

Section 6: Medical and Health

Allergy and Asthma Emergency Protocol

EMERGENCY ALLERGY RESPONSE PLAN

Purpose:

To establish a protocol for managing students with life-threatening allergies, this plan shall include measures to reduce exposure to allergens and procedures to treat allergic reactions at school. Each school shall have an allergy management team, which may include but is not limited to the school nurse, principal, teacher, student, food service director, bus driver, and or counselor.

Steps to Create an Allergen-Safe School Environment:

- Anticipate the enrollment of students with life-threatening allergies
- Be prepared to assist potential individuals when needed
- Develop and implement an Emergency Allergy Response Plan that focuses on prevention and appropriate response procedures should an unexpected emergency occur
- Develop a plan before the start of the school year
- Use the state food allergy guidelines plan as a guide to develop processes that identify all students with food allergies
- Develop and implement an Individualized Health Plan (IHP) with an Allergy Action Plan for specific students

Each school should outline the requirements of a program to manage students with life-threatening allergies. There are four (4) suggested components include:

1. Education and Training

All school personnel should have general education on managing life-threatening allergies. Mandatory training requirements include:

- Collaboration with the LEA administration by the School Nurse (RN).
- Cleaning protocol for classroom and cafeteria (type of cleaners, frequency, etc.).
- Guidelines for snacks, parties, lunch substitutions based on USDA guidelines.
- Allergen-free tables in cafeterias and classrooms if desired (being careful not to compromise student confidentiality).
- Students/staff hygiene (frequent hand washing).

Section 6: Medical and Health

Allergy and Asthma Emergency Protocol

- Field trip management.
- Bus/transportation management.
- Emergency response protocol:
 - Personnel responsibilities.
 - Communication procedures.
 - Emergency drills.
 - Administration/possible repeat administration of epinephrine.
 - Demonstration and competency check on administration of the epinephrine auto-injectors.
- Training in cardiopulmonary resuscitation (CPR) based on LEA policy and T.C.A. § § 49-5414, 49-3-359.

2. Record Keeping/Documentation

- Initiation and distribution of the IHP with an Allergy Action Plan by the School Nurse
- Locations of epinephrine auto-injectors and monitoring of expiration dates
- Reviews of system-wide policies on allergies as needed
- Lists of trained personnel and documentation of competency maintained by school administrator or designee. **Place a copy of this list in the AED cabinets.**
- Policies regarding student self-administration of epinephrine, with competency to be evaluated by the School Nurse (RN) twice annually
- Identification of students with a medical diagnosis or chronic health issues who are at risk for allergies by review of health information by the School Nurse (RN)

3. Development and Reviews of the Allergy Action Plan

- The Individualized Health Plan (IHP) with an Allergy Action Plan should be based on information provided by the parent, licensed medical provider, and School Nurse (RN)
- Revise an IHP as needed
- Bi-annual nursing assessment of competency and proficiency of plan

4. Protocols for Classrooms and Cafeterias that include Strategies to Reduce Exposure to Allergens

- Plan for activating EMS and notifying the School Nurse (RN), parent and school administrators
- Implement functioning communication devices
- Implement a periodic emergency/ anaphylaxis drill similar to a fire drill
- Include in the Allergy Action Plan steps to notify the School Nurse (RN) and the parent immediately of an anaphylactic reaction.

Section 6: Medical and Health

Allergy and Asthma Emergency Protocol

- Develop a School Crisis Plan
- Open communication with all members of the allergy management team(s), particularly the parent and the health care provider by the school nurse or school administrator

Evaluation of the Emergency Allergy Response Plan:

- Provide a written statement that documents each emergency exposure to allergens.
- Conduct post-exposure reviews to examine any problems with the IHP, then update annually as needed.
- Conduct one annual review of system-wide policies on Allergy and Anaphylaxis Emergency Plan Management.

ALLERGY and Anaphylaxis Emergency PLAN

All students with identified life-threatening allergies should have an Allergy and Anaphylaxis Emergency Plan. The RN will review and ensure development of the plan. The Allergy and Emergency Action Plan should include the following information:

- Name of the student and photos (if picture available)
- The specific offending allergens
- Warning signs of an allergic reaction
- Health care providers and/or allergy specialists with name and phone numbers.
- Emergency Contacts
- Medication /Doses/Route
- Emergency response procedures designating who administers the epinephrine based on the location of the exposure.
- Where epinephrine auto-injectors and backup auto-injectors will be stored
- Tennessee Department of Education has standardized the Allergy and Anaphylaxis Emergency Plan.
- English: [TDOE Allergy and Anaphylaxis Emergency Plan](#)
- Spanish: [TDOE Allergy and Anaphylaxis Emergency Plan](#)

Guidelines for Use of Health Care Professionals and Health Care Procedures in a School

Setting can be found in its entirety by clicking [Guidelines for Health Care in a School Setting](#)
Office of Coordinated School Health Tennessee Department of Education | April 2019
Manual.

