Anaphylaxis is a severe allergic reaction involving the respiratory symptom and leading to circulatory shock. It is caused when a person is exposed to an allergen. The initial reaction may cause localized itching and swelling but then rapidly spreads over the body systems like a rash or hives over the skin, swelling of the face, mouth, and throat, intense itching, a feeling of nervousness or worry, and among others, loss of consciousness. Common allergens that may cause anaphylaxis include but are not limited to: animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat. A severe, life threatening, allergic reaction usually occurs quickly, within minutes to hours. Prior to their first anaphylactic reaction, most people are unaware of the significance of their allergy. Prevention and early recognition and management of allergic reactions are vitally important to prevent anaphylactic shock. Henrico County Public Schools (HCPS) recognizes that students with life threatening allergies attend school and in accordance with the Food, Allergy, and Anaphylaxis Network (FAAN) provide an allergy safe environment to minimize the chance of anaphylactic reactions. HCPS Policy, Regulations, and School Health Guidelines, below, define this process.

Policy 06-09-002 Health Services- At least two school board employees, in addition to school health personnel, shall be trained to use and administer stock epinephrine for any student believed in good faith to be having an anaphylactic reaction.

Regulation 06-09-002 Health Services- Pursuant to an order or standing protocol issued by the prescriber, and within the course of professional practice a school nurse, or any school board employee who is authorized and trained in the administration of epinephrine, may possess and administer epinephrine. A school nurse or an employee of a school board, authorized by a prescriber and trained in the administration of epinephrine, who provides, administers, or assists in the administration of epinephrine to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

References: Code of Virginia §22.1-274.2 Possession and self-administration of inhaled asthma medications and epinephrine by certain students or school board employees.; Code of Virginia §54.1-3408. Professional use by practitioners.; Code of Virginia §8.01-225. Persons rendering emergency care...exempt from liability.
# Preventing Anaphylaxis in School

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### REFERENCES (page 26)
Guidelines (Revised August, 2012)

1. HCPS shall partner with Henrico County Health Department to prescribe stock epinephrine for the school division to be administered to any student believed to be having an anaphylactic reaction on school grounds when school is in session. HCPS shall purchase and provide at least two (2) doses of, weight appropriate, auto-injectable epinephrine for each school building, to be administered by a school nurse or employee of the school board who is authorized and trained in the administration of epinephrine. The Code of Virginia §8.01-225 provides civil protection for employees who are appropriately trained to administer epinephrine.

2. Parents/guardians of students who have a known condition requiring the use of epinephrine shall provide the school with written instructions from the students’ health care provider for managing anaphylaxis and shall provide all necessary medications for implementing the student specific order on an annual basis or more often as needed.

3. Annually, building level administrators shall identify at least two employees, in addition to the school nurse and/or clinic attendant, to be trained prior to the first day of school in the administration of epinephrine. Only trained personnel who have demonstrated proficiency in the administration of epinephrine may administer medication to a student. Trained personnel may administer stock epinephrine to students believed to be having an anaphylactic reaction. Training shall be conducted annually and more often as needed.

4. Stock epinephrine shall be stored in an unlocked, easily accessible yet secure, central, dark location, at room temperature (59-86 degrees Fahrenheit). School Health staff shall inspect and track stock epinephrine for expiration dates, discoloration, temperature, or compromise on a weekly basis and order doses when required. “Report of Anaphylactic Reaction” is required within 24 hours after each incident requiring the use of epinephrine (stock or individual).

Guideline 1: APPLICATION OF POLICY

(a) HCPS shall partner with Henrico County Health Department to prescribe stock epinephrine for the school division

The Supervisor of School Health Services will establish this partnership and request written orders from the Director of Henrico County Health Department, annually during the summer.
Guideline 1 (continued)

(b) to be administered to any student believed to be having an anaphylactic reaction

The medical order is written for any student experiencing symptoms of anaphylaxis. This medical order provides civil protection for use on students, likewise in the Code of Virginia, § 54.1-3000, The Laws Governing the Practice of Nursing and Health Professions require the order of an authorized prescriber prior to the administration of medications and/or treatments.

