nurse functions under the scope of practice defined by Florida's Nurse Practice Act. The school nurse may be the only full- or part-time licensed healthcare professional in the school setting. Even when a nurse is on campus, the safety of students with life-threatening allergies depends on a team of trained staff to ensure immediate access to injectable epinephrine and activation of the emergency response system. Of necessity, care responsibilities must be shared by non-medical school staff. To ensure the safety of the students, the school nurse should obtain and maintain a current knowledge base and update skills and abilities related to the medical management of the school-age population. The school nurse should:

- Organize and facilitate meetings with the student's parent/guardian and other key school staff to discuss planning and implementation of the student's IHCP.
- Develop an IHCP in cooperation with the student, the parents/guardians, the healthcare provider, and other school-based staff.

- Regularly review and update the IHCP whenever there is a change in medical management or the student's response to care.
- Train and delegate the most appropriate UAP or school staff for each student.
- Collaborate with the principal to select and provide or arrange for child-specific training of all school-based personnel who will have direct contact with the student on how to respond in an emergency. **(Two or more back-up persons should be trained in each school to ensure adequate coverage in an emergency.)**
- Maintain appropriate documentation of the training and care provided and monitor the documentation of services provided by others.
- Establish a resource file of pamphlets, brochures, and other publications for use by school personnel.
- Establish and maintain a working relationship with the student's parent/guardian and healthcare provider and act as a liaison between the student's authorized healthcare provider and the school.
- Participate in IEP or 29 U.S.C. § 794 (s. 504) meetings and provide relevant health information.
- Establish a process for on-going and emergency communication with the parent/guardian, authorized healthcare provider, and designated school staff with direct care responsibilities for the student. (This should include a parental notification procedure to replace used or outdated medication.)
- Serve as the student's advocate.
- Respect the student's confidentiality and right to privacy.

School Health Aide

In schools where a full-time school health aide is assigned, that individual should assist parents and school staff in assuring that supplies for the student are up to date at all times. It is unrealistic to expect the school health aide to be in all places and available for immediate response to a student's need for emergency care; however, the aide should receive training in administering epinephrine with the auto-injector as well as district and school policies to ensure activation of the emergency response system. Arrangements and agreements should be made with parents for providing health information to the response team to take to the emergency room. The used epinephrine auto-injector should be returned to the original container/tube and given to EMS for transport to the emergency room with the student.

Criteria for Safe Nursing Delegation

The safety of the student is the primary consideration in the delivery of all health-related services provided in the school. The school nurse is responsible for training and monitoring the individual designated to perform these services. Section 1006.062(1)(a), F.S., specifies that the school principal designates school staff to perform health services in the absence of the nurse. However, only the professional nurse may delegate the authority based on nursing judgment and suitability of the individual to perform the task or activity to be delegated. Recognition of this distinction between *designation to perform* and *delegation* of nursing tasks is critical to the provision of safe care in the schools. (See appendix A - Delegation Check List.)

Unsafe Delegation

In most instances, the student carrying epinephrine will be capable of self-injection immediately following exposure to an allergen. Delegation of care for these students is to ensure that

emergency injection will occur even if the student cannot self-inject and to ensure immediate activation of emergency medical services. In this immediate life and death situation, delegation is unsafe in only a few instances. Most unsafe delegation involves very young students who are not capable of self-management, newly diagnosed students without individualized health care plans, and the incomplete designation and training of direct services staff.

