

St. Francis of Assisi Catholic School

ATTENTION: ALL PARENTS OF STUDENTS WITH MAJOR MEDICAL CONDITIONS. Bring all forms, letters and medications to the school at least 1 week before school starts or immediately upon diagnosis, if diagnosis occurs during the school year. The latest possible date to provide medication to school is the Thursday before Labor Day weekend. The items must already be at the school on the first day of school, as staff need to be apprised of all conditions and how to handle each condition BEFORE school begins.

Severe Allergy Management Plan: Food Allergy

- Policies also apply to other severe allergies including Bee Sting or Latex Allergies.
- Medication Policies apply to all chronic diseases and disorders including Diabetes and Asthma.

Why have a food allergy management plan?

1. Prevalence of food allergy and anaphylaxis is increasing in school age children.
2. The condition is life-threatening.
3. It is important to have a consistent and documented plan in place including:
 - a. Information the family should provide to the school
 - b. Medications the family should provide to the school
 - c. Policies within the school building, especially if allergens are allowed in classrooms and other areas
 - d. Location of medications and persons trained and expected to administer medication
 - e. Responsibilities of all parties involved: parents, students with food allergies, students without food allergies, teachers, staff and the principal
 - f. Prevention of exposure of food allergic children to their trigger allergens
 - g. Early recognition of an allergic reaction should exposure occur
 - h. Prompt treatment of an allergic reaction with the appropriate medication depending on the severity of the reaction

Food Allergy- Defined

An allergy is an inappropriate response of the immune system to an otherwise harmless substance. In the case of food allergies, a protein or proteins within the

particular food is recognized by immune cells and certain proteins called immunoglobulins (also known as antibodies) as “foreign”. The release of chemicals from the immune cells is what causes the allergic reaction. A common and abundant chemical released is histamine, although other chemicals are also released. Histamine can cause localized swelling such as hives and other well-known symptoms such as increased nasal secretions (stuffy or runny nose; red, watery eyes, etc.). If large amounts of the chemicals, like histamine, are released by the immune cells on contact with the allergen, they can be spread throughout the body in the bloodstream and the reaction can become a severe, life-threatening reaction termed anaphylaxis.

Anaphylaxis- Defined

A severe, life-threatening allergic reaction that involves one or more of the following symptoms:

Skin:	hives, itching, swelling
Stomach/GI Tract:	vomiting, diarrhea, stomach cramps
Face:	Itchy, scratchy, tingling lips, tongue, mouth or throat; swelling of face, lips, tongue, etc; red, watery eyes
Throat:	change of voice (raspiness), coughing, wheezing, difficulty swallowing, throat tightness or closing (Often a child will say, “My throat feels funny!”)
Lungs/Airways:	coughing, wheezing, difficulty breathing, shortness of breath
Cardiovascular:	decreased blood pressure leading to: fainting or loss of consciousness, dizziness, change in mental status, pale skin, cyanotic (bluish) lips and mouth.

The student should be treated for anaphylaxis when

- any two or more of the above symptoms exist
- only one symptom exists and that symptom involves swelling of the tongue, breathing difficulties or cardiovascular difficulties

Treatment of anaphylaxis requires administration of epinephrine (EpiPen/Epipen Jr. or AuviQ 0.3 mg/AuviQ 0.15 mg).

Anaphylaxis can occur immediately or up to ~ 2 hours after exposure to an allergen. The student should be treated immediately with epinephrine and 911 should ALWAYS be called for transport of the student to a medical facility for further treatment and observation, because it is possible for initial symptoms to resolve and then a second wave of symptoms occurs 2-4 hours later (4-6 hours after initial exposure).

General School Policies:

1. All classrooms, preschool through sixth grade, are “No Peanuts, No Tree Nuts Allowed” classrooms.
2. Those classrooms will be labeled as “Peanut/Tree Nut Free”.
3. Students may not bring peanuts or tree nuts for lunch.

4. Other groups who use the classrooms, (such as Religious Education, parish meetings, or VBS), will be educated that peanuts and tree nuts may not be brought into preschool through sixth grade classrooms and will be expected to follow this policy when in the classrooms.
5. For grades Preschool-Sixth, in school class activities will conform to the above policies even if being held in a different room than the classroom. For example, a class meal that will be held in the PAC must conform to the peanut and tree nut free-policies because for that meal, the PAC becomes a Peanut/Tree nut free room. Students and parents should be informed that food sent in for the meal should not contain peanuts or tree nuts. Best case scenario is that each parent sends in a list of ingredients with their dish to aid the teacher and child in determining what food will be safe for him/her to eat.
6. Grades 5-8 will have a “self-carry” policy for medicines that students need to have near them all the time. This will include (but is not be limited to) Allergy/Asthma medications such as: EpiPen, Benadryl (diphenhydramine HCl), and Albuterol, along with medications for other diseases such as diabetes: insulin, glucagon. Please discuss with the teachers if your student will need to “self-carry” his/her medicine or if you have any questions.
 - a. It is recommended that the medicine is carried in a fanny pack or similar bag that the student can have with them at all times/locations within the building and on field trips.

