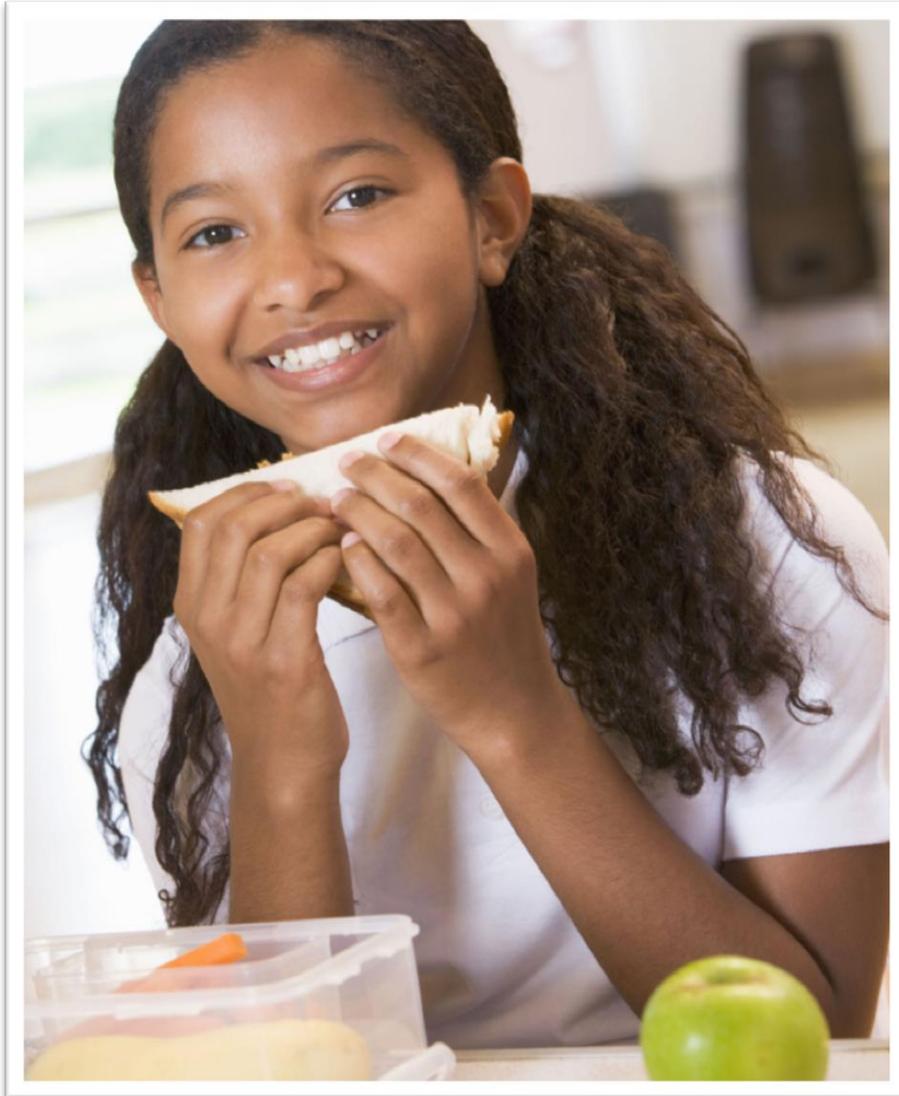


Saving Lives at School: *Anaphylaxis and Epinephrine*

School Nurse Handbook for Connection Cards

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Resource Reviewers:

Sandi Clark, RN, KSNC

Pediatric Section Supervisor/School Health Consultant, KY

Eleanor Garrow, BHA

*Senior Specialist, Cincinnati Center for Eosinophilic Disorders
at Cincinnati Children's Hospital*

Constance Griffin, BS, RN, AE-C

School Nurse, Valley Central School District, NY

Donna Kosiorowski, MS, RN, NCSN

Supervisor, School Health Services/504 Coordinator, CT

Michael Pistiner, MD, MMSc

*Pediatric Allergist, Harvard Vanguard Medical Associates;
Voluntary Instructor of Pediatrics, Boston
Children's Hospital, Harvard Medical School*

Michael Spigler, MCHES

Vice President of Education, FARE

Jennie Young, MS

Senior Program Coordinator, NEA Health Information Network



Saving Lives at School: *Anaphylaxis and Epinephrine*

The **Saving Lives at School Connection Cards** are a tool that has been prepared for use by the National Association of School Nurses (NASN) for school nurses through an unrestricted grant from Mylan Specialty.

School Nurse Handbook

This resource is intended to be used as a tool and resource for initiating meaningful health related conversations with students and parents. The recommendations and content are based on best practices. Each school nurse must exercise independent professional judgment when speaking to parents and students. Because nurse practice acts differ from state to state, each school nurse must ensure that before presenting any information, that it is consistent with applicable state laws and regulations, including those governing delegation, as well as applicable school district policies and procedures.

NASN hopes you find this resource helpful. It is not meant to replace a full allergy and anaphylaxis management program in your school, but to be a component of this important focus in school healthcare.

The Connection Cards address 8 major categories:

- ✓ What is Anaphylaxis?
- ✓ Common Allergens
- ✓ Signs and Symptoms
- ✓ School Care Plans
- ✓ Prevention
- ✓ Epinephrine Administration
- ✓ Living with Allergies
- ✓ Home and School

In each section, you will find the questions organized into 4 categories:



Let's Talk



Question Time



Action Item



School Nurse Reflection

Cards can be used individually, in categories or as a complete deck to provide the school nurse with a tool to initiate or continue a meaningful dialogue with students and/or parents. A category for questions that cause the school nurse to reflect on anaphylactic issues is included to enhance practice.

Saving Lives at School: *Anaphylaxis and Epinephrine*

Let's Talk



What is Anaphylaxis?

What's on your mind the most when thinking about your (or your child's) allergy?

Responses will be unique to each student and parent. Consider asking the student to share their thoughts – be prepared to be quiet and wait for them to respond. You may expect any response from your student – from positive coping skills to anger and resentment at their allergy. Be prepared to reflect their thoughts back to them in a non-judgmental manner and allow the student to see you as a safe person to talk with. Children often don't want to express their true feelings to their parents and pick up on their parent's level of anxiousness.

Parents have a varied level of understanding about allergies and the impact on their lives and the lives of their children. Many parents have pursued support groups to help them cope with the real and perceived loss that they experience. Some parents take the diagnosis "in stride" and others experience true grief as they work to manage their child's allergy.

Ask the question, and if need be, allow time for a student or parent to answer. For example, lead them by asking, "This isn't easy, is it?"

Resources & References:

Puliti, B., (2010) *Social security*. Retrieved from

<http://www.kidswithfoodallergies.org/docs/SupportNetSpring10.pdf> , p.4 - 6

School Nurse's Notes:

Question Time



What is Anaphylaxis?

What is an allergic reaction?

What is anaphylaxis?

It's important to know what the student or parent knows about allergic reactions, so it may be best to begin the conversation by asking what they know about allergic reactions. Take care to use language that is understandable, avoiding long, clinical terms. Topics to cover with your student or parent include:

- *An allergy occurs when the immune system mistakenly attacks a normally harmless substance (like a food protein or venom from a bee sting) – it sees the food or substance as harmful or something that should not be in the body*
- *Exposure to the offending food or allergen may trigger the sudden release of chemicals in the body, including one called histamine, resulting in symptoms of an allergic reaction*
- *The symptoms may be mild or severe – and may get worse over minutes or hours*

A severe allergic reaction that comes on suddenly and may cause death is called anaphylaxis. Anaphylaxis involves all major body and life organs – this isn't seasonal allergies or rashes – this is an emergency.

This type of reaction must be treated immediately with an epinephrine autoinjector – a person's symptoms can progress very quickly and the reaction can become life-threatening within minutes.

Resources & References:

Geimeier, W. (2009). *About allergies*. Retrieved from

<http://kidshealth.org/parent/medical/allergies/allergy.html#>

Food Allergy Research & Education (2013). *About anaphylaxis*. Retrieved from

<http://www.foodallergy.org/anaphylaxis>

School Nurse's Notes:

Question Time



What is Anaphylaxis?

What is the difference between a mild allergic reaction and anaphylaxis?

Allergic reactions vary in seriousness from mild to severe. It's important for students and parents to know if what they are experiencing is actually an allergic reaction, and if it is, if they are at risk for anaphylaxis.

A mild allergic reaction may exhibit itself by a localized skin reaction (ie. a few hives in one area of the body) or mild itching. But people dealing with allergies should be aware that the severity of earlier allergic reactions does not predict the course of future reactions.

Anaphylaxis is a serious, life threatening allergic reaction. The body reacts quickly to an allergen and this is a medical emergency. Often several body systems are involved and lifesaving medication must be administered immediately.

Resources & References:

American Academy of Allergy, Asthma & Immunology. (2013). *Anaphylaxis*. Retrieved from <http://www.aaaai.org/conditions-and-treatments/allergies/anaphylaxis.aspx>

American Academy of Pediatrics. (2012) *Food allergy reactions*. Retrieved from <http://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Food-Allergy-Reactions.aspx>

Ruff, C. (2012). Evaluating and managing pediatric food allergy. *Clinical Advisor for Nurse Practitioners*, 15, (7), 23-29.

Sicherer, S. & Mahr, T. (2010). Management of Food Allergy in the School Setting. *Pediatrics*, 126 (6), 1232-12396. doi: 10.1542/peds.2010-2575.

School Nurse's Notes:



What is Anaphylaxis?

List three words that come to mind when you think of allergies:

1. _____
2. _____
3. _____

This is an open ended question that may come with many answers. Be prepared to actively listen to the student or parent that you're speaking to.

A tool that might be helpful to use when talking to students and parents is Motivational Interviewing. Motivational Interviewing is an "empathic, person-centered counseling approach that prepares people for change by helping them resolve ambivalence, enhance intrinsic motivation, and build confidence to change" (Kraybill and Morrison, 2007).

The components are "OARS" –

- Open Questions
- Affirmation
- Reflective Listening
- Summary Reflections

Open Questions:

This type of questioning allows others to talk and "tell their story" – in their own words and in their own time. The school nurse would use this in a conversational manner and listen carefully to the student or parent response.

