

**TRIMBLE CO. SCHOOLS
LIFE-THREATENING
EMERGENCY ACTION PLAN**

School Year: _____

INDIVIDUAL HEALTH CARE PLAN – EPI-PEN

Dear Parent/Guardian:

You have informed us that your child has a medical condition that may require an emergency medication to be administered. Enclosed are the forms, which need to be completed by both the Parent/Guardian and student's Physician. These forms are necessary in order for the School Nurse or appropriately trained school personnel to perform or administer specific medical treatment or procedures.

This information will be distributed to appropriate school personnel on a need-to-know basis and may include bus drivers, substitute teachers, cafeteria staff, and others who work with your child daily.

Please let us know of any changes in your child's medical condition as they may arise or emergency daytime phone numbers.

The following need to be returned to the School Nurse at your child's school:

- **Emergency Action Plan Student Info. Summary**
- **Allergy Questionnaire**
- **Physician and Parent Authorization for Epi-Pen Medication Administration** – needs to be completed by the student's Physician and returned to School Health: Confidential FAX (502) 255-5105 or by mail: Trimble Co. Board of Education, School Health Division, PO Box 275, Bedford, KY 40006
- **Food Services Modification Form (if needed)**

We are looking forward to a great school year with your child!

Please call the District Health Coordinator, Gina Liter at (502) 663-0073 if you have any questions or concerns.

**TRIMBLE CO. SCHOOLS
LIFE-THREATENING
EMERGENCY ACTION PLAN**

School Year: _____

Student's Name: _____ **DOB:** ____ / ____ / ____

School: _____ Teacher: _____ Grade: _____

Bus Rider: Yes No Bus #: AM _____ PM _____

Parent/Guardian(s) Name(s): _____

Address/Zip Code: _____

Doctor: _____ Phone #: _____ Hospital of Choice: _____

Parent/Guardian 1: – Home: _____ Work: _____ Cell: _____

Parent/Guardian 2: – Home: _____ Work: _____ Cell: _____

REVIEWED BY: _____ RN DATE: _____

ALLERGY QUESTIONNAIRE

School Year: _____

Student's Name: _____ DOB: ___ / ___ / ___ SCHOOL: _____

1. Allergies: _____

2. Date of student's last allergic episode? ___ / ___ / ___ Never had an allergic episode
What happened? _____

3. Diagnosed by skin/blood testing? Yes No Date ___ / ___ / ___ Physician's Name: _____

4. Has student ever been hospitalized for an allergic episode? Yes No Date ___ / ___ / ___

5. Does your student react when they eat the above allergen? Yes No

Type of reaction: Stomachache Itching Hives Itchy throat
 Cough/Wheezing Anxiety/Restlessness Swollen lips or tongue
 Other _____

6. If this is a food allergy, do you plan to send lunch each day for your student? Yes No

7. Does your student react when they touch (**or are bitten/stung by, if Insect**) the above allergen? Yes No

Type of reaction: Rash Itching Hives Itchy throat Cough/Wheezing
 Anxiety/Restlessness Swollen lips or tongue
 Other _____

8. Does your student react when they smell or inhale the above allergen? Yes No

Type of reaction: Stomachache Itching Hives Itchy throat
 Cough/Wheezing Anxiety/Restlessness Swollen lips or tongue
 Other _____

9. Can your student sit near someone eating the allergen? Yes No

10. Does your student know what the allergen looks like and how to avoid it? Yes No

11. What do you do at home (accommodations, diet restrictions, substitutions)? _____

12. Can the school send a letter home notifying the classroom about your student's allergy in order to decrease the chances the allergen will be brought to school by a classmate? Yes No

13. List the Medication(s) your student takes for allergic reactions (please fill out the attached Medication Authorization Form if needed) *

Name of Medication:	Dosage:	Time of Day:
_____	_____	_____
_____	_____	_____

14. Additional comments: _____

REVIEWED BY: _____ RN DATE: _____

PHYSICIAN AND PARENT/GUARDIAN AUTHORIZATION FOR EPI-PEN MEDICATION ADMINISTRATION

PHYSICIAN ORDER FOR EMERGENCY ACTION PLAN

(Please complete the following information or See Attached Plan from Physician)

STUDENT'S NAME: _____ **DOB:** _____

ALLERGEN: _____

STUDENT'S TYPICAL REACTION: _____

STUDENT'S OTHER KNOWN ALLERGIES: _____

ACTION TO BE TAKEN:

1. If ingestion/exposure is suspected, give: _____
Medication/Dose/Route

_____ Medication/Dose/Route

2. Call Rescue Squad (911) if Epi-Pen is used.
 3. Notify Parent/Guardian or Emergency Contact.

I believe this student is able to carry and administer his or her own medication at the appropriate time and in the appropriate way. This student has been instructed on the indication for medication usage and methods of administration. Please check: Yes No

X _____
(Physician's Signature)

