

## **FDACC Student Allergies**

### **Morgan School District**

#### **Health Requirements and Services**

##### ***Students with Potentially Life Threatening Allergies***

#### **Parent's or Legal Guardian's Responsibility**

The student's parent or guardian has the primary duty to inform school authorities about the child's potentially life threatening medical condition(s) upon registration of the child or upon medical diagnosis of the medical problem. Therefore, the student's parent or guardian shall:

1. Annually notify, in writing, the school of the child's allergies and, if not already on file with the school, provide written physician verification of the child's allergies.
2. Work with the school to develop a plan that accommodates the child's needs, including an Allergy Emergency Response Plan. In the case of a child's potentially life threatening food allergy, develop a Student Food Allergy Action Plan with the appropriate school staff.
3. Provide written documentation, instructions, and medications as directed by a physician, using the Allergy Emergency Response Plan as a guide. Include a current photo of the child on the written form.
4. Provide properly labeled medications and replace medications after use or upon expiration.
5. Educate the child in self-management of their allergy, including, where applicable:
  - a. safe and unsafe foods;
  - b. strategies for avoiding exposure to unsafe foods, including how to read food labels (age appropriate);
  - c. symptoms of allergic reactions;
  - d. how and when to tell an adult that the child may be having an allergy-related problem.
6. Review the Student Food Allergy Action Plan and Allergy Emergency Response Plan with the appropriate school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
7. Provide emergency contact information, including the name, phone number, fax number, and address of the student's treating physician.

### **School's Responsibility**

1. Registration procedures shall enquire as to whether or not a student has medical problems of which the school should be aware.
2. Review the health records and/or information submitted by parents and physicians.
3. In developing a reasonable accommodation of the student with a potentially life-threatening food allergy, the following guidelines are recommended:
  - a. The school principal or principal's designee, classroom teacher(s), the parent(s) or legal guardian, the student (as age appropriate) and a District nurse or other qualified person should develop the Student Food Allergy Action Plan. Other persons may be involved as determined to be necessary. In addition, the child's physician should review the Student Food Allergy Action Plan.
  - b. Consideration in the Student Food Allergy Plan shall be given to:
    - i. elimination, whenever reasonably feasible, of allergens from meals, educational tools, arts and craft projects, and incentives;
    - ii. education of the student, parent or guardian, community, staff, and food handlers;
    - iii. appropriate standards of hygiene and maintenance for facilities and students;
    - iv. classroom and school routines in light of the age, maturity, and ability of the student, and expectations regarding personal responsibility;
    - v. emergency procedures and preparation for such;
    - vi. procedure to be followed should a "dangerous" food product be brought to the classroom.
  - c. Provide copies of the Allergy Emergency Response Plan to all staff who interact with the student on a regular basis, including substitute teachers and bus drivers.
4. Review the Student Food Allergy Action Plan and Allergy Emergency Response Plan with parent or guardian, student (as age appropriate) and physician after a reaction has occurred at school or a school-related activity, and consider whether the plans need to be modified.

### **Emergency Injection for Anaphylaxis**

In addition to students with known, potentially life-threatening allergies who have specific prescriptions for medication to respond to reactions, the following addresses the use of stock medications to treat reactions in others.

Utah law allows school personnel to provide emergency epinephrine auto-injections to provide rapid first aid for persons suffering from a potentially fatal anaphylactic reaction and requires each public school in Utah to have one emergency epinephrine auto-injector. Utah law also permits a student to possess an epinephrine auto-injector with proper documentation from parent and health care provider.

[Utah Code 26-41-102,103,104](#)

[Utah Code § 26-41-103 \(2015\)](#)

Each primary and secondary school shall make initial and annual training regarding the storage and emergency use of an epinephrine auto-injector available to all school employees, who are at least eighteen (18) years of age. The training may be provided by the school nurse.

A person who provides this training shall include instruction on:

1. techniques for recognizing symptoms of anaphylaxis;
2. standards and procedures for the storage and emergency use of an epinephrine auto-injector;
3. emergency follow-up procedures, including calling the emergency 911 number and contacting a parent or guardian; and
4. written materials covering the information provided during training.

[Utah Code § 26-41-104 \(2015\)](#)

A teacher or other school employee who has received the above training regarding the storage and emergency use of an epinephrine auto-injector becomes a "qualified adult" and:

1. May immediately administer an epinephrine auto-injector to a person exhibiting potentially life-threatening symptoms of anaphylaxis at school or a school activity when a physician is not immediately available;
2. Shall initiate emergency medical services or other appropriate medical follow-up in accordance with the training materials after administering an epinephrine auto-injector.