(c) on school grounds when school is in session.

Stock epinephrine is intended for use on school premises and should not be carried offsite. Student specific epinephrine should be provided by the parent/guardian for administration during the school day, but also for field trips, after school activities, and before school activities. Rationale: the law provides civil protection for the epinephrine to be administered by trained personnel and requires that two school personnel are trained. It is unlikely that the trained personnel will be available for all before school, after school, and field trip activities. Likewise, stock epinephrine is to be used for the general student population, not individual field trips or activities. Parents/guardians are reminded to bring student specific epinephrine for students who have a diagnosis of severe allergy.

(d) HCPS shall purchase and provide at least two (2) doses of, weight appropriate, auto-injectable epinephrine for each school building.

HCPS will procure two doses of weight appropriate, auto-injectable epinephrine in each school building. Students 33-66 pounds may need up to two doses of the required 0.15mg epinephrine and students greater than 66 pounds may need up to two doses of the required 0.3 mg epinephrine per incident. All elementary schools and all schools with at least one student less than 66 pounds must store a total of four (4) auto-injectable units (two 0.15mg and two 0.3 mg doses).

(e) to be administered by a school nurse or employee of the school board who is authorized and trained in the administration of epinephrine.

The building level administrator shall notify the registered nurse of at least two employees, in addition to School Health Staff, to be trained as first responders in the administration of epinephrine by auto-injector by the first day of school.
Guideline 1 (continued)

(f) The Code of Virginia §8.01-225 provides civil protection for employees who are appropriately trained to administer epinephrine.

i. Only trained personnel who have demonstrated proficiency in the administration of epinephrine, as determined by the registered nurse, may administer this medication to a student believed to be having an anaphylactic reaction.

ii. Training shall be conducted annually or more often by the registered nurse.

Guideline 2: AUTHORIZATION

(a) Parents/guardians of students who have a known condition requiring the use of epinephrine shall provide the school with written instructions from the students’ health care provider for managing anaphylaxis and shall provide all necessary medications for implementing the student specific order on an annual basis or more often as needed.

i. Stock epinephrine is not intended to replace epinephrine for students with known anaphylaxis. The diagnosis of anaphylaxis must be determined by the physician and epinephrine should be provided by the parent/guardian prior to the first day of school or promptly after diagnosis. Parent/guardian, school, student, and health team should collaborate and come to consensus in determining the most appropriate plan for preventing anaphylaxis on the bus, field trips, sporting events, extracurricular activities, and school related events.

ii. All medications will be provided as described in the Henrico County Medication Policy and will be accompanied by a Food Allergy Emergency Care Plan. The Epi-pen® and the Twin Jet® are the most common emergency medications given to children during an anaphylactic reaction and should be replaced by the parent annually and prior to expiration.

<table>
<thead>
<tr>
<th>Documentation Required for Nursing Intervention at School</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Over-the-counter medication</strong> (3 days or less)- parent brings unopened bottle to school, completes medication permissions, nurse must follow labeled directions. Four days or more and/or off labeled use requires a doctor’s order.</td>
</tr>
<tr>
<td><em>Prescription medication</em>- parent brings pharmacy labeled bottle, with doctor’s orders, parent completes medication permissions, permission to talk to physician if needed, nurse must follow labeled directions, medication count must be completed upon receipt of the medication.</td>
</tr>
<tr>
<td><strong>Emergency Action Plan</strong>- for students who have potentially life threatening health conditions (asthma, anaphylaxis, seizures, etc.), physician completes the form, parent signs for consent, parent signs permission for the nurse to talk to the physician if needed, the nurse reviews the plan, signs and provides written and/or verbal instruction to need-to-know TEAM (teachers, cafeteria, etc.)</td>
</tr>
</tbody>
</table>
**Guideline 3: TRAINING REQUIREMENTS**

(a) Annually, building level administrators shall identify at least two employees, in addition to the school nurse and/or clinic attendant, to be trained prior to the first day of school in the administration of epinephrine.