_____ Date Signed

_____ (Physician's Name - Printed)

_____ Telephone Number

***PLEASE NOTE: The School Nurse is NOT always in the school building and trains non-medical staff to administer medication. See above and below.**

PARENT/GUARDIAN STATEMENT

I, the undersigned Parent/Guardian of _____ **request that a *trained staff member administer** the above medication to the student per Physician instructions. I agree to furnish the necessary prescribed medication and agree to notify the School Nurse immediately of any changes. I understand the Trimble County Board of Education Medication Policies & Procedures (09.2241) are readily available for me to read. I sign this voluntarily and with full knowledge of its significance. I agree to pick up any unused medication within two weeks of the last day of school, or it shall be destroyed. *** Parent/Student are responsible to have medication available at school.**

I, the undersigned Parent/Guardian of _____ **give consent for **my student to self-administer** the above medication(s). I understand the Trimble County Board of Education Medication Policies & Procedures (09.2241) are readily available for me to read. The School Nurse reserves the right to monitor the student periodically throughout the year. **** Self-Administered medication not provided or monitored by school staff.**

I hereby agree to release and hold the school staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from such treatment. I have read this consent and understand all its terms. I sign it voluntarily and with full knowledge of its significance.

X _____
(Parent/Guardian's Signature)

_____ Date Signed

REVIEWED BY: _____ **RN** **DATE:** _____

This form must be completed and signed by a Physician if your child requires a dietary restriction. (i.e. no peanut butter, no strawberries, etc.) OR a food substitute (i.e. allergic to cow's milk – substitute soy milk).

This also pertains to other dietary accommodations (i.e. pureed foods, thickened liquid, etc.)

This form is good for one school year and must be completed and signed by student's Physician to reverse a previous accommodation (i.e. "Student no longer restricted on strawberries – Please lift restriction," "Student no longer requires pureed foods – Please lift restriction" etc.)

PART A			
Name of Student: _____		Date of Birth: ____ / ____ / ____	
Allergies: _____			
Name of School: _____		Grade: _____	Classroom: _____
Does student have a Disability/Special Need? If Yes, describe the major life activities affected.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does student have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed Physician.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>IF STUDENT DOES NOT REQUIRE SPECIAL MEALS, PARENT/GUARDIAN CAN SIGN AT THE BOTTOM OF THIS FORM AND RETURN THE FORM TO THE SCHOOL'S FOOD SERVICE DEPT.</i>			
PART B			
List any dietary restrictions or special diet: _____			
List any allergies or food intolerances to avoid: _____			
List foods to be substituted: _____			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up or chopped into bite-size pieces: Finely ground: Pureed:			
List any special equipment or utensils that are needed: _____			
Indicate any other comments about student's eating or feeding patterns: _____			
Parent/Guardian's Signature: _____		Date: ____ / ____ / ____	
Physician's Signature: _____		Date: ____ / ____ / ____	

REVIEWED BY: _____ RN DATE: _____

ROLES IN THE MANAGEMENT OF STUDENTS WITH LIFE-THREATENING ALLERGIES/CONDITIONS

PARENT/GUARDIAN'S RESPONSIBILITIES

- Notify the school of the student's allergies prior to the start of the school year – fill out and return the packet sent in the mail OR as soon as possible after a new diagnosis.
- Participate in developing an emergency plan for your student with the School Nurse.
- Provide a list of foods and ingredients to avoid.
- Work with the school team to develop a plan that accommodates the student'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.
- Provide written medical documentation, instructions, and medications as directed by a physician.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Decide if additional epinephrine auto-injectors will be kept for the student in the school.
- Educate the student 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 emergency or allergy-related problem
 - * How to read food labels (age appropriate)
 - * Review policies/procedures with the school staff, the student's Physician, and the student (if age appropriate) after a reaction has occurred.
- Provide emergency contact information and notify school immediately if information changes!
- Provide the School Nurse with a Physician's Statement if student no longer has allergies.
- Leave a bag of "Safe Snacks" in your student's classroom so there is always something your student can choose from during an unplanned special event.

SCHOOL'S RESPONSIBILITY

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA.
- Review the health records submitted by Parent/Guardian(s) and Physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- If it will not negatively impact their academic progress, consider clustering students with similar allergies in the same classroom to promote peer support and avoidance of common allergens.
- 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 meal, educational tools, arts and crafts projects, or incentives.
- 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.
- 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.
- Take threats or harassment against an allergic student seriously.
- Discuss field trips with the family and food-allergic student to decide appropriate strategies for managing the food allergy.

RESPONSIBILITIES OF THE CLASSROOM TEACHER

- Participate in in-service training offered by the School Nurse that addresses the student with food allergies.
- Be aware of allergens that cause life-threatening allergies such as foods, insect stings, medications, latex and have a copy of the student's Emergency Plan.
- Know how to manage an emergency and administer an epinephrine auto-injector.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's allergies and necessary safeguards.
- Leave information in an organized, prominent, and accessible format for substitute teachers.
- Educate classmates to avoid endangering, isolating, stigmatizing, or harassing students with food allergies. Be aware how the student with food allergies is being treated; enforce school rules about bullying and threats.