Safe Delegation

The school nurse should use professional judgment and consider the following criteria to determine safe and appropriate delegation of emergency health care services for the student who needs assistance with some or all of the emergency services:

- An IHCP is written by the school nurse and approved by the parent/guardian. A copy of the IHCP should be sent to the healthcare provider.
- The school nurse has received specific written orders for emergency management.
- The school nurse has arranged to be available for supervision, monitoring, and consultation in an emergency.
- The delegated staff is trained and willing to participate in ongoing related training as well as student-specific training.
- The delegated staff has demonstrated competence in administration of epinephrine and in recognizing the signs and symptoms of a life-threatening allergic reaction.
- The delegated staff is certified in cardiopulmonary resuscitation (CPR) and first aid (strongly recommended).
- The parents/guardians have provided the school and/or school nurse with the necessary equipment and supplies, health history information, authorization forms, and emergency information specific to the needs of the student.
- The parents/guardians have participated in a yearly planning and evaluation meeting with the school nurse and school staff and have approved the IHCP.
- The parents/guardians have agreed to provide a revised medical authorization sheet promptly when there are changes in the student's medical management plan.
- The parents/guardians have agreed to encourage their child to comply with local guidelines and safety precautions.
- The parents/guardians have agreed to make a diligent effort to be available by phone to the school nurse in case of an emergency.
- There is verification that the student has completed the self-care education provided by the healthcare provider (strongly recommended).

In addition to the conditions listed above, the school nurse should use professional judgment and consider the following items when delegating care to staff with students who are expected to be capable of self-management:

- Documentation from the healthcare provider indicating the student's level of independent functioning,
- Nursing documentation that the student has demonstrated competence in determining the need for assistance and in the use of medication administration,
- Nursing documentation in the IHCP for regarding student self-management, and
- Assurance that the student has agreed to follow policies and safety procedures.

The school nurse should also encourage parents to help their child become competent in self-care and avoiding allergens.

Healthcare Planning and Implementation Meeting

At the beginning of each school year and at other times during the school year, the school nurse should organize and facilitate a planning and implementation meeting to develop the IHCP for newly diagnosed students. When possible, it is best to conduct this meeting before the child starts school. Sample healthcare plans are provided in appendix C. The meeting participants should include anyone who may have a role in the student's care. Care planning topics should include:

- The current medical and emergency management plans, including responsibility for payment for emergency transportation.
- Any special requirements or restrictions relating to nutrition or environmental factors.
- The student's level of knowledge and skills related to self-management.
- Student-specific signs and symptoms of exposure to allergens.
- The plan for the student's care in the event of a disaster.
- Expectations of the parent/guardian regarding the provision of health services to be provided by the school-based staff.
- Expectations of the school staff regarding what equipment and health services must be provided by the parent/guardian.
- A discussion involving all relevant factors in the selection of school-based staff willing and able to take on the responsibility of safely providing care.
- Student's status under IDEA 2004 or 29 *USC* Chapter 794 (Section 504).

Summary of Critical Issues for Policy Development

This document addresses two distinct but overlapping local tasks that facilitate the student's ability to carry and self-administer epinephrine: district policies and nursing delegation.

I. District policies must:

- Enable students with a history of life-threatening allergies to carry and self-administer epinephrine in accordance with the Kelsey Ryan Act.
- Require a support system that ensures administration of medication immediately after exposure.
- Ensure that EMS response and transport is activated with each episode.
- Be sure that staff understands that the notification sequence places EMS notification first—ahead of principals and parents.
- Ensure that all staff, affected students, and parents of students with allergies are aware that they have specific roles that must be fulfilled to ensure student safety.
- Include procedures to evaluate the success of the policy in promoting safe care of students with life-threatening allergies.

II. Nursing delegation policies are a component of the district policies and must:

- Ensure the role of the nurse in development of the IHCP.
- Ensure that staff cooperates with the nurse who provides nursing assessment, care planning, training, and monitoring of personnel delegated to provide direct services in an emergency.
- Include a procedure for school administrators to mediate role-related problems between school district staff, parents, and nurses.