Parent Responsibilities:

1. Immediately inform school that your child(ren) has/have a food allergy
2. Provide a letter from your pediatrician or allergist explaining your child’s condition and outlining the doctor’s guidelines for appropriate precautions and treatment should a reaction occur.
3. Provide a completed food allergy action plan to the office and to all teachers who will be in contact with your child. Your child’s picture should be attached to this form.
4. Provide medication to be kept in the office and in the classroom
 - a. 1 dose of epinephrine (EpiPen or AuviQ) and Benadryl with dosing device (measuring spoon or cup) in office
 - b. 1 dose of epinephrine (EpiPen or AuviQ) and Benadryl in classroom, with dosing device (measuring spoon or cup) in office. Bring all forms, letters and medications to the school 2 weeks b
 - c. Before school starts or immediately upon diagnosis if diagnosis occurs during the school year. The latest possible date to provide medication to school is the Thursday before Labor Day weekend. The items must already be at the school on the first day of school, since there is little time to explain during the chaos of the first day that your child has a major medical condition.
5. Be aware that, with the exception of epinephrine, it is against the law for your child to receive another student’s medication. You must provide your own child’s medication and fill out the appropriate medication administration permission forms.

6. Keep track of the expiration date of the medications and provide updated medication if the office/classroom medication expires during the year.
7. Inform teachers, principal and staff of known symptoms your child has exhibited on past reactions to aid them in recognition of a reaction.
8. Teach your child to:
 - a. Never share food
 - b. Recognize the foods or potential foods to which he/she may be allergic
 - c. Recognize the symptoms of an allergic reaction
 - d. Report immediately to an adult if he/she feels a reaction is occurring
 - e. If appropriate- to administer his/her own medication

Principal Responsibilities:

1. Provide an open and welcoming environment for children and families with food allergies.
2. Know the students who have food allergies.
3. Provide training to faculty and staff on recognition of allergic and anaphylactic reactions and treatment of allergic and anaphylactic reactions.
4. Enforce school policies related to "Allergen Safe" and/or "Peanut/Tree Nut Free" rooms in the school.
5. Communicate with other groups who use the building about the room policies and the need to enforce these policies even after school hours.
6. Do not allow bullying of food allergic students.
7. Recognize the symptoms of an allergic and an anaphylactic reaction.
8. Be prepared to administer medication and call 911 if epinephrine is administered.

Office Staff Responsibilities:

1. Know the students who have food allergies.
2. Store the medication in an organized and easily accessible manner in the office.
3. Recognize the symptoms of an allergic and an anaphylactic reaction.
4. Be prepared to administer medication and call 911 if epinephrine is administered.
5. Open the medicine cabinet at the beginning of the school day and lock at the end of the day.

Teacher Responsibilities:

1. Know the students in each class you teach who have food allergies.
2. Store medication in the classroom in an organized and easily accessible and transportable manner within the classroom. Transport medication to destinations outside of the classroom.
3. Do not allow students to share food.
4. Check labels on food brought into the classroom for class parties to prevent accidental exposure of a student to a food allergen.
5. Recognize the symptoms of an allergic and an anaphylactic reaction.

6. Be prepared to administer medication and call 911 if epinephrine is administered.
7. Do not allow bullying of food allergic students.
8. Maintain an information file for substitute teachers on students with food allergies.

Lunch/Recess Supervisor Responsibilities:

1. Know if the classroom to which you are assigned has any food allergic children.
2. If classroom has food allergic children, know the location of the medication.
3. Carry the classroom's medication backpack out to recess.
4. Recognize the symptoms of an allergic reaction and anaphylaxis and treat appropriately.
5. Be prepared to administer epinephrine and call 911. Notify the front office so they can meet the emergency personnel and call the parents.
6. Do not allow bullying of food allergic students.

Substitute Responsibilities:

1. Know if the classroom in which you are subbing has food allergic children.
2. Know the location of the medications in the classroom.
3. Recognize the symptoms of an allergic or anaphylactic reaction.
4. Be prepared to administer medication and call 911 if epinephrine is administered.

Student Responsibilities:

1. Communicate your allergies with your teacher, substitute teacher, lunch supervisors, and classmates.
2. If age appropriate, carry medication to all destinations within the school and on field trips.
3. Report immediately to an adult if you knowingly ingest allergen(s) or suspect that you are having a reaction.
4. Do not share food.
5. Do not bully students with food allergies. Report any bullying you witness.