This kind of question would not require a "yes" or "no" response.

Affirmations:

Positive statements that acknowledge the student's or parent's strengths and encourage behavior that leads to meaningful change are affirmations. It's important that these are genuine and sincere.

Reflective Listening:

Repeating and/or paraphrasing the student or parent comment helps them to understand that you heard what the speaker has expressed.

Three levels include:

- *Repeating or rephrasing: Listener repeats or substitutes synonyms or phrases*
- *Paraphrasing: Listener makes a restatement in which the speaker's meaning is inferred*
- *Reflection of feeling: Listener emphasizes emotional aspects of communication through feeling statements.*

Summaries:

Especially at the end of a conversation, provide the listener with a summary of what has been said to help them to know that you understand.

Resources & References:

Homelessness Resource Center (2007). *Motivational interviewing: Open questions, affirmation, reflective listening, and summary reflections (OARS).*

Retrieved from

<http://homeless.samhsa.gov/Resource/Print.aspx?id=32840&g=printtopic&t=427>

What is Anaphylaxis?



How do you feel about managing anaphylaxis at school?

What do you find most difficult?

Do you feel that your school district's policies are comprehensive?

School nurses have a "big job"- the school nurse needs to have multiple competencies to meet the demands of each day. When planning and preparing for students with life-threatening allergies, many school nurses have varied feelings about dealing with the possibility of a student having a medical emergency in the school setting. Take some time to get in touch with how you feel about having students in your care who could experience an anaphylactic episode at any given time.

When considering if your school district's policies are comprehensive, there are some resources that you can use to compare your school district's policies and procedures. Quality resources can be found in the NASN Online Food Allergy Tool Kit and those include:

- *National School Boards Association: Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-threatening Food Allergies*
- *Food Allergy Research & Education: Managing Food Allergies at School*

Other valuable tools from NASN include algorithms for the school nurse to utilize in developing or assessing the school allergy management program (these resources are specific to food allergy, but can translate well to managing any allergy that puts a student at risk for anaphylaxis):

- *Anaphylaxis Planning Algorithm*
- *Anaphylaxis Provision of Care Algorithm*
- *Sample District and Support Policy Checklist*
- *Sample Care Planning Checklist*
- *Sample Staff Training Checklist*
- *Sample Fostering Partnerships and Quality Monitoring Checklist*
- *Sample School Practices Outcome Evaluation Checklist*
- *Sample Plan of Care Outcome Checklist*

Resources & References:

Food Allergy Research & Education. (2013). *Managing food allergies at school*. Retrieved from <http://www.foodallergy.org/managing-food-allergies-at-school>

National Association of School Nurses. (2011). *Online food allergy tool kit*. Retrieved from <http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis>

National School Boards Association. (2011) *Safe at school and ready to learn: A comprehensive policy guide for protecting students with life-threatening food allergies*. Retrieved from <http://www.nsba.org/Board-Leadership/SchoolHealth/Food-Allergy-Policy-Guide.pdf>

Let's Talk



Common Allergens

What are some of the challenges you have when trying to avoid allergens?

Responses will be unique to each student and parent.

Consider asking about strategies that the student or parent uses to avoid allergens in a variety of settings:

- Home
- School
- Camp
- College
- Dining Out
- Dating and Social Activities
- Traveling

The world can be a scary place for a child with an allergy, or their parent. Food is everywhere for the child with a food allergy, a simple picnic can be a problem for someone with an insect sting allergy. For a student with a latex allergy, everyday items, such as the elastic on the waistband of underwear, a bandage or a party balloon can put them at risk.

A leading question to use is: "It's hard to avoid allergens, isn't it?"

Resources & References:

Food Allergy Research & Education. (2013). *Managing food allergies*. Retrieved from <http://www.foodallergy.org/managing-food-allergies>

American College of Allergy, Asthma & Immunology. (2010). *Insect sting allergy*. Retrieved from <http://www.acaai.org/allergist/allergies/types/insect-sting-allergies/pages/default.aspx>

American Latex Allergy Association. (2013). *Common latex products*. Retrieved from <http://www.latexallergyresources.org/common-latex-products>

School Nurse's Notes:

Question Time



Common Allergens

If you have a food allergy, how do you decide if a food is safe to eat?

It's important for a person with food allergies to know how to read food labels – and to know what ingredients to look for. By law, many food labels are required to alert the public of the presence of one of the eight top food allergens. The label will list the type of allergen as well as any ingredient that may cause an allergic reaction, including in flavorings and colorings.

FARE (Food Allergy Research & Education) recommends several steps to help when working to stay "allergy safe" at home. These include:

- 1. Learn how to read food labels – and teach those around you to read them as well.*
- 2. Wash hands before AND after eating.*
- 3. Clean food preparation areas after preparing food and eating meals.*
- 4. Prepare food carefully to avoid cross-contact.*
- 5. Keep allergens away from "safe foods" in the cupboard or pantry.*
- 6. Label foods and create "allergen safe" zones in the home.*

Resources & References:

MayoClinic.com. (2013). *Food allergies: Understanding food labels*. Retrieved from <http://www.mayoclinic.com/health/food-allergies/AA00057/NSECTIONGROUP=2>

Food Allergy Research & Education. (2013). *Managing food allergies at home*. Retrieved from <http://www.foodallergy.org/managing-food-allergies/at-home>

School Nurse's Notes:

Question Time



Common Allergens

What allergens could you encounter on a school field trip?

Field trips can provide a source of anxiety for students and parents as the student is often in unfamiliar surroundings. Potential risks could include:

Insect Sting Allergies:

- Stinging insects are most active in the late spring, summer and early fall.
- Open garbage cans
- Large amount of exposed skin

Latex Allergies:

- Unfamiliar carpeting
- Balloons, rubber toys
- Rubber bands, erasers

Food Allergies:

- Hidden allergens in unfamiliar food
- Sharing of food
- Unlabeled baked foods
- Bulk food products

Careful planning for field trips, along with consultation with parents can assist in preventing exposures – ask teachers to check in with the school nurse well in advance of a field trip.

Resources & References:

- American College of Allergy, Asthma & Immunology. (2010). *How can I avoid insect stings?* Retrieved from <http://www.acaai.org/allergist/allergies/Types/insect-sting-allergies/Pages/tips-to-prevent-bug-bites.aspx>
- MayoClinic.com. (2011). *Latex allergy causes.* Retrieved from <http://www.mayoclinic.com/health/latex-allergy/DS00621/DSECTION=causes>
- NY State Department of Health, NY State Education Department, NY Statewide School Health Services. (2008) *Caring for students with life-threatening allergies.* Retrieved from <http://www.schoolhealthservicesny.com/uploads/Anaphylaxis%20Final%206-25-08.pdf>
- American Latex Allergy Association. (2013). *Common latex products.* Retrieved from <http://www.latexallergyresources.org/common-latex-products>

School Nurse's Notes:

Saving Lives at School: *Anaphylaxis and Epinephrine*

Action Item



Common Allergens

What 8 foods are the most common allergens?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Eight foods account for 90 percent of all food allergies.

The 8 most common food allergens are:

1. *Peanut*
2. *Tree nuts*
3. *Milk*
4. *Eggs*
5. *Wheat*
6. *Soy*
7. *Fish*
8. *Shellfish*

Although these foods account for the majority of food allergies, all food allergies should be taken seriously.

Resources & References:

Food Allergy Research & Education. (2013). *Allergens*. Retrieved from

<http://www.foodallergy.org/allergens>

Lee, J. & Pistiner, M. (2011). *Food allergens*. Retrieved from

<http://www.allergyhome.org/food-allergy/food-allergens/>

School Nurse's Notes:

Action Item



Common Allergens

In addition to food, what are other life-threatening allergens?

Insect Stings

- *The allergen in a stinging insect allergy is the venom from a sting*
- *Most serious reactions are caused by five types of insects*
 - *Yellow Jackets*
 - *Honeybees*
 - *Paper Wasps*
 - *Hornets*
 - *Fire Ants*

Medications

- *Certain medications are more likely to produce an allergic reaction. They are:*
 - *Antibiotics, such as penicillin*
 - *Aspirin and non-steroidal anti-inflammatory medications, such as ibuprofen*
 - *Anticonvulsants*
 - *Monoclonal antibody therapy*
 - *Chemotherapy*

Latex

- *Latex reactions vary from mild to very severe*
- *Common among healthcare workers or people who have undergone multiple surgeries*
- *Severity of the allergy can worsen with repeated exposure*

Resources & References:

American Academy of Allergy, Asthma & Immunology. (2013). *Anaphylaxis overview*. Retrieved from <http://www.aaaai.org/conditions-and-treatments/allergies/anaphylaxis.aspx>

MayoClinic.com (2013). *Anaphylaxis causes*. Retrieved from <http://www.mayoclinic.com/health/anaphylaxis/DS00009/DSECTION=cause>

School Nurse's Notes:

Saving Lives at School: *Anaphylaxis and Epinephrine*

Action Item



Common Allergens

If you have an allergy to milk, which of the following words on a food label would NOT indicate the presence of milk?

- Lactose
- Whey
- Cocoa Butter
- Casein hydrolysate

The answer is Cocoa Butter.

It is always important to read food labels for updated ingredients. The federal Food Allergen Labeling and Consumer Protection Act (FALCPA) was passed by Congress to provide clearer food labeling for people with allergies. All food regulated by the Food and Drug Administration (FDA) must be labeled to identify allergens – including milk.

Many items contain milk or milk products that are not easily identified in their ingredient list.

Students and parents should check with their allergist if they have a question about a food product.

Resources & References:

Food Allergy Research & Education. (2013). *Milk allergy*. Retrieved from <http://www.foodallergy.org/allergens/milk-allergy>

Asthma and Allergy Foundation of America. (2009). *How to read a label for milk allergy*. Retrieved from <http://www.kidswithfoodallergies.org/resourcespre.php?id=37>

School Nurse's Notes:



Common Allergens

What allergens are most difficult to avoid in the school setting?

How can the school nurse advocate for an allergy safe school environment?

Each school nurse should be aware of the allergies of the students in her/his school building(s). Understanding the allergies in the student population, as well as the student's history related to allergic episodes (anaphylaxis in particular) can assist in planning and creating a safe school environment.