   At the minimum, in each school the following members of the Health Team shall be trained prior to the first day of school: registered nurse, a clinic attendant/aide, and two clinic back-ups who are designated by the principal.

(b) Only trained personnel who have demonstrated proficiency in the administration of epinephrine may administer stock epinephrine to a student believed to be having an anaphylactic reaction.

   i. Training shall be conducted by a registered nurse, according to the most recent version of Virginia Department of Education’s Manual for Training Public School Employees in the Administration of Medication regarding the following procedures: administration of medication, administration of stock epinephrine, identified student health conditions as needed, emergency care, and clinic first aid by the first day of school.

   iii. Proficiency is demonstrated by the successful completion of the “Nurse Education Checklist” and the “Staff Training Checklist” contained in this manual.

(c) In addition, the registered nurse shall facilitate an Anaphylaxis Educational Presentation, annually.

   The registered nurse shall present an annual inservice/educational presentation to all school faculty/staff by October 1, annually. It is recommended that the nurse present the Anaphylaxis Educational Presentation along with the annual mandated Bloodborne Pathogen Training.

(d) All training documentation shall be submitted to School Health Services by October, annually.

   Documentation of the clinic attendant/aide training, back-up training, general staff anaphylaxis educational training, and Bloodborne Pathogen Training shall be submitted to School Health Services, by October 1, annually.

(SEE “NURSE EDUCATION” AND “STAFF TRAINING” CHECKLIST IN BACK)
Guideline 4: STORAGE AND MANAGEMENT

(a) Stock epinephrine shall be stored in an unlocked, easily accessible yet secure, central, dark location, at room temperature (59-86 degrees Fahrenheit).

The location and accessibility of the stock epinephrine is important to carry out an effective plan. The nurse shall secure the stock Epi-pen in the emergency bag that is accessible in the clinic during the school day and secure when school is not in session. Store school phone number, school address, epinephrine directions, “Report of Anaphylactic Reaction,” and a pen, with the stock epinephrine.

(b) School Health staff shall inspect and track stock epinephrine for expiration dates, discoloration, temperature, or compromise on a weekly basis and order doses when required.

Auto-injectable epinephrine expires annually and it is the responsibility of the nurse and/or clinic attendant to monitor and track expiration dates. Carefully track and monitor epinephrine for expiration dates, discoloration, temperature, or compromise on a weekly basis using the “Epinephrine Log.” A generator should be used in case of power outages, periods of extreme temperatures, and consideration should be given prior to shutting down heat/air to conserve energy. Pre-order epinephrine prior to expiration dates and discard expired doses. Document the monthly inspection of epinephrine and replace discolored (unclear) epinephrine and/or units with solid particles. **HCPS will maintain 5-10 additional units of epinephrine for replacement of used epinephrine. Expired epinephrine will be exchanged prior to the start of the new school year and will be disposed of at the time of exchange.**

(c) The “Report of Anaphylactic Reaction” is required within 24 hours after each incident requiring the use of epinephrine (stock or individual).

Medical documentation is required after each anaphylactic incident. Documentation includes the completion and submission of the **“Report of Anaphylactic Reaction”** (contained in this manual) within 24 hours of the incident. Likewise, the incident shall be documented on the student’s Clinic Visit Record.

**(SEE “STOCK EPINEPHRINE CHECKLIST” IN BACK)**
**Anaphylaxis 9-1-1**

**STEP 1**

<table>
<thead>
<tr>
<th>Recognize Common Allergens</th>
<th>but not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Dander (ex. cats)</td>
<td>Eggs</td>
</tr>
<tr>
<td>Fish</td>
<td>Insect venom (ex. bee stings)</td>
</tr>
<tr>
<td>Latex</td>
<td>Medications</td>
</tr>
<tr>
<td>Milk</td>
<td>Peanuts</td>
</tr>
<tr>
<td>Shellfish</td>
<td>Soy</td>
</tr>
<tr>
<td>Tree nuts (ex. pecans)</td>
<td>Wheat</td>
</tr>
</tbody>
</table>