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Appendix A

Checklist Forms

Student Checklist for Self-Administration of Auto-Injector for Allergic Reactions

Skills Checklist for Delegation to Unlicensed Assistive Personnel

Delegation Checklist

Student Checklist for Self-Administration of Auto-Injector for Allergic Reactions *

Yes	No	Student is consistently able to:
___	___	Give the name of the medication.
___	___	Tell why he/she needs the medication.
___	___	Tell why 9-1-1 needs to be called.
___	___	Give his/her symptoms of an allergic reaction.
___	___	Demonstrate the correct procedure for using an auto-injector:
		___ Remove from the storage unit;
		___ Remove the gray cap;
		___ Understand that auto-injector can be used through clothing;
		___ Press tightly against the thigh until a clicking sound is heard;
		___ Hold in place for 10 seconds;
		___ Remove from the thigh;
		___ Rub/massage thigh for another 10 seconds;
		___ Notify teacher/adult to call 9-1-1;
		___ Dispose of auto-injector in a puncture-proof container.

The student agrees to follow the safety precautions in handling the medication and to have medication on his/her person or safely nearby at all times.

Student Name/Signature

Date

Parent Name/Signature

Date

School Nurse Name/Signature

Date

Review Dates: _____

*Adapted from student checklist developed by the Lee County School District, 2005 (Florida).

Skills Checklist for Delegation to Unlicensed Assistive Personnel *

County: _____ School: _____ School Year: _____

Student Name: _____ Date of Birth: _____

Person trained: _____ Position: _____

Instructors should date and insert their initials after each procedure they demonstrate and review.

Epinephrine Auto-injector	Demo Date	Return Demo Date	Return Demo Date	Return Demo Date
States name and purpose of procedure				
Identifies Supplies Medication Auto-injector				
Steps 1. Identifies need for intervention. 2. Notifies personnel as appropriate. 3. Confirms appropriate action per IHCP. 4. Follows procedure for administration of medication. 5. Assesses response to medication. 6. Responds appropriately to poor response to medication (if appropriate). 7. Demonstrates correct care of medication and injector.				

Instructing School Nurse's Name

Signature/Initials

Date

* Adapted from sample forms developed by The School Board of Sarasota County (Florida) and the Sarasota County Health Department (2001), the Illinois Department of Human Services (April 2002), and Vermont Department of Health (1998).

Delegation Check List *

County: _____ School: _____ School Year: _____

Student Name: _____ Date of Birth: _____

If one or more items is checked as “no,” it is recommended that more in-depth preparation is needed before delegation to unlicensed assistive personnel (UAP) will be safe.

Criteria for Delegation	Yes	No
School Registered Nurse		
Has developed an individualized healthcare plan (IHCP) approved by parent/guardian.		
Has established communication links between the RN and parent/guardian, healthcare provider, and delegated UAP for supervision, monitoring, and consultation.		
Unlicensed Assistive Personnel (UAP)		
Has completed all necessary training.		
Has demonstrated skill competence.		
Parent/Guardian		
Has signed an agreement or approved the IHCP and the use of the selected UAP.		
Has signed any required written authorizations.		
Has provided all necessary equipment and supplies.		
Has completed asthma history information forms.		
Has provided all required emergency information.		
Has agreed to monitor medication for expiration and replace as needed.		
Student		
Has completed initial self-care education.		
Has demonstrated skill competence.		
Agrees to follow local policies and procedures.		
Agrees to bring medication to school and all school-related activities.		
Healthcare Provider		
Has provided specific written orders related to medications.		
Has provided required health history, information, and authorization forms.		
Has signed a statement indicating student’s level of independent functioning.		
Has been sent a copy of IHCP and notice of selected services being provided by UAP.		

Comments:

School Nurse’s Signature _____ Date _____

* Adapted from the Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools 2003

Appendix B

Guidance Publications

Food Allergy and Anaphylaxis Network

“School Guidelines for Managing Students with Food Allergies”

National Association of School Nurses Position Statement

“Epinephrine Use in Life-Threatening Emergencies”

National Heart, Lung, and Blood Institute

“Students with Chronic Illnesses: Guidance for Families, Schools, and Students”



SCHOOL GUIDELINES FOR MANAGING STUDENTS WITH FOOD ALLERGIES

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

Family's Responsibility

- Notify the school of the child's allergies.
- Work with the school team to develop a plan that accommodates the child's needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as a Food Allergy Action Plan.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
 - safe and unsafe foods
 - strategies for avoiding exposure to unsafe foods
 - symptoms of allergic reactions
 - how and when to tell an adult they may be having an allergy-related problem
 - how to read food labels (age appropriate)
- Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- Provide emergency contact information.