Field Trips:

1. Transportation of children with food allergies- in order of preference
 - a. In car with own parent
 - b. In car with parent of another food allergic child
 - c. In car with another parent
2. If a parent other than the child's parent will be transporting a food allergic child, they must be made aware of the child's food allergy and be willing to clean their car if necessary to provide safe transportation.
3. Transport of medication- it must be in the same car as the allergic child, and if walking around, must be kept with the child's group- in order of preference
 - a. With child's own parent

- b. With teacher
 - c. With the parent of another food allergic child
 - d. With another parent who is driving the child
4. If it is necessary to administer medication- in order of preference
- a. Child him/herself- if age-appropriate and if able
 - b. Child's own parent
 - c. Teacher
 - d. Another parent

Please note- medications must **always** be in close proximity to the food allergic child.

This policy only covers allergies. If your child has another medical condition requiring limited activities, or food intake please speak to the principal and your child's teacher.

Parent Responsibilities Checklist (Please initial)

_____ I have informed school administration and teachers of my child's health conditions

_____ I have provided a doctor's letter explaining my child's condition.

_____ If my child has food allergy: **my doctor has completed a food allergy action plan.** I have made copies, attached pictures and submitted these forms to the office, student's classroom teacher, and all teachers with whom my child will have contact.

_____ I have completed and submitted a "**Permission to Administer Medication**" form for each medication.

_____ I have provided all needed medications to the office and to the classroom.

_____ I know the school's policies toward peanuts and tree nuts in the classrooms.

_____ I have talked to my child about his/her allergy/medical condition. He/she knows not to share food, and to speak to an adult immediately if he/she begins to have an allergic reaction.

I have read and understand the policies of St. Francis School regarding the handling of severe allergies, as described in the Severe Allergy Management Plan.

Print Name _____ Signature _____

Date _____

Student Health Concerns, 2019-2020

Please complete and return this form to the St. Francis School office before school starts or immediately upon diagnosis.

Re: _____
(Student Name) (Birth date) (Grade)

From: _____
(Parent/Guardian Name)

Contact Information: _____
(Daytime Phone) (Evening Phone)

My child has the following medical condition(s):

- _____ Asthma
- _____ Food allergy. Specify food(s) _____
- _____ Bee sting allergy
- _____ Medication allergy (i.e. penicillin allergy). Specify _____
- _____ Diabetes
- _____ Seizures
- _____ Other Food Sensitivities (i.e. celiac disease)
- _____ Other health conditions, please explain: _____
- _____ My child will require medication at school.
- _____ My child does NOT have any known medical conditions

Transportation of Food Allergic Child on Field Trips

Transport of a food allergic student on field trips requires special consideration. Please read the following carefully to determine if you are willing to take on this additional responsibility.

1. Residue from peanut or nut products consumed in the car can be hazardous to those with a peanut or nut allergy. Therefore you will need to clean out and vacuum your car to remove potential food allergens from the car that the student will be riding in. If seats are leather or vinyl, they should be wiped down with soap and water or basic cleaning wipes (not bleach as that can then stain clothes). If seats are cloth, placing a beach towel or other barrier between the student and the seat should be considered.
2. You should be familiar with the signs of an allergic reaction, both minor and anaphylactic.
3. It is important to be trained to administer epinephrine and in the dose of Benadryl appropriate for the student you are transporting. You should feel comfortable administering the EpiPen and Benadryl and calling 911 if the EpiPen is administered.
4. You will be responsible for the student's medications throughout the field trip and for the direct supervision of the student to monitor for any possible reactions. The student and his/her medications will need to be with you at all times.
5. You should be comfortable talking to the parent of the food allergic student prior to the field trip to ask and answer questions about the student and precautions that you can/will take on the field trip.

Food allergy and anaphylaxis are life-threatening conditions. If you would rather not have the responsibility of transporting a food allergic child, that is understandable. Please let us know:

_____ I am NOT willing to transport food allergic students in my car.

_____ I am WILLING to transport food allergic students in my car.

Print Name_____Signature_____

Date_____

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - 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.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR **MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA**, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS FROM A SINGLE SYSTEM AREA**, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

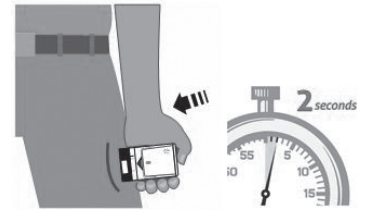
Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

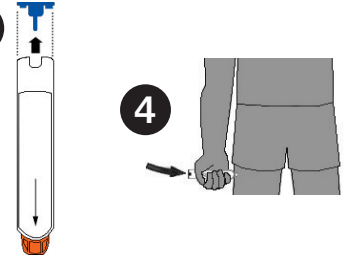
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HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

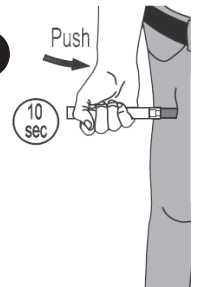
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HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

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HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

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ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. 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.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