As each school setting is unique, so is the experience and feelings of each school nurse. A school nurse may feel that some allergies are "easier" or "more difficult" to manage based on the school's location, layout and population. It's important for the school nurse to acknowledge personal feelings when managing life-threatening allergies on a daily basis.

Tools that can assist the school nurse in creating an allergy safe environment are included on NASN's Online Food Allergy Tool Kit. The school nurse should refer to the checklist section to assess their school's program readiness:

- *Sample District and Support Policy Checklist*
- *Sample Care Planning Checklist*
- *Sample Staff Training Checklist*

- *Sample Fostering Partnerships and Quality Monitoring Checklist*
- *Sample School Practices Outcome Evaluation Checklist*
- *Sample Plan of Care Outcome Checklist*

Resources & References:

National Association of School Nurses. (2012). *Food allergy and anaphylaxis: An NASN tool kit*. Retrieved from <http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis>

Lee, J. & Pistiner, M. (2011). *Food allergies for the school nurse: How to educate and empower your entire school community*. Retrieved from <http://www.allergyhome.org/schools/food-allergies-for-the-school-nurse-educate-and-empower-your-entire-school-community/>

School Nurse's Notes:

Let's Talk



Signs and Symptoms

Describe how you feel when having an allergic reaction.

Responses will be unique to each student and parent.

The Food Allergy Research & Education website states that the following are examples of the words a young child might use to describe a reaction:

- "This food is too spicy."
- "My tongue is hot [or burning]."
- "It feels like something's poking my tongue."
- "My tongue [or mouth] is tingling [or burning]."
- "My tongue [or mouth] itches."
- "It [my tongue] feels like there is hair on it."
- "My mouth feels funny."
- "There's a frog in my throat."
- "There's something stuck in my throat."
- "My tongue feels full [or heavy]."
- "My lips feel tight."
- "It feels like there are bugs in there." (to describe itchy ears)
- "It [my throat] feels thick."
- "It feels like a bump is on the back of my tongue [throat]."

Consider asking, "How does an allergic reaction feel to you?"

Resources & References:

Food Allergy Research & Education. (2013) *Symptoms*. Retrieved from <http://www.foodallergy.org/symptoms>

NEA Health Information Network (2012). *The food allergy book: What school employees need to know*. Retrieved from <http://www.neahin.org/educator-resources/foodallergybook.html>

School Nurse's Notes:

Let's Talk



Signs and Symptoms

How do you know when you need help with an allergic reaction?

Allergic reactions vary from mild to severe and each allergic reaction is different – a student who has experienced only mild allergic reactions in the past may unexpectedly experience anaphylaxis.

Mild allergic reactions are often confined to one area of the body – but a severe reaction will usually involve more than one body system. A student should be encouraged to seek assistance from their teacher and school nurse whenever they feel any symptoms and especially if they feel that their symptoms move beyond a mild reaction. Repeated exposures to an allergen can lead to more serious reactions – and only a small amount of allergen can trigger an anaphylactic reaction, which, without treatment can lead to death within 15 minutes.

If a child feels that they are having an allergic reaction that is severe, or goes beyond the symptoms that they know indicate a mild allergic reaction, they should seek help immediately. If the student has a known allergy and begins to have a reaction, they should get help – tell a friend, their teacher or another trusted individual to move quickly to get them their epinephrine autoinjector so that they can be medicated immediately. You can assure them that you, their school nurse, knows what to do and can help them quickly and competently and has developed an Emergency Care Plan to help others know how to react.

Resources & References:

Dugdale, D. & Henochwicz, S. (2013). *Allergic reactions*. Retrieved from <http://www.nlm.nih.gov/medlineplus/ency/article/000005.htm>

Stewart, S. (2012). *Anaphylaxis*. Retrieved from http://kidshealth.org/teen/safety/first_aid/anaphylaxis.html

School Nurse's Notes:

Question Time



Signs and Symptoms

What are the signs and symptoms of a mild allergic reaction?

Of anaphylaxis?

The symptoms of a mild allergic reaction are:

- Red rash
- Itching
- Nasal congestion
- Rashes
- Watery, red eyes

The symptoms of anaphylaxis include:

- Red rash, with hives/welts, that is usually itchy
- Swollen throat or swollen areas of the body
- Wheezing
- Passing out
- Chest tightness
- Trouble breathing
- Hoarse voice
- Trouble swallowing
- Vomiting
- Diarrhea
- Stomach cramping
- Pale or red color to the face and body
- Fear of impending doom

Resources & References:

Dugdale, D. & Henochwicz, S. (2013) *Allergic reactions*. Retrieved from <http://www.nlm.nih.gov/medlineplus/ency/article/000005.htm>
American Academy of Allergy, Asthma & Immunology. (2013). *Anaphylaxis, symptoms and diagnosis*. Retrieved from <http://www.aaaai.org/conditions-and-treatments/allergies/anaphylaxis.aspx>

School Nurse's Notes:

Question Time



Signs and Symptoms

True or False. Symptoms of an allergic reaction are usually seen the first time a person is exposed to an allergen.

False.

At times it's difficult to help others understand allergies due to their unpredictable nature – and one of the most difficult concepts is this one – that the first time an individual ingests or comes in contact with an allergen, they will not experience any symptoms. On first exposure to the future allergen, the body develops the specific antibodies that attach to the mast cells in the body. The next time that the body is exposed to the allergen, the body recognizes it as a harmful substance and releases histamine to react to the presence of the allergen and the individual experiences an allergic reaction.

In speaking to parents, they will often say that their child has had the food that is now being suspected of being an allergen and explaining this response can help them understand.

If there is any concern or uncertainty in a parent about the trigger for an anaphylactic reaction, they should be encouraged to seek allergy testing from an allergist. The allergist can assist in identifying the specific allergy trigger for the child and assist the parent by prescribing the appropriate medications to treat the child.

Resources and References:

National Institute of Allergy and Infectious Diseases. (2010). *Food allergy*. Retrieved from <http://www.niaid.nih.gov/topics/foodAllergy/understanding/Pages/allergicRxn.aspx>

American College of Allergy, Asthma & Immunology. (2013). *Anaphylaxis overview*. Retrieved from <http://www.acaai.org/allergist/allergies/Anaphylaxis/Pages/default.aspx>

School Nurse's Notes:

Action Item



Signs and Symptoms

Which combination of symptoms would NOT indicate anaphylaxis?

- Hives on the arm and tooth pain**
- Tightening of the throat and many hives all over the body**
- Repeated cough and severely swollen lips**

As discussed in the "What is Anaphylaxis" section, a student can have a mild or a severe allergic reaction. Here we are talking about the symptoms of the severe, life-threatening allergic reaction that is seen in anaphylaxis.

Answer: Mild hives and tooth pain would not indicate anaphylaxis. Hives localized to the arm area could indicate a localized, mild allergic reaction (which would not be anaphylaxis) and tooth pain is not associated with anaphylaxis.

Tightening of the throat, generalized hives, repeated cough and severely swollen lips are all symptoms of anaphylaxis and would warrant an immediate emergency response and treatment by administering epinephrine using an autoinjector.

Resources & References:

American Academy of Allergy, Asthma & Immunology. (2013). *Anaphylaxis*. Retrieved from <http://www.aaaai.org/conditions-and-treatments/allergies/anaphylaxis.aspx>

American Academy of Pediatrics. (2012) *Food allergy reactions*. Retrieved from <http://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Food-Allergy-Reactions.aspx>

Ruff, C. (2012). Evaluating and managing pediatric food allergy. *Clinical Advisor for Nurse Practitioners*, 15, (7): 23-29.

Sicherer, S. & Mahr, T. (2010). Management of Food Allergy in the School Setting. *Pediatrics*, 126 (6), 1232-12396. doi: 10.1542/peds.2010-2575

School Nurse's Notes:

Action Item



Signs and Symptoms

How fast can symptoms progress from a mild to a severe reaction?

Allergic reactions range from mild to severe and may develop and progress over hours, or appear within minutes. Most reactions will occur within the first hour of exposure to an allergen, although they can appear as long as 72 hours after the exposure.

Repeated exposures to the allergen may lead to increased severity of the reaction and students with comorbidities (such as asthma) may experience a more severe allergic reaction.

What's important to help families understand is that each allergic reaction may look different, feel different, develop more quickly and/or be more mild or severe, depending on many variables. A reaction that begins as a mild allergic reaction may progress to anaphylaxis.

It is important to teach families to be ready to manage an allergic reaction, whether mild or severe and to take them seriously as they may not be able to predict the progression of symptoms based on previous allergic reactions.

Resources & References:

Robinson, J. & Ficca, M. (2012). Managing the student with severe food allergies. *Journal of School Nursing, 28*(3), 187-194. doi: 10.1177/1059840511429686.

American College of Allergy, Asthma & Immunology. (2013). *Anaphylaxis: Tips to remember*. Retrieved from <http://www.aaaai.org/conditions-and-treatments/library/at-a-glance/anaphylaxis.aspx>

Dugdale, D., Henochwicz, S. & Zieve, D. (2012). *Allergic reactions*. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001076/>

School Nurse's Notes:



Signs and Symptoms

Have you administered epinephrine to a child experiencing anaphylaxis?

If yes, how did you feel about the experience?

If no, do you feel prepared to do so?

School nurses need to be prepared to respond to all types of medical conditions and emergency situations in the school setting – including anaphylaxis. School nurses are the leaders in allergy and anaphylaxis care in the school setting, creating a professional responsibility to understand not only the pathophysiology of allergic reactions, but to understand school protocols and policies as well. In addition, the school nurse needs to be prepared to administer emergency medication quickly and competently should a student experience anaphylaxis at school.

It's important for each school nurse to acknowledge her/his feelings about an emergency response. The school nurse needs to develop strategies to be sure that she/he has adequate training to do procedures that are or may be needed in the event that a child experiences a life-threatening allergy at school. Following an emergency response, it is valuable to "debrief" with school personnel, not only to determine how the emergency response could be improved for the next occurrence, but also to share personal feelings about the experience and outcome.

NASN has a position statement titled, "Allergy/Anaphylaxis Management in the School Setting" that states, "The registered

professional school nurse, is the leader in a comprehensive management approach which includes planning and coordination of care, educating staff, providing a safe environment, and ensuring prompt emergency response should exposure to a life-threatening allergen occur." It's important for each school nurse to work to become comfortable with their role and to obtain assistance as needed.