School's Responsibility

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review the health records submitted by parents and physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Identify a core team of, but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age appropriate) to establish a prevention plan. Changes to the prevention plan to promote food allergy management should be made with core team participation.

- Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
- Practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
- Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician's standing order for epinephrine. In states where regulations permit, medications are kept in a easily accessible secure location central to designated school personnel, not in locked cupboards or drawers. Students should be allowed to carry their own epinephrine, if age appropriate after approval from the student's physician/clinic, parent and school nurse, and allowed by state or local regulations.
- Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.
- Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.
- Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred.
- Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- Recommend that all buses have communication devices in case of an emergency.
- Enforce a "no eating" policy on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy. Discuss appropriate management of food allergy with family.
- Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
- Follow federal/state/district laws and regulations regarding sharing medical information about the student.
- Take threats or harassment against an allergic child seriously.

Student's Responsibility

- Should not trade food with others.
- Should not eat anything with unknown ingredients or known to contain any allergen.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

More detailed suggestions for implementing these objectives and creating a specific plan for each individual student in order to address his or her particular needs are available in *The Food Allergy & Anaphylaxis Network's (FAAN) School Food Allergy Program*. The *School Food Allergy Program* has been endorsed and/or supported by the Anaphylaxis Committee of the American Academy of Allergy Asthma and Immunology, the National Association of School Nurses, and the Executive Committee of the Section on Allergy and Immunology of the American Academy of Pediatrics. FAAN can be reached at: 800/929-4040.

The following organizations participated in the development of this document:

American School Food Service Association
 National Association of Elementary School Principals
 National Association of School Nurses
 National School Boards Association
 The Food Allergy & Anaphylaxis Network



National Association of School Nurses

POSITION STATEMENT

Epinephrine Use in Life-Threatening Emergencies

SUMMARY

It is the position of the National Association of School Nurses that school nurses create and manage the implementation of emergency care plans for the treatment of life-threatening allergies in the school setting. State regulations, including nurse practice acts, will govern the need for protocols, standing orders, and/or individual orders for epinephrine administration.

HISTORY

An increasing number of school students and staff have diagnosed life-threatening allergies, an abnormal immunologic response. Exposure to the affecting allergen can trigger anaphylaxis, an overwhelming systemic response, characterized by drop in blood pressure, respiratory distress, loss of consciousness, and potential death. Anaphylaxis requires emergent medical intervention with an injection of epinephrine but does not eliminate the need to call Emergency Medical Services (EMS). Epinephrine injection will stop the allergic response by opening the bronchiole airway passages for 10-20 minutes until more comprehensive emergency medical intervention can be obtained through the EMS system.

DESCRIPTION OF ISSUE

Avoidance of triggers, early recognition of symptoms, and immediate treatment are essential to the management of life-threatening allergies. There are both students and staff who have known life-threatening allergies, as well as those who have not been identified. Intervention with epinephrine is vital to saving lives.

Unfortunately, allergens of concern are readily encountered in the school environment and include food (5% children), insects (1% population), latex (1% population with increased incidence for those with spina bifida), medications, and exercise induced. Foods of primary concern are peanuts, tree nuts, fish, eggs, milk, wheat, and corn. Peanut allergy is rarely outgrown in adulthood. Allergy to cow's milk is more prevalent in children whereas shellfish allergy is more common in adults. Insects of concern are the species of Hymenoptera and include honeybees, wasps, yellow jackets, and hornets. Wasps and hornets are capable of stinging multiple times. Antibiotics are responsible for the majority of medication allergies and are less frequently present in the school setting (Mayo Clinic, Food Allergy).

RATIONALE

Medication and emergency policies in school districts must be developed with the safety of all students and staff in mind. Easy access to and correct use of epinephrine are necessary to avoid life-threatening complications.

