

SCHOOL DISTRICT GUIDELINES FOR MANAGING ALLERGIES

The School District of La Crosse has established a plan to manage students with life-threatening allergies so they may participate in all aspects of the educational process in a safe learning environment. In addition, the school district recognizes that some people have undiagnosed allergies and may experience their first reaction at school, making it critical to have emergency response protocol in place to recognize and respond to emergencies when they occur. This plan incorporates state and federal requirements as well as best practice recommendations to protect the safety of students, school staff and others at school.

Anaphylaxis is a sudden, severe, life-threatening allergic reaction. Breathing difficulties and a drop in blood pressure or shock are among the most dangerous symptoms that can occur during an allergic reaction. If left untreated, it can lead to death in a matter of minutes. Food allergy is the most common trigger for anaphylaxis in school-aged children and is a growing concern for food safety and public health. According to the Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs, food allergies affect approximately 4%-6% of children, many of whom are school-age. One-third of children with food allergies also have asthma which increases their risk of experiencing a severe, fatal reaction. Up to 18% of children with food allergies have had a reaction while accidentally eating food allergens while at school. Insect stings, latex and medications are other common examples of life-threatening allergies.

Children with allergies face many day-to-day challenges which, in the school environment, may cause concern for their safety, their ability to learn, and their social and emotional well-being. The School District of La Crosse is committed to creating a safe environment to protect the health of students with severe allergies. The risk of exposure to allergens for a student is reduced when the health care provider, school staff and parent/guardian work together to develop a management plan for the student.

Responsibilities of the Parent/Guardian:

- a. Inform the school nurse of your child's allergies prior to the start of each school year or as soon as possible after diagnosis is made.
- b. **Allergies should be verified by documentation from your child's health care provider.** Provide the school with written medical documentation, instructions, and medications as directed by a health care provider, using the Allergy and Anaphylaxis Emergency Plan as a guide each school year.
- c. Provide all prescribed emergency medications, including epinephrine auto-injectors, on or before the first day of school or start of co-curricular activity (or as soon as possible after diagnosis is made during the school year). Medications must comply with the district medication policy of proper documentation, labeling and expiration.

- d. Provide and maintain emergency contact information, including updated home phone numbers, cell phone numbers, pagers, etc., and maintain updated emergency contact information.
- e. Work with the school team to develop a plan that accommodates your child's needs throughout the school, including in the classroom, cafeteria, and during school-sponsored activities and field trips.
- f. Provide information about your child's allergies and emergency plan to bus drivers and any before or after school program that is not staffed by school district employees.
- g. Teach your child age-appropriate self-management of their allergy:
 - Safe and unsafe foods and activities
 - Not to eat anything with unknown ingredients or known to contain any allergen
 - Not to trade or share snacks, lunches, drinks or utensils
 - How to recognize the first symptoms of an allergic reaction
 - How and when to tell an adult they may be having an allergic reaction
 - To understand the importance of hand washing before and after eating
 - To report teasing and/or bullying
 - To carry his/her own epinephrine auto-injector (age appropriate)
 - Self-advocacy of the seriousness of the allergy to peers and adults (age appropriate)
 - Education on label reading and ingredient safety (age appropriate)
 - How to administer his/her own epinephrine auto-injector (age appropriate)
 - Develop awareness of their environments, including allergy-controlled zones and to practice age-appropriate behavior for their health and safety
- h. Consider providing a medical alert bracelet for your child.
- i. Review policies/procedures as necessary with the school staff, the child's health care provider, and the child (if age appropriate) after a reaction has occurred.
- j. Inform the school nurse of any changes in your child's allergy status.

Responsibilities of School Administrators and Staff:

- a. Be knowledgeable about, and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that protect children with life-threatening allergies.
- b. Review the Individual Health Plan and Emergency Action Plan with the school nurse and parent/guardian of any student in your classroom with life-threatening allergies.
- c. Utilize strategies that reduce the risk of exposure to identified allergens throughout the school day, which might include classroom and curriculum modification strategies.
- d. Include students with allergies in school activities. Students should not be excluded from school activities solely based on their allergy.
- e. School administrator will designate school staff that is properly trained to administer medications under the direction of the school nurse and in accordance with the State laws governing the administration of emergency medications.

- f. 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.
- g. Review policies/prevention plan as necessary with the core team members, parents/guardians, student (age appropriate), and health care provider after a reaction has occurred.
- h. Follow federal/state/district laws and regulations regarding sharing medical information about the student.
- i. Take threats or harassment against an allergic child seriously.