Tip: Watch out for non-food items and items made with allergens.
- Arts and craft materials
- Cleaning products
- Toys
- Plants
- Projects

**STEP 2**

<table>
<thead>
<tr>
<th>Recognize Common Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudden difficulty breathing, wheezing</td>
</tr>
<tr>
<td>Hives, generalized flushing, itching, or redness of the skin</td>
</tr>
<tr>
<td>Swelling of the throat, lips, tongue; tightness/change of voice; difficulty swallowing</td>
</tr>
<tr>
<td>Tingling sensation, itching, or metallic taste in mouth</td>
</tr>
<tr>
<td>Feeling of apprehension, agitation</td>
</tr>
</tbody>
</table>

**(Continued on Next Page)**

**STEP 3**

**ADMINISTER EPINEPHRINE**

**NOTICE SYMPTOMS**

Arrive at the scene with your stocked emergency bag. Note the student’s symptoms and determine if an anaphylactic reaction is occurring.

*At any time: Provide rescue breathing if the student stops breathing and CPR if the student's heart stops beating.*

**SOMEONE CALL 9-1-1**

**ALONE**- Give epinephrine before calling 9-1-1. If unable to give epinephrine, yell for help and call 9-1-1. Tell EMS that “anaphylaxis is suspected.”

**NOT ALONE**- Directly tell one person to call 9-1-1 and to tell EMS that “anaphylaxis is suspected” appoint another person to notify school administration and the parents that 9-1-1 was called.

**RIGHT DOSE**

Epinephrine can be given based on an estimation of the individual’s weight. Do not waste time seeking precise weight.

The **average 9 year old (3rd or 4th grade) is 66 lbs.**

Anaphylaxis can cause DEATH within minutes to hours from the exposure. It is safer to give epinephrine with one symptom rather than delay treatment, even if the allergen is not known.
Anaphylaxis 9-1-1

(Continued)  

**STEP 3**

<table>
<thead>
<tr>
<th>GIVE EPI</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Remove pen from tube</td>
<td></td>
</tr>
<tr>
<td>• Remove blue cap</td>
<td></td>
</tr>
<tr>
<td>• Jab orange tip into outer thigh muscle (through clothes if necessary)</td>
<td></td>
</tr>
<tr>
<td>• Hold for 10 seconds while the medication is delivered noting the time of delivery.</td>
<td></td>
</tr>
<tr>
<td>• Stay with the individual until EMS arrives.</td>
<td></td>
</tr>
<tr>
<td>• Keep the individual either lying down or seated.</td>
<td></td>
</tr>
<tr>
<td>• If they lose consciousness, check if they are breathing and have a pulse. If not, begin CPR and continue until the individual regains a pulse and is breathing or until EMS arrives and takes over.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REPEAT IN 5-15 MIN.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Epinephrine is fast acting, but only lasts 5-15 minutes. A second dose of epinephrine may be required if symptoms continue. Note the time of the second administration if it is needed.</td>
<td></td>
</tr>
</tbody>
</table>

*Stay with the individual until EMS arrives, continuing to follow the directions above and below.*

**STEP 4**

<table>
<thead>
<tr>
<th>AFTER CARE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INJECTION SITE</strong></td>
<td>Remove the needle, massage the injection area for 10 seconds, stay with the student and monitor him/her until EMS arrives.</td>
</tr>
<tr>
<td><strong>WHEN EMS ARRIVES</strong></td>
<td>Due to the possibility of a later, more severe reaction (biphasic) the student must be seen by a physician and monitored under a physician’s care for several hours. Provide EMS with the used epinephrine labeled with the student’s name, date, and time(s) given. Send the epinephrine to the hospital with the student.</td>
</tr>
<tr>
<td><strong>REPORT</strong></td>
<td>Complete and submit the “Report of Anaphylactic Reaction” and order the replacement stock epinephrine by notifying School Health Services, right away.</td>
</tr>
<tr>
<td><strong>PARENT FOLLOW-UP</strong></td>
<td>Upon return to school, the parent shall provide an Emergency Anaphylaxis Action Plan if there is not one already on file and all emergency medication prescribed by the medical provider (medications should be labeled and turned in with proper medication forms). Debrief to discuss the incident and possible needs for improvement.</td>
</tr>
</tbody>
</table>