The school nurse, parent, health care provider, and student should evaluate the self-managed administration of epinephrine by a student on a case-by-case basis. Written permission from the parent and health care provider must be obtained for students with known life-threatening allergies who will self-medicate or who will have epinephrine administered by a school district employee. The decision to allow a student to self-carry and self-administer epinephrine should take into consideration the age/developmental level of the student, the school nurse's assessment of the student's ability to self-medicate, the recommendations of the student's parent and health care provider, the need for a back-up supply, the specific school environment and the availability of a professional school nurse. The decision to delegate epinephrine administration to

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nasn@nasn.org

unlicensed assistive personnel is determined by state law and the professional nursing judgment of the school nurse (NASN, 2002).

An individual health care plan that includes periodic monitoring and nursing assessment, emergency plans, and evaluation should be written by the school nurse and maintained for every student with prescribed epinephrine. The school nurse should provide training for school staff in the recognition of life-threatening allergic reactions and the appropriate first aid/emergency measures that should be taken as determined by district policy and state law.

School districts must establish direction for handling episodes of anaphylaxis in students and staff with no previous history of life-threatening allergies. State laws governing nursing practice will determine the need for protocols, policies and procedures in the management of injectable epinephrine in the school setting.

References/Resources

American Academy of Allergy, Asthma, and Immunology, 611 East Wells Street, Milwaukee, WI 53202.

<http://www.aaaai.org>

Asthma and Allergy Foundation of America (AAFA), 1233 20th Street, NW, Suite 402, Washington, DC 20036.

<http://www.aafa.org>

H.R. 2023 Asthmatic Schoolchildren's Treatment and Health Management Act of 2004.

Lieberman, P., Kemp, S. F., Oppenheimer, J., Lang, D.M., Bernstein, I. L., Niklas, R. A., et al. (2005). The diagnosis and management of anaphylaxis: An updated practice parameter. [Supp. 2] *The Journal of Allergy and Clinical Immunology*. 115(3).

Litarowsky, J. S., Murphy, S. O., & Canham, D. L. (2004). Evaluation of an anaphylaxis training program for unlicensed assistive personnel. *Journal of School Nursing*. 20(5), 279-284.

Mayo Clinic. *Food Allergy*. Retrieved April 2005 from <http://www.mayoclinic.com/invoke.cfm?id=DS00082>

National Association of School Nurses. (2002) *Position statement: Delegation*. Scarborough, ME: Author.

National Jewish Medical and Research Center. <http://www.nationaljewish.org>.

Sicherer, S. H., Simons, F. E., (2004). Quandaries in prescribing an emergency action plan and self-injectable epinephrine for first-aid management of anaphylaxis in the community. *The Journal of Allergy and Clinical Immunology*. 115(3), 575-583.

Smit, D., Camerson, P. A., & Rainer, T. H. (2005) Anaphylaxis presentations to an emergency department in Hong Kong: Incidence and predictors of biphasic reactions. *Journal of Emergency Medicine*. 28(4), 381-388.

Weiss, C., Munoz-Furlong, A., Ferlong, T. J., Arbit, J (2004). Impact of food allergies on school nursing practice. *Journal of School Nursing*. 20(5), 268-278.

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Students With Chronic Illnesses: Guidance for Families, Schools, and Students

Chronic illnesses affect at least 10 to 15 percent of American children. Responding to the needs of students with chronic conditions, such as asthma, allergies, diabetes, and epilepsy (also known as seizure disorders), in the school setting requires a comprehensive, coordinated, and systematic approach. Students with chronic health conditions can function to their maximum potential if their needs are met. The benefits to students can include better attendance, improved alertness and physical stamina, fewer symptoms, fewer restrictions on participation in physical activities and special activities, such as field trips, and fewer medical emergencies. Schools can work together with parents, students, health care providers, and the community to provide a safe and supportive educational environment for students with chronic illnesses and to ensure that students with chronic illnesses have the same educational opportunities as do other students.