Resources & References

- Allen, K., Henselman, K., Laird, B., Quinones, A., Reutzler, T. (2012). Potential life-threatening events in schools involving rescue inhalers, epinephrine autoinjectors, and glucagon delivery devices: Reports from school nurses. *Journal of School Nursing*. 28(47), 147-55. doi: 10.1177/1059840511420726.
- National Association of School Nurses. (2012). *Allergy/anaphylaxis management in the school setting*. [Position statement]. Retrieved from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatements>

School Nurse's Notes:

Let's Talk



School Care Plans

How can you help the school nurse develop a care plan for you (or your child)?

Parents and students should be partners in the process of care planning in the school setting. When care plans are written, they include medical and nursing information, but there are important aspects of the process that can, and should, involve the student and parent.

The Scope and Standards of Practice - School Nursing, developed by the National Association of School Nurses and the American Nurses Association (revised in 2011) states that:

The school nurse develops an individualized plan in partnership with the student and others that considers the student's characteristics or situation, including but not limited to values, beliefs, spiritual and health practices, preferences, choices, developmental level, coping style, culture and environment, and available technology.

The student and parent can assist the care planning process by providing a complete health history, including any history of anaphylactic reactions, medical orders and pertinent information to the student and family's understanding of the student's diagnosis. The family holds key information that helps the school nurse in the care planning process.

Resources & References:

NY State Department of Health, NY State Education Department, NY Statewide School Health Services. (2008) *Caring for students with life-threatening allergies*. Retrieved from <http://www.schoolhealthservicesny.com/uploads/Anaphylaxis%20Final%206-25-08.pdf>

American Nurses Association and National School Nurses Association. (2011). *School Nursing: Scope and standards of practice* (2nd ed.). Silver Spring, MD: Nursesbooks.org

School Nurse's Notes:

Question Time



School Care Plans

What are the two main types of care plans that the school nurse writes for a student with a life-threatening allergy?

1. _____
2. _____

There are two major types of school nursing care plans that are appropriate to use when caring for students who are at risk for anaphylaxis:

- **Emergency Care Plan (ECP)**
This plan is usually initiated by the school nurse and is written in lay language for any school staff member to understand. It provides a simple to read plan for a responsible adult to respond to an anaphylactic emergency and is customized for the student it is written for. It usually includes demographic and parent contact information, the student's allergen(s), signs and symptoms of anaphylaxis, treatment plan for staff to follow, transportation plan and signatures of the nurse, parent and healthcare provider.
- **Individualized Healthcare Plan (IHP)**
This document is written by the school nurse in nursing language for the school nurse to use to direct a comprehensive plan of care. It is a longer plan and usually includes student demographic information, assessment information, nursing diagnosis, nursing interventions and expected outcomes of care. The IHP should be revised annually based on evaluation data.

Resources & References:

NY State Department of Health, NY State Education Department, NY Statewide School Health Services. (2008) *Caring for students with life-threatening allergies*. Retrieved from <http://www.schoolhealthservicesny.com/uploads/Anaphylaxis%20Final%206-25-08.pdf>

National Association of School Nurses. (2008) *Individualized healthcare plans*. [Position Statement]. Retrieved from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/32/Individualized-Healthcare-Plans-IHP-Revised-2008>

Sample Care Plans:

AAAAI Anaphylaxis Emergency Action Plan:
<http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/Anaphylaxis-Emergency-Action-Plan.pdf>

FARE Action/Emergency Care Plan:
<http://www.foodallergy.org/document.doc?id=125>

NASN Sample Food Allergy IHP:
<http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis>

School Nurse's Notes:

Question Time



School Care Plans

What kind of information is in an Emergency Care Plan?

Anaphylactic emergencies must be cared for immediately, and the school nurse needs to prepare school staff to respond to an emergent event – as they can happen at any time and in any place. The best tool to provide a school staff member in their care of a student at risk for a life-threatening allergic reaction is an Emergency Care Plan, or ECP.

The ECP can follow any format, but should include some important information:

- *Student demographic and parent contact information*
- *The student’s allergen(s) – if a student has a food allergy, it is valuable to note on the ECP if the child also has asthma, as the student may experience a more severe reaction*
- *Signs and symptoms of anaphylaxis*
- *Treatment plan for staff to follow*
- *Transportation plan*
- *Signatures of the nurse and parent – many school nurses also choose to have the healthcare provider sign the plan as well.*

There are templates available for ECPs, including:

- *AAAAI Anaphylaxis Emergency Action Plan:*
<http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/Anaphylaxis-Emergency-Action-Plan.pdf>
- *FARE Action/Emergency Care Plan:*
<http://www.foodallergy.org/document.doc?id=125>

Resources & References:

NY State Department of Health, NY State Education Department, NY Statewide School Health Services. (2008) *Caring for students with life-threatening allergies*. Retrieved from <http://www.schoolhealthservicesny.com/uploads/Anaphylaxis%20Final%206-25-08.pdf>

Sample Care Plans:

AAAAI Anaphylaxis Emergency Action Plan:
<http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/Anaphylaxis-Emergency-Action-Plan.pdf>

FARE Action/Emergency Care Plan:
<http://www.foodallergy.org/document.doc?id=125>

School Nurse’s Notes:

Action Item



School Care Plans

What's in your school healthcare plan?

Every student and every parent should know what is in the school's healthcare plans for that specific student. They should be informed partners in the care that they receive at school, and this level of transparency between the school nurse and the family is an important aspect of developing a strong trusting relationship with the parent and the student.

The ideal time to review the plan with the parent is when you ask the parent to sign the plan. It's important for the school nurse to remember that, in most situations, a parent has worked 24 hours a day, seven days a week to keep their child safe from an allergen exposure. They need to have confidence that the school can care for their child's unique needs.

Taking the time to review the plan with the student (outside of instructional time) can be a valuable intervention as well. Helping the student to understand what will happen in an emergency and how the staff has been instructed to react will create a less anxious situation for the student and possibly increase the student's compliance level if an emergency response is needed.

Resources & References:

National Association of School Nurses (2011). *What school nurses need to know about parents of children with food allergies*. Retrieved from

<http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis>

NY State Department of Health, NY State Education Department, NY Statewide School Health Services. (2008) *Caring for students with life-threatening allergies*. Retrieved from

<http://www.schoolhealthservicesny.com/uploads/Anaphylaxis%20Final%206-25-08.pdf>

School Nurse's Notes:

Saving Lives at School: *Anaphylaxis and Epinephrine*

Action Item



School Care Plans

Which school staff should have access to your Emergency Care Plan?

- Principal
- Teacher
- Food Service
- Bus Driver
- All of the above

The answer is All of the Above.

The National School Boards Association in their document, Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-threatening Food Allergies, states that each school should have a food allergy management team that includes, but is not limited to:

<i>Student</i>	<i>Registered nurse</i>	<i>Parents</i>
<i>Administrators</i>	<i>Teachers</i>	<i>Counselors</i>
<i>Food Service</i>	<i>Transportation Staff</i>	<i>Coaches</i>

Each member of the school team has a responsibility to provide a safe school environment for a student at risk for anaphylaxis.

Resources & References:

National School Boards Association. (2011). *Safe at school and ready to learn: A comprehensive policy guide for protecting students with life-threatening food allergies*. Retrieved from <http://www.nsba.org/Board-Leadership/SchoolHealth/Food-Allergy-Policy-Guide.pdf>

NY State Department of Health, NY State Education Department, NY Statewide School Health Services. (2008) *Caring for students with life-threatening allergies*. Retrieved from <http://www.schoolhealthservicesny.com/uploads/Anaphylaxis%20Final%206-25-08.pdf>

School Nurse's Notes:



School Care Plans

What support do you need from parents, students and your school administration to write quality care plans for students at risk for anaphylaxis?

Responses will vary with each school nurse and each unique situation.

Support from parents:

- *A willingness to work together*
- *A complete health history*
- *Medical orders*
- *Medications (with appropriate signed permission and delivered to school per school policies)*

Support from students:

- *A willingness to work together*
- *Responsibility for personal care (as appropriate based on developmental level)*
- *Understanding of allergens, signs and symptoms*
- *A willingness to seek help as needed*

Support from school administrators:

- *A willingness to work together*
- *A strong allergy management policy and program*
- *Collaboration to create a safe learning environment*
- *Support for the need for care plans in the school setting*
- *Time in schedule to write care plans*

Resources & References:

National School Boards Association. (2011). *Safe at school and ready to learn: A comprehensive policy guide for protecting students with life-threatening food allergies*. Retrieved from <http://www.nsba.org/Board-Leadership/SchoolHealth/Food-Allergy-Policy-Guide.pdf>

NY State Department of Health, NY State Education Department, NY Statewide School Health Services. (2008) *Caring for students with life-threatening allergies*. Retrieved from <http://www.schoolhealthservicesny.com/uploads/Anaphylaxis%20Final%206-25-08.pdf>

School Nurse's Notes:

Let's Talk



Prevention

What steps do you take at home to prevent allergic reactions?

Responses will be unique for each family.

Strategies to prevent allergic reactions at home include:

Insect Sting allergies:

- *Wear light-colored clothing, wear clean clothing daily*
- *Avoid soaps, shampoos and deodorants that are heavily perfumed*
- *Avoid planting flowering plants*

Latex allergies:

- *Avoid having latex products in the home – some common sources of latex include:*

<i>Balloons</i>	<i>Elastic on clothing</i>	<i>Rubber bands/toys</i>
<i>Bath mats</i>	<i>Pacifiers</i>	<i>Glue</i>
<i>Bandages</i>	<i>Condoms</i>	<i>Diaphragms</i>

Food allergies:

- *Decide if the family is planning to ban the food allergen from the home. If not:*
 - *Label all foods containing the allergen*
 - *Make sure other family members, babysitters, or other caregivers are made aware of the risks in the home.*
- *Learn to read food labels*
- *Avoid cross-contact when preparing and storing foods*

Resources & References:

NIOSH (National Institute for Occupational Safety and Health). (2013). *Fast facts: Protecting yourself from stinging insects*. [Publication No. 2010–117]
Retrieved from <http://www.cdc.gov/niosh/docs/2010-117/>

Fairview Health Services. (2013). *Avoiding latex*. Retrieved from <http://www.fairview.org/HealthLibrary/Article/82555>

Food Allergy Research & Education. (2013). *Managing food allergies at home*. Retrieved from <http://www.foodallergy.org/managing-food-allergies/at-home>

School Nurse's Notes:

Let's Talk



Prevention

What part of being at school concerns you most with your (or your child's) allergy?