*Advise parents/guardians to promptly let the student’s primary care physician know about the episode of suspected anaphylaxis.*

SEE “REPORT OF ANAPHYLACTIC REACTION” IN BACK
Managing Anaphylaxis

Recognize the Common Anaphylaxis Symptoms
- Sudden difficulty breathing, wheezing
- Hives, generalized flushing, itching or redness of the skin
- Swelling of the throat, lips, tongue; tightness/change of voice; difficulty swallowing
- Tingling sensation, itching or metallic taste in the mouth
- Feeling of apprehension, agitation

Does the student have a known allergy (food, latex, insects, etc)?

NO

• Determine proper dose of epinephrine.
• Administer epinephrine per standing order. Note the time and dose given.
• Manage airway, monitor circulation, start CPR as necessary.
• Call 911. Advise anaphylaxis suspected and epinephrine was given.
• Call School Nurse/Administration and advise of situation.
• Direct someone to call parent/guardian.

YES

Repeat dose after 5 to 15 minutes if symptoms persist.
• Stay with and monitor individual until EMS arrives.
• Provide EMS with used epinephrine auto-injector labeled with name, date, and time given to take to hospital with the student.

Does the student have an Emergency Action Plan readily available?

NO

• Make sure parents/guardians notified to follow up with private physician.
• Complete incident documentation.

YES

Implement the Health Plan accordingly.

• EMS transports the student to the hospital even if symptoms subside. 911 must be summoned and the student must be evaluated by a physician.

Source: Virginia Department of Education, 2012
# Process for Obtaining Health Services in School

<table>
<thead>
<tr>
<th>PARENT/CHILD</th>
<th>BUILDING ADMINISTRATOR</th>
<th>SCHOOL HEALTH</th>
<th>TEACHER/AIDES/COACH/CAFETERIA/TRANSPORTATION/SUBSTITUTES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communicate Health Needs</strong></td>
<td>Ensure a two way communication device is available for school health, teaching staff, and cafeteria. Refer parents to School Health staff as necessary. Include School Health staff in medical/health IEP's and 504 meetings.</td>
<td>Annually, review Health Histories, prior Health Plans, and follow up with referred parents/students. Leave notes for the clinic substitute, communicate Health Plans with appropriate staff.</td>
<td>Refer students/parents to School Health staff as needed by informing the parent and nurse/clinic attendant. Create a substitute file to ensure they are aware of classroom health conditions. Provide a list of students in after school activities, sports, etc. to School Health Staff. Request and review sports physicals, allergies, etc. and notify school nurse/clinic attendant as needed. Notify school nurse/clinic attendant of bus changes for students with health needs.</td>
</tr>
<tr>
<td><strong>Written Documents</strong></td>
<td>Collaborate in the development of the Emergency Allergy Action Plan. Complete the Medical Consent Form so that school health staff may be able to communicate with the acting physician if required.</td>
<td>Ensure that student health concerns are considered when planning and carrying out emergency plans, drills, safety plans, codes, and similar school activities.</td>
<td>Review and organize Emergency Health Plans, keep confidential. Consider- referring the child to the Child Study Team if the child’s condition is not manageable in the typical school environment or if the student’s education is being affected by the health condition.</td>
</tr>
<tr>
<td><strong>Medications/Treatments/Interventions</strong></td>
<td>Parent/guardian supplies written medical order for medications and/or treatment. The parent provides unexpired medication/treatment per physician order.</td>
<td>Ensure the least restrictive acceptable environment is available for all students. Mediate to ensure collaboration in determining accommodations meet needs of school environment and family (see Index).</td>
<td>Ensure the classroom/bus/ cafeteria/after school environment is safe for your students by assuring acceptable accommodations are available to provide a safe environment. Learn who, when, where and why interventions are needed for your student. This may include, but is not limited to: classroom/bus food restrictions and/or limitations, frequent hand washing, cleaning, giving medications, calling 9-1-1, and various other accommodations (see Index). Provide a list of after school activities, field trips or bus changes as needed (to all who need to know).</td>
</tr>
<tr>
<td><strong>Teach Child About Their Condition As It Applies To Daily Life Activities, School, The Community.</strong></td>
<td>Teach staff to adhere to preventative safety and health policies. Ensure students, parents, patrons and staff also follow policies. Allow time for School health staff to educate staff and/or students and parents about such topics.</td>
<td>Teach staff how to handle school related medical emergencies and develop a specific written student plan when health needs require daily intervention. In addition submit the names of two employees who are annually trained as clinic back-ups, in CPR, and the administration of epinephrine.</td>
<td>Educate students regarding general health measures, like: hand washing, covering their cough, regarding specific health conditions that affect students in the school/classroom/bus/ cafeteria (ensure confidentiality), keeping hands to themselves, not sharing food and/or drink, telling an adult in an emergency, advocating for oneself, reporting bullying, and acceptance strategies.</td>
</tr>
</tbody>
</table>
Parent Responsibility