Family's Responsibilities

- Notify the school of the student's health management needs and diagnosis when appropriate. Notify schools as early as possible and whenever the student's health needs change.
- Provide a written description of the student's health needs at school, including authorizations for medication administration and emergency treatment, signed by the student's health care provider.
 - Participate in the development of a school plan to implement the student's health needs:
 - Meet with the school team to develop a plan to accommodate the student's needs in all school settings. Authorize appropriate exchange of information between school health program staff and the student's personal health care providers.

- Communicate significant changes in the student's needs or health status promptly to appropriate school staff.

- Provide an adequate supply of student's medication, in pharmacy-labeled containers, and other supplies to the designated school staff, and replace medications and supplies as needed. This supply should remain at school.
- Provide the school a means of contacting you or another responsible person at all times in case of an emergency or medical problem.
- Educate the student to develop age-appropriate self-care skills.
- Promote good general health, personal care, nutrition, and physical activity.

School District's Responsibilities

- Develop and implement districtwide guidelines and protocols applicable to chronic illnesses generally and specific protocols for asthma, allergies, diabetes, epilepsy (seizure disorders), and other common chronic illnesses of students.
- Guidelines should include safe, coordinated practices (as age and skill level appropriate) that enable the student to successfully manage his or her health in the classroom and at all school-related activities.
- Protocols should be consistent with established standards of care for students with chronic illnesses and Federal laws that provide protection to students with disabilities, including ensuring confidentiality of student health care information and appropriate information sharing.
- Protocols should address education of all members of the school environment about chronic illnesses, including a component addressing the promotion of acceptance and the elimination of stigma surrounding chronic illnesses.



- Develop, coordinate, and implement necessary training programs for staff that will be responsible for chronic illness care tasks at school and school-related activities.
- Monitor schools for compliance with chronic illness care protocols.
- Meet with parents, school personnel, and health care providers to address issues of concern about the provision of care to students with chronic illnesses by school district staff.

School's Responsibilities

- Identify students with chronic conditions, and review their health records as submitted by families and health care providers.
- Arrange a meeting to discuss health accommodations and educational aids and services that the student may need and to develop a 504 Plan, Individualized Education Program (IEP), or other school plan, as appropriate. The participants should include the family, student (if appropriate), school health staff, 504/IEP coordinator (as applicable), individuals trained to assist the student, and the teacher who has primary responsibility for the student. Health care provider input may be provided in person or in writing.
- Provide nondiscriminatory opportunities to students with disabilities. Be knowledgeable about and ensure compliance with applicable Federal laws, including Americans With Disabilities Act (ADA), Individuals With Disabilities Education Act (IDEA), Section 504, and Family Educational Rights and Privacy Act of 1974 (FERPA). Be knowledgeable about any State or local laws or district policies that affect the implementation of students' rights under Federal law.
- Clarify the roles and obligations of specific school staff, and provide education and communication systems necessary to ensure that students' health and educational needs are met in a safe and coordinated manner.
- Implement strategies that reduce disruption in the student's school activities, including physi-

cal education, recess, offsite events, extracurricular activities, and field trips.

- Communicate with families regularly and as authorized with the student's health care providers.
- Ensure that the student receives prescribed medications in a safe, reliable, and effective manner and has access to needed medication at all times during the school day and at school-related activities.
- Be prepared to handle health needs and emergencies and to ensure that there is a staff member available who is properly trained to administer medications or other immediate care during the school day and at all school-related activities, regardless of time or location.
- Ensure that all staff who interact with the student on a regular basis receive appropriate guidance and training on routine needs, precautions, and emergency actions.
- Provide appropriate health education to students and staff.
- Provide a safe and healthy school environment.
- Ensure that case management is provided as needed.
- Ensure proper record keeping, including appropriate measures to both protect confidentiality and to share information.
- Promote a supportive learning environment that views students with chronic illnesses the same as other students except to respond to health needs.
- Promote good general health, personal care, nutrition, and physical activity.