Responses will be unique to each student and parent.

There are many areas of concern that students and parents may have when it comes to being at school. There are many opportunities in the school setting for a student to come in contact with their allergen.

Strategies for parents and students to reduce their anxiety about coming to school with an allergy:

Parents -

- *Parents should be encouraged to talk with other parents about how they've managed their child's allergy at the school their child is attending*
- *Find a time to talk to the school nurse to discuss anxieties and look at school policies and protocols in place to manage food allergies in the specific school their child is attending*
- *Work with the school nurse to develop the Emergency Care Plan for their student*

Student -

- *Communicate concerns or fears about allergy management or issues in school*
- *Identify emergency care procedures and participate in the development of your Emergency Care Plan*

- *Create a list of school staff members who can assist you when experiencing allergy symptoms or in the event that you feel that you are being bullied*
- *Work with the school nurse to learn to take as much responsibility as possible to manage your allergy independently – learn to be empowered in your own care*

Resources & References:

Acebal, M. (2011). *Safe@school with food allergies: Back to school guide for parents*. Retrieved from

<http://www.kidswithfoodallergies.org/resourcespre.php?id=81&>

NY State Department of Health, NY State Education Department, NY Statewide School Health Services. (2008) *Caring for students with life-threatening allergies*. Retrieved from

<http://www.schoolhealthservicesny.com/uploads/Anaphylaxis%20Final%206-25-08.pdf>

School Nurse's Notes:

Question Time



Prevention

What is the only way to prevent an allergic reaction?

There is no medicine or treatment that is available to prevent a food allergy reaction.

The only way to prevent an allergic reaction is to avoid the allergen (the food or substance that the child is allergic to).

Prevention is a shared responsibility.

NASN's information page titled, "Preventing Allergic Reactions" offers these strategies:

Food Allergies:

- *Know a child's specific food allergen(s)*
- *Read food labels*
- *Avoid cross-contact with other foods*

Insect Sting Allergies:

- *Avoid areas with insects*
- *Stay away from "scents"*

Latex:

- *Be aware of products with latex*

Resources & References:

National Association of School Nurses. (2012) *Preventing allergic reactions.*

Retrieved from

http://www.nasn.org/portals/0/resources/GetTrained_tools_handout.pdf

School Nurse's Notes:

Saving Lives at School: *Anaphylaxis and Epinephrine*

Action Item



Prevention

List three ways to prevent an exposure to an allergen.

1. _____
2. _____
3. _____

Responses will vary based on a student's allergen(s). There are many appropriate answers to this question, but the following thoughts could be included in the conversation:

Latex allergies:

- *Be aware of the latex content in school supplies and be sure to use erasers, rubber bands and other supplies that are latex free*
- *Request that school celebrations use mylar balloons instead of latex balloons*
- *Check with the school nurse to be sure the school has latex free bandages and gloves*

Insect Sting allergies:

- *Be aware of wooded areas near sports and playground areas to avoid areas where stinging insects may be more prevalent*
- *Check on risk factors for insect stings on field trips*
- *Ask other students and faculty to avoid heavily scented personal products when planning outside activities, i.e. field day*

Food allergies:

- *Discuss cafeteria accommodations to arrange to have an "allergy safe" environment*

- *Request that all classroom snacks and instructional materials be "allergy safe" and not include allergens*
- *Avoid sharing food in the cafeteria, classroom and on field trips.*

Resources & References:

NIOSH (National Institute for Occupational Safety and Health). (2013). *Fast facts: Protecting yourself from stinging insects*. [Publication No. 2010–117] Retrieved from <http://www.cdc.gov/niosh/docs/2010-117/>

Fairview Health Services. (2013). *Avoiding latex*. Retrieved from <http://www.fairview.org/HealthLibrary/Article/82555>

Food Allergy Research & Education. (2013). *Managing food allergies at home*. Retrieved from <http://www.foodallergy.org/managing-food-allergies/at-home>

School Nurse's Notes:

Action Item



Prevention

If you have a food allergy, how often should you check the product label on a food item that you eat regularly?

Legislation has been passed called the Food Allergen Labeling and Consumer Protection Act (FALCPA). It requires the Food and Drug Administration (FDA) to regulate the labeling the ingredients of most foods. Labels on food items are required to list all ingredients and the food source names of all ingredients. An example of how the label should now read is:

“Example: Contains Wheat, Milk and Soy.”

FARE – Food Allergy Research and Education advises that while FALCPA has made it easier to identify allergens in foods, that families and students should read all of the labels on food packages each time – carefully. Companies can change their ingredients and food preparation methods at any time and the only way to be sure a food item is appropriate to consume is to be vigilant about checking for ingredients in each food item.

Resources & References:

U.S. Food and Drug Administration (2013). *Food allergies: What you need to know about food facts*. Retrieved from

<http://www.fda.gov/food/resourcesforyou/consumers/ucm079311.htm>

Food Allergy Research & Education. (2013). *Food labels*. Retrieved from

<http://www.foodallergy.org/food-labels>

School Nurse's Notes:

Saving Lives at School: *Anaphylaxis and Epinephrine*

School Nurse Reflection



Prevention

What school personnel do you need to train in allergen prevention strategies?

What work do you need to do to make your school “allergy safe”?

A few questions to guide your thinking:

- *Who are the unique personnel in your school building?*
- *Who supervises your students?*
- *Who uses your building when staff and students aren't present?*

Every member of the school team needs to be trained in allergen prevention strategies – it takes everyone to keep the school environment safe for students at risk for a life-threatening allergic reaction.

Possible staff members that should be trained:

- *Teachers and Paraeducators*
- *Food service personnel*
- *Administrators – District and Building*
- *Aides (Teacher, Bus, etc.)*
- *Specialists*
- *Coaches / Athletic Director*
- *Bus drivers*
- *Custodians*
- *After School Employees / Volunteers/Substitutes*

Resources & References:

Lee, J. & Pistiner, M. (2011). *Staff training: Food allergies in school – What staff need to know*. Retrieved from <http://www.allergyhome.org/schools/>
NY State Department of Health, NY State Education Department, NY Statewide School Health Services. (2008) *Caring for students with life-threatening allergies*. Retrieved from <http://www.schoolhealthservicesny.com/uploads/Anaphylaxis%20Final%206-25-08.pdf>

School Nurse's Notes:

Let's Talk



Epinephrine Administration

Where do you carry and store your epinephrine autoinjector?

Epinephrine, most often seen in the form of an autoinjector, should be stored at room temperature with limited exposure to light, heat and moisture. It is best to keep it in any protective covering (tube, etc.) that it comes in until it is time to use the autoinjector.

The best place for an epinephrine autoinjector is within easy accessibility to the student that may need it. Students who are developmentally ready should carry their autoinjector with them. As the school nurse, it is important to assess a student's readiness to manage their medication (including the access that other students may have to the medication) and their ability to self-medicate as needed.

Remind students and parents to check their epinephrine autoinjector expiration date regularly and renew their prescription promptly when the medication expires.

Places it is not advised to store an epinephrine autoinjector:

- Bathroom
- Car glove compartment or console
- Refrigerator

Resources & References:

Sicherer, S. & Mahr, T. (2010). Management of Food Allergy in the School Setting. *Pediatrics*, 126(6), 1232-12396. doi: 10.1542/peds.2010-2575
American Society of Health-System Pharmacists. (2013). *Epinephrine injection*. Retrieved from <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603002.html#storage-conditions>

School Nurse's Notes:

Let's Talk



Epinephrine Administration

Have you had to give an epinephrine autoinjector to yourself or someone else?

Describe the experience.

Responses will be unique to each student and parent.

Every student's and parent's experience will be unique to them. It is important for the school nurse to actively listen to them to allow them to express their feelings. Many school nurses work to grab every opportunity to educate their clientele on any number of issues – medication administration, allergen avoidance or school policies and protocols – but there is a time to just listen. While the school nurse is often pressed for time, as the school nurse develops the art of listening for concerns and feelings, a trusting relationship will develop between the caregiver and the client.

"Active listening" is a skill to be learned and practiced.

The Four Rules of Active Listening are:

- 1. Seek to understand before you seek to be understood*
- 2. Be non-judgmental*
- 3. Give your undivided attention to the speaker*
- 4. Use silence effectively*

Resources & References:

Nichols, H & Baum, S. (2013). *A guide for helping adolescents manage stress.* [Publication No. 20522-0132]. Retrieved from <http://www.state.gov/m/a/os/65759.htm>

School Nurse's Notes:

Question Time



Epinephrine Administration

What is the medication of choice for anaphylaxis?

In their position statement, the American Academy of Asthma, Allergy and Immunology states:

“Epinephrine has long been regarded as the treatment of choice for acute anaphylaxis. Alternative treatments - such as antihistamines, sublingual isoproterenol, inhaled epinephrine, and corticosteroids without epinephrine - have failed to prevent or relieve severe anaphylactic reactions. It is therefore inappropriate to use them for the first-line treatment or prevention of anaphylaxis.”

Epinephrine should be administered by the intramuscular route to the lateral thigh for maximum absorption.

Dosing:

- **Adult dosing:**
 - 0.1 – 0.5 mg IM q 5 – 15 min. PRN
 - Auto-injectors: 0.3 mg
- **Pediatric dosing:**
 - 15 – 30 kg (<66 lbs) – 0.15 mg IM x1 may repeat
 - > 30 kg (~ 66 lbs) – 0.3 mg IM x1 may repeat
 - Healthcare providers can offer guidance as to when the student should move from the lower dose to the higher dose based on weight and other factors

If there is no response to first dose of epinephrine, it is appropriate to allow for an additional dose in 5 to 20 minutes.