- Inform parents of any school events where food will be served.
- Never question or hesitate to act if a student reports signs of an allergic reaction.
- Use stickers, pencils, or other non-food items as rewards instead of food to reduce the risk of reactions.

FIELD TRIPS

- Notify the School Nurse two weeks prior to a scheduled field trip and include date, time and location.
- Ensure epinephrine auto-injectors and instructions are taken on field trips.
- Ensure that a functioning cell phone or other communication device is taken on field trip.
- Review plans for field trips – avoid high-risk places.
- Know where the closest medical facilities are located.
- Invite parents of a student at risk for anaphylaxis to accompany their student on school trips in addition to a chaperone. However, the student's safety or attendance must not be conditioned on the parent's presence. Parent/Guardian must complete a background check prior to field trip in compliance with Fayette County Public School Policy.
- Consider ways to wash hands before and after eating.
- One to two people on the field trip should be trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedure.

TRANSPORTATION RESPONSIBILITIES

- Consider ways to wash hands before and after eating.
- Participate in in-service training offered by the School Nurse that addresses the student with food allergies.
- Be aware of allergens that cause life-threatening allergies such as foods, insect stings, medications, latex and have a copy of the student's emergency plan.
- Know how to manage an emergency and administer an epinephrine auto-injector.

CAFETERIA RESPONSIBILITIES

- Read all food labels and recheck routinely for potential food allergies.
- Train all food service staff and their substitutes to read product food labels and recognize food allergens.
- Review and follow sound food handling practices to avoid cross contamination with potential food allergens.
- Strictly follow cleaning and sanitation protocol to avoid cross-contamination.
- Be aware of which students have food allergies, know how to recognize food allergy reaction and how to follow emergency care plan.
- Create specific areas that will be allergen safe.

SCHOOL NURSE RESPONSIBILITIES

- Prior to entry into school or immediately after diagnosis, develop an emergency plan for the student.
- Assure the emergency plan includes the student's name, allergens, symptoms of allergic reactions, emergency procedures, and required signatures. Familiarize teachers by the opening of school if possible.
- Preferably before school starts, notify all staff who come in contact with the student with allergies - including principal, teachers, specialists, food service personnel, aids, PE teacher, bus driver, etc.
- Train two office staff personnel in emergency medication administration prior to the start of school and other appropriate staff members within a month of the start of school.
- Place a medical alert in Infinite Campus.
- Provide information about students with life-threatening allergies to all staff on a need-to-know basis (including bus drivers),
- Conduct in-service training and education for appropriate staff regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector.
- Document which school personnel have been trained.

STUDENT'S RESPONSIBILITIES

- Should not trade food with others if has food allergy.
- Should not eat anything with unknown ingredients or known to contain any allergen, if has food allergy.
- 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.
- Wash hands before and after eating.
- Learn to recognize symptoms of an allergic reaction.

- Know where the epinephrine auto-injector is kept and how to access it if not kept on person.
- Carry his/her own epinephrine auto-injector if age appropriate, and if Physician and parent have completed appropriate forms for him/her to carry and administer epinephrine.

It is important that children take on more responsibility for their food allergies as they grow older and are developmentally ready. Consider teaching them to:

- Communicate the seriousness of the allergy.
- Communicate symptoms as they appear.
- Read labels.
- Carry own epinephrine auto-injector.
- Administer own epinephrine auto-injector and be able to train others (i.e., classmates, friends, etc.) in its use.

What is Anaphylaxis

- Anaphylaxis is a potentially life-threatening medical condition occurring in
- Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body.
- The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which are potentially fatal.
- Common examples of potentially life-threatening allergies are those to foods and stinging insects. Life threatening allergic reactions may also occur to medications or latex rubber and in association with exercise or change in temperature

Symptoms of Anaphylaxis

- MOUTH - itching, swelling of lips and/or tongue
- THROAT - itching, tightness/closure, hoarseness, feeling a lump in the throat
- SKIN - itching, hives, redness, swelling
- GUT - vomiting, diarrhea, cramps
- LUNG - shortness of breath, coughing, wheezing
- HEART - weak pulse, dizziness, passing out

Be Prepared

A child who has had a severe allergic reaction should carry an emergency kit that includes a twin pack (TWO) epinephrine auto-injectors or should have a twin pack (TWO) that can be accessed at the school.

As soon as possible after the allergic reaction starts, call 911 and give the child at least one shot of the drug. He/She may need more than one. Even if you are not sure the symptoms are allergy related, don't hesitate to give him/her the injection. Waiting can be much more harmful than the medication.

The injection isn't a cure. It won't stop a severe allergic reaction. Even if the child seems OK, emergency medical care is a must.