Each primary or secondary school shall make an emergency epinephrine auto-injector available to any teacher or other school employee who is employed at the school and has become a "qualified adult." However, the school is not required to keep more than one emergency epinephrine auto-injector on the school premises so long as it may be quickly accessed by a teacher or other school employee who is a "qualified adult" in the event of an emergency.

[Utah Code § 26-41-103\(5\) \(2015\)](#)

[Utah Code § 26-41-105 \(2015\)](#)

A school or district nurse may obtain a prescription for a supply of epinephrine auto-injectors for storage at the school and use by qualified adults.

[Utah Code § 26-41-105\(4\) \(2015\)](#)

The following, if acting in good faith, are not liable in any civil or criminal action for any act taken or not taken under the authority of § 26-41-101 et seq. with respect to an anaphylactic reaction: (a) a “qualified adult,” (b) a person who conducts training regarding the emergency use and storage of epinephrine auto-injectors, and (c) the District or its schools.

[Utah Code § 26-41-106 \(2018\)](#)

**Student’s Responsibility**

The student will be proactive in the care and management of his or her food allergies and other reactions based upon the student’s developmental level, including the following:

1. Should not trade or share food, utensils, or containers with others;
2. Should not eat anything with unknown ingredients or known to contain any allergen;
3. Should notify an adult immediately if he or she eats something the student believes may contain the food to which he or she is allergic.
4. Know the location of his/her epinephrine auto-injector, if applicable, or other emergency medications.
5. Wash hands before eating.

**Student Self-Administration of Epinephrine Auto-Injector**

Under Policy FDAC, elementary school students are prohibited from carrying or self-administering medication on school premises except in certain limited circumstances. However, elementary students may possess or possess and self-administer epinephrine auto-injectors provided that the student's parent or guardian has previously provided the school with a signed written request and written health care provider approval.

The written request must state that the parent or guardian authorizes the student to possess or possess and use the epinephrine auto-injector while acknowledging that the student is responsible for, and capable of, possessing or possessing and self-administering the epinephrine auto-injector.

The health care provider approval must state that the provider finds that it is medically appropriate for the student to possess or possess and self-administer an epinephrine auto-injector and the student should be in possession of the epinephrine auto-injector at all times. (The text of the Utah Department of Health form used for parental request and health care provider approval is provided at the end of this policy.)

[Utah Code § 26-41-104\(4\) \(2015\)](#)

**Medication Sharing Prohibited**

No student is permitted to sell, share, or otherwise give to others any medication, prescription or non-prescription. Violations of this policy are subject to disciplinary action under the school's drug policies.

## **Resource Materials for Training**

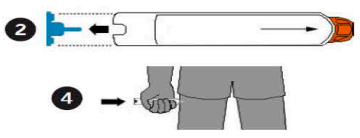

Training materials and information, along with other resource material relating to emergency administration of epinephrine, are available at the following:

[A Shot to Live, http://medicine.utah.edu/pediatrics/ashottolive/](http://medicine.utah.edu/pediatrics/ashottolive/)

Get Schooled in Anaphylaxis and CHIRP, <http://www.choosehealth.utah.gov/prek-12/school-nurses/trainings/staff-training.php>

Get Trained, <http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis/GetTrained>