Resources & References:

Sicherer, S. & Mahr, T. (2010). Management of Food Allergy in the School Setting. *Pediatrics*, 126 (6), 1232-12396. doi: 10.1542/peds.2010-2575
National Association of EMS Physicians (2011). The use of epinephrine for out-of-hospital treatment of anaphylaxis. *Prehospital Emergency Care*, 15 (4): 544

School Nurse’s Notes:

Question Time



Epinephrine Administration

How long can you wait to give epinephrine after symptoms of anaphylaxis appear?

Epinephrine should be injected as soon as the student feels that they are experiencing a serious allergic reaction or the school nurse assesses that they are experiencing anaphylaxis. It is important to know your school district's protocols, as in some school districts, school nurses are advised to administer a student's prescribed epinephrine immediately if a child with a known allergy is exposed to their allergen, whether or not symptoms are present. It's important to be familiar with not only state and local protocols, but also the individual student's medical orders to know when to administer epinephrine.

It is vital that epinephrine is given without delay when a student is experiencing a significant allergic reaction. A delay in the administration of epinephrine when a student is experiencing an anaphylactic reaction can increase both morbidity and mortality.

Epinephrine has an impressive safety profile and there are no contraindications for its use.

Students and parents should discuss epinephrine administration issues with the medical provider to be sure they have the best guidance possible as related to their individual health condition and allergy.

Resources & References:

Sicherer, S. & Mahr, T. (2010). Management of Food Allergy in the School Setting. *Pediatrics*, 126 (6), 1232-12396. doi: 10.1542/peds.2010-2575
National Association of EMS Physicians (2011). The use of epinephrine for out-of-hospital treatment of anaphylaxis. *Prehospital Emergency Care*, 15 (4), 544
Medline Plus. (2012). *Epinephrine injection*. Retrieved from <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603002.html>

School Nurse's Notes:

Question Time



Epinephrine Administration

After an epinephrine autoinjector is given, what action should you take?

Epinephrine administration is the first step in managing an anaphylactic episode, and emergency medical services should be accessed when epinephrine is administered.

A student receiving epinephrine for a life-threatening allergic reaction should be taken to an emergency department following treatment. It is advisable that an ambulance be called as the student may have a resurgence of symptoms, even following treatment with epinephrine, and need additional care. A parent driving the student to the hospital may become distracted by their child's medical condition and be unable to drive, or put themselves and their child at risk for a motor vehicle accident.

It is important to remind parents of the following:

- *If proper action isn't taken, anaphylaxis can be fatal*
- *Students can have a bi-phasic reaction – their symptoms can reappear hours later without another exposure to the allergen (advise parents not to leave their child at home alone and return to work)*
- *The medical providers at the hospital can observe the child and be sure that they are stable, or provide additional treatment as needed as allergic reactions can be unpredictable.*

Resources & References:

Sicherer, S. & Mahr, T. (2010). Management of Food Allergy in the School Setting. *Pediatrics*, 126 (6), 1232-12396. doi: 10.1542/peds.2010-2575
American Academy of Allergy, Asthma & Immunology. (2013) *Anaphylaxis quiz*. Retrieved from <http://www.aaaai.org/conditions-and-treatments/allergies/anaphylaxis/anaphylaxis-quiz.aspx>

School Nurse's Notes:

Action Item



Epinephrine Administration

How many epinephrine autoinjectors should you have? Why?

The American College of Asthma, Allergy and Immunology states:

- *Be sure to have **two doses** [of epinephrine] available, as the severe reaction may reoccur. If you've had a history of severe reactions, take epinephrine as soon as you suspect you've eaten an allergy-causing food, or if you feel a reaction starting.*
- *Epinephrine should be used immediately if you experience severe symptoms such as shortness of breath, repetitive coughing, weak pulse, generalized hives, tightness in the throat, trouble breathing/swallowing, or a combination of symptoms from different body areas such as hives, rashes, or swelling on the skin coupled with vomiting, diarrhea, or abdominal pain.*

Students may not respond to the initial dose of epinephrine, or have a resurgence of symptoms for up to 72 hours without any further exposure to their allergen, so the school nurse or parent should be prepared to administer a second dose of epinephrine in 5 to 20 minutes. This would necessitate having two doses of epinephrine available for the student.

Resources & References:

- American College of Asthma, Allergy & Immunology. (2013). *When to use an epinephrine autoinjector*. Retrieved from <http://www.acaai.org/allergist/allergies/Types/food-allergies/Pages/epinephrine-auto-injector.aspx>
- National Association of EMS Physicians (2011). The use of epinephrine for out-of-hospital treatment of anaphylaxis. *Prehospital Emergency Care*, 15 (4), 544
- American Society of Health-System Pharmacists. (2012). *Epinephrine injection*. Retrieved from <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603002.html>

School Nurse's Notes:



Epinephrine Administration

Where is epinephrine stored in your school? Is it accessible?

What issues arise in your unique setting regarding epinephrine storage and administration?

How will you solve any issues that need attention?

The school nurse is the leader in the school setting to determine the safe storage of epinephrine and other medications. Each health office setting is unique and provides unique challenges and opportunities. It is vital that the school nurse know the laws, regulations and guidelines that apply to medication storage and administration in her/his own state.

Questions for the school nurse to consider:

- *Are you able to access epinephrine for students quickly and easily during an emergent event?*
- *Is the medication secure? Is it easy for you to retrieve, but out of the easy reach of students?*
- *Is epinephrine easily available for you to respond everywhere within your school? Does the building layout allow for easy access?*
- *How will you resolve any problems you have storing your epinephrine autoinjectors in the health office?*
 - *Do you need additional medication storage equipment?*
 - *Do you need administrative support to accomplish what you need to?*
 - *How do other school nurses in your school district or state manage their medication storage issues?*

Resources & References:

- National Association of School Nurses. (2012) *Medication administration in the school setting* [Position statement:]. Retrieved from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/86/Medication-Administration-in-the-School-Setting-Amended-January-2012>
- National Association of School Nurses. (2012) *Allergy/anaphylaxis management in the school setting* [Position statement:]. Retrieved from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/9/Allergy-Anaphylaxis-Management-in-the-School-Setting-Revised-June-2012>

School Nurse's Notes:

Let's Talk



Living with Allergies

How can you help other people around you understand your allergy?

Responses will be unique to each student and parent.

School nurses can help students and parents learn to talk to the other people in their lives about their allergy – this is a strong step in the prevention of accidental exposures to an allergen. Some strategies for helping parents and students begin these important conversations with others may include:

- *If you have a latex allergy, you could talk to families about creating a colorful page of pictures of everyday items that depict their allergens. They can use this to show people and talk about potential exposure issues.*
- *Wearing a medical alert bracelet or other jewelry can assist a student in bringing the attention to others about their allergen.*
- *For food allergies, Food Allergy Research & Education has two programs that are helpful:*
 - *Be a PAL: Protect a Life from Food Allergies*
This program helps teach a child's peers how to avoid an allergen exposure and how to deal with a reaction
 - *Kids Ask Alexander*
This book series helps children understand food allergy management and the feelings that go along with having food allergies.

Resources & References:

American College of Allergy, Asthma & Immunology. (2010). *Latex allergy*.

Retrieved from <http://www.acaai.org/allergist/allergies/Types/latex-allergy/Pages/default.aspx>

Food Allergy Research & Education. (2013). *Resources for kids*. Retrieved from

<http://www.foodallergy.org/resources/kids>

School Nurse's Notes:

Let's Talk



Living with Allergies

Have you ever been bullied because of your food allergy?

Responses will be unique to each student and parent.

Dr. Gene Cash defines the two main characteristics of bullying as:

- 1. Its repetitive nature,*
- 2. The implicit imbalance of power between the bully and the victim.*

School staff has a responsibility to address bullying in any form for any child, but the fact that bullying a student by exposing him or her to an allergen can create a life-threatening situation requires special attention.

Food Allergy Research & Education has a program titled, "It's Not a Joke" that addresses food allergy bullying. They offer the following strategies to prevent and deal with bullying:

- Encourage open communication*
- Teach kids the skills they need to stand up to bullies*
- Recognize the signs of bullying, be vigilant in watching for signs of bullying*
- If your child is being bullied, be calm and assure him or her that you're going to help*
- Encourage all school health support staff and administration to offer educational programs about food allergies and bullying*
- Set up a buddy system*

School nurses should help make school a safe and welcoming place for all students.

Good resources for information on bullying include:

www.stopbullying.gov and

<http://www.violencepreventionworks.org>

Resources & References:

American College of Allergy, Asthma & Immunology. (2010). *Bullying and food allergy: What can allergists do?* Retrieved from

<http://www.acaai.org/allergist/Resources/letters/Pages/BullyingandFoodAllergyWhatCanAllergistsDo.aspx>

Food Allergy Research & Education. (2013). *Tips for preventing and addressing food allergy bullying.* Retrieved from

<http://www.foodallergy.org/document.doc?id=192>

School Nurse's Notes:

Let's Talk



Living with Allergies

What do you want other people to know about your food allergy?

Responses will be unique to each student and parent. Ask the student and parent to talk about what is important to them and what they want to share with others.

There are valuable resources available to help parents and students begin conversations with those around them:

- *Schoolallergyhome.org:*
 - *School Food Allergy Education Table: Content Tailored to Specific Groups*
<http://www.allergyhome.org/schools/food-allergy-education-for-specific-audiences/>
- *KidsHealth.org: Explanations in age appropriate language*
 - *Kids:*
http://kidshealth.org/kid/ill_injure/sick/food_allergies.html
 - *Teens:*
http://kidshealth.org/teen/food_fitness/nutrition/food_allergies.html
 - *Parents:*
http://kidshealth.org/parent/centers/foodallergies_center.html

Resources & References:

- Lee, J. & Pistiner, M. (2011) *Food allergy education table*. Retrieved from <http://www.allergyhome.org/schools/food-allergy-education-for-specific-audiences/>
- Dowshen, S. (2012). *Kids: Food allergies*. Retrieved from http://kidshealth.org/kid/ill_injure/sick/food_allergies.html
- Stewart, S. (2012). *Teens: Food allergies*. Retrieved from http://kidshealth.org/teen/food_fitness/nutrition/food_allergies.html
- Dowshen, D. (2012). *Parents: Food allergies*. Retrieved from http://kidshealth.org/parent/medical/allergies/food_allergies.html?tracking=91070_A#

School Nurse's Notes:

Question Time



Living with Allergies

What medical provider cares for you regarding your allergy? Do you see an allergist?