Responsibilities of School Nurse:

- a. Review the health records submitted by parents and health care providers.
- b. Identify a core team of, but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, to work with parents and the student (age appropriate) to establish an allergy plan.
- c. Annually develop and maintain an updated Individual Health Plan and/or Emergency Action Plan to be communicated to all staff that regularly interacts with the student.
- d. Assure that all staff who interact with the student on a regular basis understands allergies, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
- e. Practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
- f. Oversee that medications are appropriately stored, and that an emergency kit is available that contains a physician's standing order for epinephrine. Emergency medications are kept in an easily accessible secure location central to designated school staff, not in locked cupboards or drawers.
- g. Allow students to carry their own epinephrine, if age appropriate, after approval from the student's health care provider, parent and school nurse.

Legal Reference: Wisconsin Act 239; and Wisconsin Statutes: Sections 118.29, 118.292, 118.2925

STAFF ADMINISTRATION OF STOCK EPINEPHRINE

In accordance with Wisconsin Act 239 (Wis. Stat. sec. 118.2925) and Wis. Stats. Section 118.29, the School District of La Crosse has developed a school plan for administration of stock epinephrine in the event of an anaphylactic emergency. Epinephrine is the first-line treatment for severe allergic reactions and is supplied in a device called an auto-injector. It is estimated that 25% of the severe and potentially life-threatening reactions (anaphylaxis) reported at schools happened in children with no previous diagnosis of allergies. Early and quick recognition and treatment of allergic reactions can prevent serious health problems or death.

Protocol for Staff Administration of Epinephrine:

Any district employee may be authorized to administer epinephrine who:

- a. is willing to assume that responsibility,
- b. is authorized in writing by the school principal or his/her designee,
- c. has received, and is current in, Department of Public Instruction (DPI) approved training for the administration of epinephrine
- d. has been sufficiently instructed by the district's school nurse:
 - o in recognizing the signs and symptoms of anaphylaxis,
 - o on the proper administration of epinephrine auto-injector,
 - o on proper follow-up procedures following administration of epinephrine auto-injector.
- e. has successfully completed an annual return demonstration of administration of epinephrine auto-injector and has been deemed competent by the district's school nurse

Procedure:

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough

HEART: Pale, blue, faint, weak pulse, dizzy, confused

THROAT: Tight, hoarse, trouble breathing/swallowing

MOUTH: Obstructive swelling (tongue and/or lips)

SKIN: Many hives over body

Or combination of symptoms from different body areas:

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

GUT: Vomiting, diarrhea

- a. If person is suspected of having an anaphylactic reaction (see symptom list in box above)
INJECT EPINEPHRINE IMMEDIATELY
- b. Call 911 and upon their arrival inform rescue squad that epinephrine was given
- c. Call the building main office to initiate Medical Response Team and notify school nurse
- d. Continue monitoring
- e. Stay with person
- f. Request that someone alert health care provider and parent/family member
- g. Note time when epinephrine was administered
- h. If available, a second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur
- i. For a severe reaction, consider keeping person lying on back with legs raised
- j. Treat person even if parents/family cannot be reached

After epinephrine administration:

- a. Document incident in student's medication administration log and/or health log
- b. Request permission from student's parent/guardian to send a copy of any necessary paperwork to student's health care provider
- c. Parents of student who suffered anaphylactic reaction, school staff involved in emergency response, and those on the emergency response team should meet to debrief on the incident and make any necessary changes to policy/procedure or emergency action plan

School Plan:

- a. A standing order from the School District Medical Advisor will be obtained each school year for administration of stock epinephrine to any student or person who appears to be experiencing an anaphylactic emergency.
- b. A stock supply of epinephrine (at least one dose each of epinephrine auto-injector for adult and child) will be kept at each school building within the district. Parents of students with known allergies that have prescribed epinephrine are expected to provide an individual supply of their child's emergency medication. Stock epinephrine is not sent on field trips or available during co-curricular activities outside of the school day.
- c. Medication should be kept in a secure place but should not be locked and should be clearly labeled.
- d. Staff will be made aware of the storage location of emergency medications.
- e. The school nurse or designated person will maintain a schedule for tracking medication status and expiration dates.
- f. School district nurses will provide education to appropriate school staff on food allergy management and the Allergy Action Plan to assure the following:
 - o Can recognize symptoms of an allergic reaction
 - o Knows what to do in an emergency

- Understands epinephrine should be administered promptly at the first sign of anaphylaxis (it is safer to administer than to delay treatment for anaphylaxis)
 - Understands the risk for biphasic reactions and the need to call 911 and transport to emergency department
 - Works with other school staff to eliminate the use of food allergens in educational tools, arts and crafts, projects , class treats or incentives
- g. The Medical Response Team (MRT) at each school will practice a life-threatening allergic reaction drill at least yearly.
- h. Following any incident that stock epinephrine was administered, review policies and protocols as necessary to determine what went well and what improvements can be made.

Legal Reference: Wisconsin Act 239; and Wisconsin Statutes: Sections 118.29, 118.2925