Student's Responsibilities

- Notify an adult about concerns and needs in managing his or her symptoms or the school environment.
- Participate in the care and management of his or her health as appropriate to his or her developmental level.

Appendix C

Sample Care Plans

Food Allergy and Anaphylaxis Network

“Food Allergy Action Plan” English version

“Food Allergy Action Plan” Spanish version

Allergy Healthcare Plan

Allergy Emergency Plan

Food Allergy Action Plan

Student's Name: _____ D.O.B: _____ Teacher: _____



ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:

Give Checked Medication**:

** (To be determined by physician authorizing treatment)

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† _____
- If reaction is progressing (several of the above areas affected), give

- Epinephrine Antihistamine

The severity of symptoms can quickly change. †Potentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg (see reverse side for instructions)

Antihistamine: give _____ medication/dose/route

Other: give _____ medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____) . State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____

3. Emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1.) _____ 2.) _____
b. _____	1.) _____ 2.) _____
c. _____	1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____

(Required)

TRAINED STAFF MEMBERS

1. _____

Room _____

2. _____

Room _____

3. _____

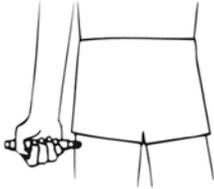
Room _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



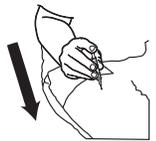
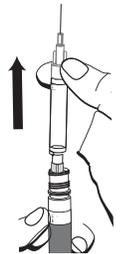
- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.



**Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.

Plan de emergencia contra alérgenos alimenticios

Nombre del estudiante: _____

Fecha de nacimiento: _____ Profesor: _____

ALERGIA: _____

Asmático Sí* No *Alto riesgo de sufrir una reacción alérgica grave



◆ PASO 1: TRATAMIENTO ◆

Será determinado por el médico que autorice el tratamiento.

Síntomas:

- Si ha ingerido un alérgeno alimenticio pero *no aparecen síntomas*:
- Boca picazón e inflamación en los labios, la lengua o boca
- Piel ronchas, erupción de la piel con picazón y/o hinchazón en la cara o extremidades
- Intestino náusea, retortijón abdominal, vómitos y/o diarrea
- Garganta picazón y/o sensación de tirantez en la garganta, ronquera y tos seca recurrente
- Pulmón falta de respiración, tos repetitiva y/o respiración sibilante
- Corazón pulso filiforme, desmayo, palidez, baja presión, piel azulada
- Otro _____
- Si la reacción avanza (afectando a varias de las áreas arriba mencionadas), administre

Administre el medicamento indicado**:

- Epinefrina Antihistamínico

La gravedad de los síntomas puede cambiar rápidamente. *Estos síntomas pueden progresar y poner en peligro su vida.

DOSIS

Epinefrina: Inyecte el EpiPen, EpiPen Jr., o Twinject por vía intramuscular (indique uno). (Si desea consultar las instrucciones completas, lea al dorso).

Antihistamínico: administre _____ medicamento, dosis, vía de administración

Otro: administre _____ medicamento, dosis, vía de administración

◆ PASO 2: LLAMADAS DE EMERGENCIA ◆

1. Llame al 911 o al servicio público de ambulancias (Rescue Squad). Indique que la reacción alérgica ha sido tratada pero que puede ser necesaria una dosis adicional de epinefrina.

2. Dr. _____ al _____

3. Contactos de emergencia:

Nombre/Parentesco familiar	Teléfonos	
a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

**NO VACILE EN SUMINISTRAR EL MEDICAMENTO O EN LLAMAR A UNA AMBULANCIA
AUN CUANDO NO PUEDE LOCALIZAR A LOS PADRES O AL DOCTOR**

Firma del padre o la madre / guardián _____ Fecha _____

Firma del doctor _____ Fecha _____

(Necesaria)

MIEMBROS DEL PERSONAL CAPACITADOS

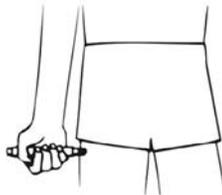
- | | |
|----------|------------|
| 1. _____ | Sala _____ |
| 2. _____ | Sala _____ |
| 3. _____ | Sala _____ |

**Instrucciones Para El Uso Del Autoinyector
Epipen® Y Epipen® Jr.**

- Jale la tapa de seguridad gris.