Responses will be unique to each student and parent.

Many students and parents will first see their pediatrician or primary healthcare provider when faced with allergy symptoms. Many school nurses become aware of a student's allergy either when the parent visits the school Health Office to discuss their student's allergy, or when the healthcare provider notes the diagnosis on the school physical or health form. This is a good opportunity for the school nurse to open a conversation about the possibility of the student seeing an allergist.

The American College of Asthma, Allergy and Immunology offers the following information:

Why an allergist? An allergist is a doctor specially trained and experienced in the diagnosis and treatment of allergic diseases and related conditions. These include asthma, hay fever, sinusitis, rashes, hives and certain kinds of allergic reactions to foods, insect stings and drugs.

Two tools to help families find an allergist:

- *American Academy of Allergy, Asthma & Immunology – Find an Allergist/Immunologist:
<http://aaaai.execinc.com/edibo/FindAnAllergist>*
- *American College of Asthma, Allergy and Immunology – Find an Allergist/Find Relief:
http://www.acaai.org/allergist/Pages/locate_an_allergist.aspx*

Resources & References:

American College of Asthma, Allergy & Immunology. (2010). *Allergy treatment*. Retrieved from <http://www.acaai.org/allergist/allergies/Treatment/Pages/default.aspx>

American College of Allergy, Asthma & Immunology. (2010) *Find an allergist/immunologist*. Retrieved from <http://aaaai.execinc.com/edibo/FindAnAllergist>

American College of Asthma, Allergy & Immunology. (2010). *Find an allergist. find relief*. Retrieved from http://www.acaai.org/allergist/Pages/locate_an_allergist.aspx

School Nurse's Notes:

Question Time



Living with Allergies

True or False. Giving epinephrine when it's not needed will hurt you.

False.

First, it's important to frame this question within the larger picture of allergy management and emergency response at school by saying that it is vital that each student with a prescription for epinephrine have an emergency care plan written by the school nurse. This guides the school health staff, school staff members and others in the proper dosage and treatment for a student at risk for anaphylaxis.

Epinephrine has an impressive safety profile and has been shown to be safe to use, especially when administered intramuscularly, which is the route of administration of an epinephrine auto-injector. There are no absolute contraindications to the administration of epinephrine.

Epinephrine should be given at the first sign of symptoms after exposure to a known allergen. In the community setting, there is often a delay in its administration, which can lead to fatal results. Physicians should always instruct their patients to err on the side of administering epinephrine if they are concerned that they may need it, rather than waiting too long. The school nurse can and should reinforce this teaching.

Resources & References:

Robinson, J. & Ficca, M. (2012). Managing the student with severe food allergies. *Journal of School Nursing, 28*(3), 187-194. doi: 10.1177/1059840511429686.

National Association of EMS Physicians (2011). The use of epinephrine for out-of-hospital treatment of anaphylaxis. *Prehospital Emergency Care, 15* (4), 544

Sicherer, S. & Mahr, T. (2010). Management of Food Allergy in the School Setting. *Pediatrics, 126* (6), 1232-12396. doi: 10.1542/peds.2010-2575

School Nurse's Notes:

Saving Lives at School: *Anaphylaxis and Epinephrine*

Action Item



Living with Allergies

Use an epinephrine trainer to practice giving a dose of epinephrine to yourself.

It's important for school nurses to work with students, parents and school staff to be sure that the people that are responsible for the student with an allergy can respond or assist in an emergency as needed. Learning how to use an epinephrine autoinjector can save the student's life.

NASN has a program to train school staff called, "Get Trained". It provides the school nurse with all of the materials needed to train school staff to administer an epinephrine autoinjector. The program can be accessed at:

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

There are two main epinephrine autoinjectors on the market at this time and both have training videos that can be found on their website:

- EpiPen® - <http://www.epipen.com/How-to-Use-EpiPen>
- Auvi-Q® - <http://www.auvi-q.com/auvi-q-demo>

A generic brand will be on the market soon:

<http://epinephrinepen.com/>

Training devices are available from manufacturers of epinephrine auto-injectors for practice – it's important to have one for each brand of autoinjector in the school Health Office.

Resources & References:

National Association of School Nurses. (2012). *Get trained*. Retrieved from <http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis/GetTrained>

EpiPen.com. (2013). *How to use epipen*. Retrieved from <http://www.epipen.com/How-to-Use-EpiPen>

Auvi-Q.com. (2013) *Watch and learn*. Retrieved from <http://www.auvi-q.com/auvi-q-demo>

School Nurse's Notes:

Action Item



Living with Allergies

Why is it important to wear a medical alert bracelet (or other jewelry)?

It is vital that the school team work together to create a safe environment for a student who is at risk for a life-threatening allergic reaction. Communication is key as there are many different people that interact with a student on any given day – and even on the day that they may experience an anaphylactic episode.

A medical alert bracelet or other identifying jewelry can assist when a student is in a variety of situations, including those where a substitute teacher or bus driver is responsible for the student.

As the school nurse educates all staff on the signs and symptoms of anaphylaxis and teaches the staff on how to read food labels, an important expected outcome is that the staff will know how to react in the event of a reaction. The student can wear a medical alert bracelet at all times to identify their allergy – whether food, latex or insect stings – to assist in those around the student in reacting quickly in the event of an emergency.

Resources & References:

Robinson, J. & Ficca, M. (2012). Managing the student with severe food allergies. *Journal of School Nursing, 28*(3), 187-194. doi: 10.1177/1059840511429686.

School Nurse's Notes:

Action Item



Living with Allergies

What are resources that you can use to find out more information about your allergy?

There is a lot of information on the internet related to allergies – be sure to work with your parents to determine what information is evidence-based and valuable to consider. Some websites to recommend include:

- *NASN: Online Food Allergy and Anaphylaxis Tool Kit*
<http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis>
- *Centers for Disease Control and Prevention (CDC):*
Food Allergies: <http://www.cdc.gov/healthyouth/foodallergies/>
Insect Stings: <http://www.cdc.gov/niosh/docs/2010-117/>
Latex Allergy: <http://www.cdc.gov/niosh/docs/98-113/>
- *Food Allergy Research & Education (FARE):*
<http://www.foodallergy.org/tools-and-resources/getting-started>
- *Allergy & Asthma Network: Mothers of Asthmatics:*
<http://www.aanma.org/category/basics/allergy-basics/>
- *KidsHealth.org:*
<http://kidshealth.org/>
- *Kidswithfoodallergies.org:*
<http://www.kidswithfoodallergies.org/resourcesnew.php>
- *Schools at Allergyhome.org:*
<http://www.allergyhome.org/schools/>

Resources & References:

- National Association of School Nurses. (2011). *Food allergy and anaphylaxis: An online tool kit*. Retrieved from <http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis>
- Centers for Disease Control and Prevention. (2012) *Food allergies in schools*. Retrieved from <http://www.cdc.gov/healthyouth/foodallergies/>
- NIOSH (National Institute for Occupational Safety and Health).. (2010). *Fast facts: Protecting yourself from stinging insects*. [Publication No. 2010–117] Retrieved from <http://www.cdc.gov/niosh/docs/2010-117/>
- NIOSH (National Institute for Occupational Safety and Health). (2012). *Latex allergy: A prevention guide*. Retrieved from <http://www.cdc.gov/niosh/docs/98-113/>
- Food Allergy Research & Education. (2013). *Tools & Resources*. Retrieved from <http://www.foodallergy.org/tools-and-resources/getting-started>
- Allergy & Asthma Network: Mothers of Asthmatics. (2013). *Allergy basics*. Retrieved from <http://www.aanma.org/category/basics/allergy-basics/>
- Nemours. (2013). Retrieved from <http://kidshealth.org/>
- Allergy and Asthma Foundation of America. (2011). *Parent resources: Food allergy information*. Retrieved from <http://www.kidswithfoodallergies.org/resourcesnew.php>
- Lee, J. & Pistiner, M. (2011). *Food allergy tools for schools*. Retrieved from <http://www.allergyhome.org/schools/>

School Nurse's Notes:



Living with Allergies

How do you think a parent of a child with a life-threatening allergy feels when they bring their child to your school for the first time?

Responses will be unique in each individual situation. There is anxiety anytime a parent sends a child to a new school and they enter an unknown situation. This is magnified for the parent who is concerned about preventing an allergen exposure for their child.

Eleanor Garrow, the mother of a child with multiple severe allergies shares her thoughts:

“My son, Thomas, is allergic to peanuts, all tree nuts, wheat, milk, and sesame. It’s always a worry sending your child off to school, regardless, but sending a child with life-threatening food allergies is a constant worry, every day. No parent wants to receive that call from school notifying them that their child has had an allergic reaction, let alone an anaphylactic reaction. It’s a worry that I wanted to put at ease as much as possible.

When Thomas was ready to start Kindergarten, I wanted to be sure that school staff were educated on food allergy management in the school setting and trained on how to administer epinephrine in case of an anaphylactic reaction. I worked closely with the school nurse to develop a food allergy action plan and an Individualized Healthcare Plan (IHP) in case of an emergency. The school nurse and I educated school staff on food allergy management, how to recognize signs and symptoms of an allergic reaction, and how to properly administer epinephrine via an epinephrine autoinjector.

Knowing that all the staff were properly educated by the school nurse and myself helped ease my worry. It gave me great comfort that my son was going to have a positive learning experience in a safe and included environment. He had a wonderful Kindergarten year, and we owe it to the school nurse and his teacher.”

School Nurse’s Notes:

Let's Talk



Home and School

How has your experience been when talking to people at school about your allergy?

Responses will be unique to each student and parent.