Student's Name: _____ Date of Birth: _____ Age: _____ Weight: _____ pounds (_____ kg)

Student's School System: _____ Student's School: _____

Student has allergy to _____

Student has asthma Yes (If yes, higher risk for severe reaction) No

Student has had anaphylaxis Yes No

Student has received instruction and has permission to self-carry epinephrine and use independently Yes No

IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, use epinephrine.

For **ANY** of the following **SEVERE SYMPTOMS OR A COMBINATION** of symptoms from different body areas



Shortness of breath, wheezing, or coughing



Pale or bluish skin, weak pulse, fainting or dizziness



Tight or hoarse throat, trouble breathing or swallowing



Swelling of lips or tongue that bothers breathing



Many hives or redness over body



Feeling of "doom," confusion, altered consciousness or agitation



Repetitive vomiting or severe diarrhea

SPECIAL SITUATION: If this box is checked, student has an extremely severe allergy to an insect sting or the following food(s): _____ Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**



1. Inject epinephrine right away!

Note time when epinephrine was given.

2. Call 911.

- Ask for ambulance with epinephrine.
- Tell rescue squad when epinephrine was given.

3. Stay with Student and:

- Call parents and student's healthcare provider.
- If symptoms get worse or continue after 5 minutes, give a second dose of epinephrine.
- Keep student lying on back. If the student vomits or has trouble breathing, keep child lying on his or her side.

4. Give other medicine (if applicable) following epinephrine

- Antihistimine
- Inhaler/bronchodilator if wheezing

MILD SYMPTOMS



Itchy or runny nose, sneezing



Itchy mouth



Mild nausea or discomfort



A few hives, mild itchy skin

MONITOR STUDENT

- Stay with student and watch him or her closely.
- Give antihistamine (if listed below).
- Call parents.

If more than 1 symptom or severe allergy anaphylaxis symptoms develop, use epinephrine.

MEDICATION/DOSES

Epinephrine, intramuscular (list type): _____

- Epinephrine Dose: 0.1 mg (7.5 kg to less than 13kg)
 0.15 mg (13 kg to less than 25 kg)
 0.3 mg (25kg or more)

Antihistamine, by mouth (list type): _____

Antihistime Dose: _____

Other (e.g., Inhaler/bronchodilator if child has asthma): _____

EMERGENCY CONTACTS

Healthcare Provider: _____

Phone: _____

Parent/Guardian: _____

Phone: _____

Other Emergency Contact Name/Relationship: _____

Phone: _____

Parent/Guardian Authorization Signature _____

Date _____

Physician/HCP Authorization Signature _____

Date _____

Blue to the sky. Orange to the thigh.

How to use EpiPen® and EpiPen Jr® (epinephrine) Auto-Injectors.

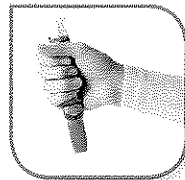
Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:



- Grasp with orange tip pointing downward
- Remove blue safety cap by pulling straight up – do not bend or twist



- Place the orange tip against the middle of the outer thigh
- Swing and push the auto-injector firmly into the thigh until it “clicks”
- Hold in place for 3 full seconds



Built-in needle protection

- After injection, the orange cover automatically extends to ensure the needle is never exposed.



After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.

For more information visit the consumer site EpiPen.ca.

EpiPen® and EpiPen Jr® (epinephrine) Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions. Selection of the appropriate dosage strength is determined according to patient body weight.

EpiPen® and EpiPen Jr® Auto-Injectors are designed as emergency supportive therapy only. They are not a replacement for subsequent medical or hospital care. After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911. To ensure this product is right for you, always read and follow the label. Please consult the Consumer Information leaflet in your product package for warnings and precautions, side effects, and complete dosing and administration instructions.



© 2017 Pfizer Canada Inc., Kofland, Quebec H9J 2M5 - Toll free: 1-877-EPIPEN1 (1-877-374-7361)
EpiPen®, EpiPen Jr® are registered trademarks of Mylan, Inc. Licensed exclusively to its wholly-owned affiliate,
Mylan Specialty, L.P., sub-licensee, Pfizer Canada Inc., Kofland, Quebec H9J 2M5
D00039264 PP-EPI-CAN-0133-EN



MEMBER OF
INNOVATIVE MEDICINES CANADA



Trusted for over 25 years.