<b>ALLERGY &amp; ANAPHYLAXIS - EMERGENCY ACTION PLAN</b> <b>Allergy Medication Authorization &amp; Epinephrine Auto-Injector Authorization (EAI) Self-Administration Form</b> In Accordance with UCA 26-41-104 Utah Department of Health		School Year:	Picture
<b>STUDENT INFORMATION</b>			
Asthma: <input type="checkbox"/> Yes (if yes, high risk for severe reaction, please also complete IHP101.1 form) <input type="checkbox"/> No			
Student:	DOB:	School:	Grade:
Parent:	Phone:	Email:	
Physician:	Phone:	Fax or email:	
School Nurse:	School Phone:	Fax or email:	
<b>EXTREMELY REACTIVE TO THE FOLLOWING:</b>			
Allergen(s): <input type="checkbox"/> If checked, give epinephrine immediately if the allergen was <b>LIKELY</b> eaten, for ANY symptoms. <input type="checkbox"/> If checked, give epinephrine immediately if the allergen was <b>DEFINITELY</b> eaten, even if no symptoms are apparent.			
<input type="checkbox"/> peanuts <input type="checkbox"/> tree nuts <input type="checkbox"/> soy <input type="checkbox"/> fish <input type="checkbox"/> shellfish	<input type="checkbox"/> wheat <input type="checkbox"/> eggs (safe to have in baked goods) <input type="checkbox"/> dairy (safe to have in baked goods) <input type="checkbox"/> dairy (NOT safe to have in baked goods) <input type="checkbox"/> eggs (NOT safe to have baked goods)	<input type="checkbox"/> latex <input type="checkbox"/> animals <input type="checkbox"/> medication <input type="checkbox"/> insect stings (list) _____	<input type="checkbox"/> other
<b>ACTIONS FOR MILD TO MODERATE ALLERGIC REACTION</b>			
<b>MILD Symptoms</b> Nose – itchy/runny nose Mouth- Itchy mouth Skin – A few hives, mild itch Gut – Mild nausea/discomfort, one episode of mild vomiting (not repetitive)		For MILD SYMPTOMS from A SINGLE SYSTEM area, follow the directions below: <ul style="list-style-type: none"> <li>• Antihistamines may be given, if ordered by a healthcare provider.</li> <li>• Stay with the person; alert emergency contacts.</li> <li>• Watch closely for changes. If symptoms worsen, give epinephrine.</li> </ul>	
<b>For MILD SYMPTOMS from MORE THAN ONE system area, GIVE EPINEPHRINE</b>			
<b>ACTION FOR SEVERE ALLERGIC REACTION (ANAPHYLAXIS)</b>			
<b>SEVERE Symptoms</b> Lung-short of breath, wheezing, repetitive cough Heart-pale, blue, faint, weak pulse, dizzy Throat-tight, hoarse, trouble breathing or swallowing Mouth-significant swelling of the tongue and/or lips Skin-Many hives over body, widespread redness Gut-Repetitive vomiting, severe diarrhea Other-Feeling something bad is about to happen, anxiety, confusion		<ol style="list-style-type: none"> <li><b>1. INJECT EPINEPHRINE IMMEDIATELY.</b></li> <li>2. Call 911. Tell them the child is having anaphylaxis and may need epinephrine when they arrive.</li> <li>3. Consider giving additional medications <u>following epinephrine</u> <ul style="list-style-type: none"> <li>• Antihistamine</li> <li>• Inhaler (bronchodilator) if wheezing</li> </ul> </li> <li>4. Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.</li> <li>5. If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.</li> <li>6. Alert emergency contacts.</li> <li>7. Transport them to emergency department even if symptoms resolve. Person should remain in ED for at least 4 hours because symptoms may return.</li> </ol>	
<b>MEDICATION</b>			
Epinephrine (EAI) Brand:	Epinephrine Dose: <input type="checkbox"/> 0.15 mg IM <input type="checkbox"/> 0.3 mg IM	Side Effects:	
Antihistamine Name:	Dose:	Side Effects:	
Other: (e.g., inhaler-bronchodilator if wheezing)	Other Dose:	Side Effects:	
Location of epinephrine: <input type="checkbox"/> Student Carries <input type="checkbox"/> Backpack <input type="checkbox"/> In Classroom <input type="checkbox"/> Health Office <input type="checkbox"/> Front Office <input type="checkbox"/> Other: _____			
<b>PRESCRIBER TO COMPLETE</b>			
The above named student is under my care. <u>The above reflects my plan of care for the above named student.</u> <input type="checkbox"/> It is medically appropriate for the student to self-carry Epinephrine Auto Injector (EAI) medication. The student should be in possession of EAI medication and supplies at all times. <ul style="list-style-type: none"> <li><input type="checkbox"/> Student can self-carry and self-administer EAI if needed, when able and appropriate.</li> <li><input type="checkbox"/> Student can self-carry, but not self-administer EAI.</li> </ul> <input type="checkbox"/> It is not medically appropriate to carry and self-administer this EAI medication. Please have the appropriate/designated school personnel maintain this student's medication for use in an emergency.			
Healthcare Provider (print):		Signature:	Date:

<b>PARENT TO COMPLETE</b>	
<b>Parental Responsibilities:</b> <ul style="list-style-type: none"> <li>The parent or guardian is to furnish the Epinephrine Auto Injector (EAI) medication and bring to the school in the current original pharmacy container and pharmacy label with the child's name, medication name, administration time, medication dosage, and healthcare provider's name.</li> <li>The parent or guardian, or other designated adult will deliver to the school and replace the Epinephrine Auto Injector (EAI) medication within two weeks if the Epinephrine Auto Injector (EAI) single dose medication is given.</li> <li>If a student has a change in his/her prescription, the parent or guardian is responsible for providing the newly prescribed information and dosing information as described above to the school. The parent or guardian will complete an updated Epinephrine Auto Injector (EAI) Authorization Form/Emergency Action Plan (this form) before the designated staff can administer the updated Epinephrine Auto Injector (EAI) medication prescription.</li> </ul>	
<b>Parent/Guardian Authorization</b> <input type="checkbox"/> I authorize my child to carry the prescribed medication described above. My student is responsible for, and capable of, possessing an epinephrine auto-injector per UCA 26-41-104. My child and I understand there are serious consequences for sharing any medication with others.	<input type="checkbox"/> I authorize my student to self-carry and self-administer EAI if needed, when able and appropriate.  <input type="checkbox"/> I authorize my student to self-carry, but not self-administer EAI.
<input type="checkbox"/> I do not authorize my child to carry and self-administer this medication. Please have the appropriate/designated school personnel maintain my child's medication for use in an emergency	
<i>As parent/guardian of the above named student, I give my permission to the school nurse and other designated staff to administer medication and follow protocol as identified in this Emergency Action Plan. I agree to release, indemnify, and hold harmless the above from lawsuits, claim expense, demand or action, etc., against them for helping this student with allergy/anaphylaxis treatment, provided the personnel are following physician instruction as written in the emergency action plan above. Parent/Guardians and students are responsible for maintaining necessary supplies, medication and equipment. I give permission for communication between the prescribing health care provider, the school nurse, the school medical advisor and school-based clinic providers necessary for allergy management and administration of medication. I understand that the information contained in this plan will be shared with school staff on a need-to-know basis and that it is the responsibility of the parent/guardian to notify school staff whenever there is any change in the student's health status or care.</i>	
Parent Name (print): _____ Signature: _____ Home Number: _____ Cell Number: _____	
Emergency Contact: _____ Relation: _____ Home Number: _____ Cell Number: _____	
<b>SCHOOL NURSE (or principal designee if no school nurse)</b>	
<input type="checkbox"/> Signed by physician and parent <input type="checkbox"/> Medication is appropriately labeled <input type="checkbox"/> Medication log generated	
<b>Epinephrine is kept:</b> <input type="checkbox"/> Student Carries <input type="checkbox"/> Backpack <input type="checkbox"/> In Classroom <input type="checkbox"/> Health Office <input type="checkbox"/> Front Office <input type="checkbox"/> Other: _____	
<b>Allergy &amp; Anaphylaxis Emergency Action Plan (this form) distributed to need to know staff:</b>	
<input type="checkbox"/> Teacher(s) <input type="checkbox"/> Transportation <input type="checkbox"/> PE teacher(s) <input type="checkbox"/> Front office/administration <input type="checkbox"/> Other: _____	
School Nurse Signature: _____ Date: _____	
<div style="border: 1px solid black; padding: 10px;"> <div style="display: flex; justify-content: space-between;"> <div> <b>EPIPEN® AUTO-INJECTOR DIRECTIONS</b> <ol style="list-style-type: none"> <li>Remove the EpiPen Auto-Injector from the clear carrier tube.</li> <li>Remove the blue safety release by pulling straight up without bending or twisting it.</li> <li>Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.</li> <li>Hold firmly in place for 3 seconds (count slowly 1, 2, 3).</li> <li>Remove auto-injector from the thigh and massage the injection area for 10 seconds.</li> </ol> </div> <div style="text-align: right;">  </div> </div> </div> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div> <b>ADRENALINE® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS</b> <ol style="list-style-type: none"> <li>Remove the outer case.</li> <li>Remove grey caps labeled "1" and "2".</li> <li>Place red rounded tip against mid-outer thigh.</li> <li>Press down hard until needle enters thigh.</li> <li>Hold in place for 10 seconds. Remove from thigh.</li> </ol> </div> <div style="text-align: right;">  </div> </div> </div> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <b>ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:</b> <ol style="list-style-type: none"> <li>Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.</li> <li>If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.</li> <li>Epinephrine can be injected through clothing if needed.</li> <li>Call 911 immediately after injection.</li> </ol> </div>	