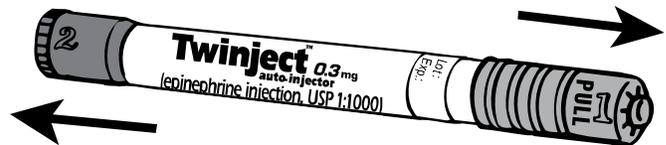


- Coloque la punta negra sobre la parte exterior de su muslo (siempre inyecte sobre el muslo)



- Presione fuerte hacia adentro, en la parte exterior de su muslo, con un movimiento rápido hasta que funcione el mecanismo autoinyector del Epipen®. Sostenga el inyector en su lugar sin moverlo y cuente hasta 10. Luego retire el inyector EpiPen® y masajee la zona inyectada por durante 10 segundos.

**Twinject™ 0.3 mg y Twinject™ 0.15 mg
Instrucciones:**



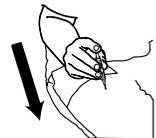
- Tire del extremo de la tapa verde y luego tire del extremo de la tapa roja.
- Coloque la tapa gris sobre la superficie del muslo y presione firmemente hacia abajo hasta que la aguja penetre la piel. Manteniendo esta posición por 10 segundos y luego retírela.



ADMINISTRACION DE LA SEGUNDA DOSIS:

Si los síntomas no mejoran después de 10 minutos, administre la segunda dosis:

- Desenrosque la tapa gris y hale la jeringa desde su recipiente, sosteniéndolo por la banda azul a nivel de la base de la aguja.
- Remueva la banda amarilla o anaranjada del émbolo.
- Inserte la aguja dentro del muslo, a través de la piel, presionando el émbolo completamente hacia abajo y luego retírela.



Después de usar el inyector EpiPen® o el Twinject™, llame al servicio público de ambulancias (Rescue Squad). Lleve la unidad usada a la sala de emergencia. Usted deberá permanecer en observación durante por lo menos 4 horas en la sala de emergencia.

Para los niños que son alérgicos a varios alimentos, utilice un formulario para cada alimento.

***Lista de verificación de medicamentos adaptada del formulario Authorization of Emergency Treatment (Autorización para tratamientos de emergencia) desarrollado por la Mount Sinai School of Medicine (Escuela de medicina de Mount Sinai). Uso autorizado.*



*Sample Student Health Care Plan

Student _____ DOB _____ Sex _____

See Current Years Emergency Information Card for Contact Information. Date of original Plan _____

Please complete this section in pencil		
School	School Year	
Grade	Teacher	Room

Diagnosis: ALLERGY TO: _____

Asthmatic? NO € *YES € *High risk for severe reaction.

This student should avoid _____

Possible Signs/Symptoms of an Allergic Reaction:

- Mouth- itching & swelling of the lips, tongue or mouth
- Throat- itching and/or sense of tightness in the throat, hoarseness, hacking cough
- Skin- hives, itchy rash, and/or swelling about the face or extremities
- Gut- nausea, abdominal cramps, vomiting, and/or diarrhea
- Lung- shortness of breath, repetitive coughing, an/or wheezing
- Heart- "thready" pulse, "passing out"

The severity of symptoms can quickly change. ALL above symptoms can potentially progress to a life-threatening situation!

The following medication(s) have been ordered for an allergic reaction (See attached Emergency Plan):

Medication	Dose	Route
Medication	Dose	Route

These medications are kept _____.

Possible Limitations: _____

* Adapted from student health care plan developed by the St. Lucie County School District, 2004 (Florida)