The following emotions can be present in a child with an allergy that may need to be managed in school:

- | | |
|--------------------------------------|---|
| <i>Exclusion</i> | <i>Social isolation</i> |
| <i>Anxiety/fear</i> | <i>Nervousness</i> |
| <i>Depression</i> | <i>Fears of rejection/embarrassment</i> |
| <i>Irritability and "melt downs"</i> | <i>Resentment and anger</i> |
| <i>Risk-taking behavior</i> | <i>Bullying</i> |
| <i>Disordered eating behaviors</i> | <i>Obsessive-compulsive behaviors</i> |

Ask the student and parent which staff members they want to have information about the student's allergy at school. Discuss the following options of people who should be informed and educated in the school setting:

- | | |
|---------------------------------|----------------------------------|
| <i>Students</i> | <i>Teacher(s)</i> |
| <i>Special Area Teachers</i> | <i>School Psychologist</i> |
| <i>School Counselor</i> | <i>Paraprofessional Staff</i> |
| <i>Food Service Personnel</i> | <i>Coaches/Athletic Director</i> |
| <i>Transportation Personnel</i> | <i>Other School Staff</i> |

Remind the student and parent that they have the right to "respectful confidentiality" balanced with the concern that certain school staff have a legitimate educational need to know about life-threatening health issues. Allow time for the student and parent to share feelings in a confidential setting.

Resources & References:

- Food in Schools Committee. (2010) *Caring for students with food allergies in school*. Retrieved from [http://www.lcps.org/cms/lib4/VA01000195/Centricity/Domain/63/Food_Allergies/Food Allergies_School.pdf](http://www.lcps.org/cms/lib4/VA01000195/Centricity/Domain/63/Food_Allergies/Food_Allergies_School.pdf)
- NY State Department of Health, NY State Education Department, NY Statewide School Health Services. (2008) *Caring for students with life-threatening allergies*. Retrieved from <http://www.schoolhealthservicesny.com/uploads/Anaphylaxis%20Final%206-25-08.pdf>

School Nurse's Notes:

Let's Talk



Home and School

Are you comfortable at school?

Responses will be unique to each student and parent.

It is important to allow this conversation to go where the student's and parent's feelings direct the talk. This can be a very vulnerable question for the school nurse to ask as it has the potential to open up a variety of issues and emotions. This question speaks to the creation of a safe and welcoming school environment for students at risk for anaphylaxis and valuable insight can be gained from actively listening to the student and parent.

Kidswithfoodallergies.org highlights the Safe@School Program that states that the key to maintaining an open dialogue is frequent, calm, confident communication.

School climate makes a difference to students with life-threatening allergies. School climate has been defined as:

- *The sum of the values, cultures, safety practices, and organizational structures within a school that cause it to function and react in particular ways. (ACSD, 2013)*

Ask the student and parent about your school's climate – and be prepared to talk about how it can be changed to be an environment that will increase the comfort levels for students and parents dealing with allergy management every day of the school year.

Resources & References:

Asthma and Allergy Foundation of America. (2007). *Food allergy resources.*

Retrieved from

<http://www.kidswithfoodallergies.org/resourcespre.php?id=81&>

ACSD. (2013). *School culture and climate.* Retrieved from

<http://www.ascd.org/research-a-topic/school-culture-and-climate-resources.aspx>

School Nurse's Notes:

Question Time



Home and School

Who is your contact person at school when it comes to allergy issues and concerns?

Responses will be unique to each student and parent.

The Safe@School Program acknowledges that it takes the cooperation and care of the entire school team to keep a child with an allergy safe at school.

In your conversation with the student and parent, discuss who the student feels comfortable talking about their allergy with and determine who would be the key people at school to contact in the following situations:

- *Where is the student's epinephrine autoinjector stored at school?*
- *Who can assist in raising the awareness of others in the school setting?*
- *Who can help assess if an outdoor location may put the student at risk for an insect sting?*
- *Who can help identify possible sources of latex in the classroom?*
- *Who can help assess if the student can have a food at school? Who can help identify ingredients in food items in the classroom? In the cafeteria?*
- *Who can assist in reading a food label?*
- *Who can help recognize the signs and symptoms of an allergic reaction?*
- *Who can help if the student feels that they are being bullied? (Acebal, 2011)*

Consider identifying a core team of school professionals who can respond to the needs of a student at risk for anaphylaxis.

Resources & References:

- Acebal, M. (2011). Safe@school with food allergies: Back to school guide for parents. Retrieved from <http://www.kidswithfoodallergies.org/resourcespre.php?id=81&>
- Food Allergy and Anaphylaxis Network. (2010). *Managing food allergies in the school setting: Guidance for parents*. Retrieved from <http://www.foodallergy.org/document.doc?id=123>
- Food Allergy Research & Education. (2010). *School guidelines for managing students with food allergies*. Retrieved from <http://www.foodallergy.org/document.doc?id=135>

School Nurse's Notes:

Question Time



Home and School

True or False. When you are unsure of what to do about a situation that may cause you to be exposed to your allergen, you should keep quiet.

False.

The student with an allergy should tell an adult immediately if they think that they have been exposed to something that they are allergic to.

Any allergen exposure for a student with a history of a severe allergy can become a life-threatening situation, and the student should seek medical and nursing assistance immediately.

Guidance varies regarding the administration of epinephrine in the situation where there has been an exposure to a known allergen, but there are no symptoms of anaphylaxis present. Some guidance suggests that epinephrine should be given even before symptoms appear and other direction advises waiting for the appearance of symptoms. A sound recommendation is that individuals should err on the side of injecting epinephrine instead of potentially waiting too long to give this life-saving medication.

Instruct the student: "When in doubt, get help".

Resources & References:

Food Allergy Research & Education. (2010). *School guidelines for managing students with food allergies*. Retrieved from

<http://www.foodallergy.org/document.doc?id=135>

Sicherer, S. & Mahr, T. (2010). Management of Food Allergy in the School Setting. *Pediatrics*, 126(6), 1232-12396. doi: 10.1542/peds.2010-2575

School Nurse's Notes:

Action Item



Home and School

How can home and school work together to make field trips a safe experience?

Food Allergy Research & Education suggests the following field trip tips for parents:

- *Keep track of upcoming trips – the more time you have to plan the better.*
- *Work as a team with your child’s teacher(s) to keep your child safe.*
- *Role-play with your child about what to do if they have a reaction.*
- *Teach your child to alert an adult if they feel they are having symptoms. Teach them to be persistent if needed.*
- *Debrief with the teacher after the field trip. (FARE, 2013)*

Tips for the school nurse:

- *Ask teachers to inform the Health Office of any field trip two weeks in advance to allow for time to make arrangements and interact with the student and the parent.*
- *Send the student’s Emergency Care Plan with school staff on the field trip (ask the parent to sign the plan as a sign of the existing partnership).*
- *Provide medication for the field trip per local school district policy and state medication policies and guidance.*
- *Check on field trip site for presence of known allergens.*
- *Debrief with the parent and student following the field trip. What went well? What could be improved?*

Resources & References:

Food Allergy Research & Education. (2013). *Field trip tips*. Retrieved from <http://www.foodallergy.org/managing-food-allergies/at-school/field-trips>
NY State Department of Health, NY State Education Department, NY Statewide School Health Services. (2008) *Caring for students with life-threatening allergies*. Retrieved from <http://www.schoolhealthservicesny.com/uploads/Anaphylaxis%20Final%206-25-08.pdf>

School Nurse’s Notes:

Saving Lives at School: *Anaphylaxis and Epinephrine*

Action Item

Home and School



Write down three people who can be a support to you with allergy management.

1. _____
2. _____
3. _____

Responses will be unique to each student and parent.

Each student, each parent and each school setting will elicit different and unique responses. In an earlier Connection Card, the team of school professionals (and peers) who could be educated and be a support person to the student with the allergy included:

<i>Students</i>	<i>Teacher(s)</i>
<i>Special Area Teachers</i>	<i>School Psychologist</i>
<i>School Counselor</i>	<i>Paraprofessional Staff/Health Aides</i>
<i>Food Service Personnel</i>	<i>Coaches/Athletic Director</i>
<i>Transportation Personnel</i>	<i>Other School Staff</i>

Encourage the development of trusting relationships with those that are identified as potential support people in the school setting. Offer to be of assistance in creating this support system for the student and parent at school.

Resources & References:

NY State Department of Health, NY State Education Department, NY Statewide School Health Services. (2008) *Caring for students with life-threatening allergies*. Retrieved from <http://www.schoolhealthservicesny.com/uploads/Anaphylaxis%20Final%206-25-08.pdf>

School Nurse's Notes:



How can home and school work together in a better way to make it easier to be at school with an allergy?

NASN's resource "What School Nurses Need to Know about Parents of Children with Food Allergies" can be translated to parents of students with any allergy. School nurses can decrease the stress and anxiety of parents of children with allergies through several approaches:

- *Implementing evidence based strategies to preventing allergen exposure and preparing school personnel to respond to anaphylaxis; acknowledging parents' concerns*
- *Emphasizing that the school takes the allergy seriously*
- *Suggest opportunities for parents to decrease their social isolation and to connect with other parents*
- *Arrange with the school social worker means to seek financial assistance and support for the student/family*

Parents may be able to verbalize that the school recognizes the unique stressors and burdens they experience, and that the planning process and communication has enhanced their trust that the school is prepared for their child's safety, has eased their anxiety and created a positive health and learning environment for their child.

School nurses are in a unique position to coordinate care, partner with parents, educate all school staff and create safe and healthy environments for students at risk for anaphylaxis.

Resources & References:

National Association of School Nurses. (2010). *What school nurses need to know about parents of children with food allergies*. Retrieved from <http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis>

School Nurse's Notes:

Saving Lives at School: *Anaphylaxis and Epinephrine*

The Saving Lives at School Connection Cards are a tool that has been prepared for use by school nurses by the National Association of School Nurses (NASN) through an unrestricted grant from Mylan Specialty.

For more information and resources, please go to the Food Allergy Online Tool Kit from the National Association of School Nurses at www.nasn.org ⇒ Tools and Resources ⇒ Food Allergy and Anaphylaxis.

Resources on the NASN website include:

- *Anaphylaxis Planning Algorithm*
- *Anaphylaxis Provision of Care Algorithm*
- *Get Trained - a program for school nurses to train school staff to administer an epinephrine autoinjector*
- *School Nurses: Partnering to Avoid & Respond to Anaphylaxis Video Series*
- *Epinephrine Resource School Nurse Program – find a school nurse in your state to provide you with guidance and answers to your questions about epinephrine administration in the school setting*
- *Checklists and Allergy Management Resources for use in the school setting*

**The National Association of School Nurses (NASN)
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