- Notify the Registered Nurse prior to the beginning of the new school year of any medical changes (allergies, triggers, warning signs, etc.) during the year.
- Meet with those needed to carry out your child’s Emergency Allergy Action Plan (i.e., student, parent, teachers, cafeteria manager, cafeteria monitor, bus driver, coaches, and others who need to know about the child’s allergies. Make provisions for safe art supplies and science labs, review vending machine options, etc.)
- Provide the school with emergency contact information (cell, work, home, pager, email, others) and update this as needed.
- Provide the nurse with a signed Emergency Allergy Action Plan, medication orders, and permission to consult with the provider regarding this medical issue. Review of the plan is required on an annual basis.
- Parents provide all necessary supplies, medications, and treatments for their child’s use at school.
- Provide the child or school with epinephrine or other medications (per physician’s order, must not be expired)- two are preferred.
- Provide a medical alert bracelet for your child.
- Educate your child in the self-management of their allergy including: unsafe allergens, avoiding exposure, symptoms, telling an adult in an emergency, how to read labels.
- Encourage your child to advocate for him/herself.
- Provide a list of all allergens that are severe.
- Provide a list of safe foods for the classroom teacher.
- Provide a list of after school activities or bus changes as needed.
- Encourage your child to pack lunch with safe foods from home (even vending products may contain allergens).
- Work with the teacher to create a plan for unexpected food (treats).
- May request that information be provided to the classmates of the child with allergies.
- Request a meeting with your child’s school counselor if your child’s needs are not fully addressed by the Emergency Action Plan.
- Consider hand wipes (not sanitizer) when going on field trips.
- Ensure a field trip plan is in place, especially if you are unable to accompany the class on your child’s field trip.
- Establish open communication with all members of the Health Team and pertinent staff.
Teacher/Responsible Staff

- Participate in the development of the child’s Emergency Allergy Action Plan.
- Know and keep documentation of all of your students’ health conditions.
- Notify the clinic/RN in advance if you have a field trip and identify the approved staff or parent who is responsible for carrying and administering medication on the field trip. Ensure a communication device is on the field trip and that a designated person is trained for your class’s health needs.
- Provide a substitute folder that lists all health concerns and treatments pertinent to your student population in an obvious location within the classroom.
- Parents may request that you send home a letter to the classroom indicating that a child within the class has significant allergies. If requested, the letter is sent home at the beginning of the school year and outlines the allergies that should be avoided (see template).
- Inform parents of any events where food will be served and monitor and communicate ingredients.
- Follow the Emergency Allergy Action Plan.
- Enforce a no sharing food rule.
- Teach and enforce proper hand hygiene (hand sanitizer is not effective to remove allergens).
- Educate students on civil rights issues throughout the school year (bullying, isolation, harassment, etc.).
- Do not allow students experiencing symptoms of severe medical issues to go to the clinic alone.
- Review your Crisis Plan and guidelines for phoning 911 before the start of school and on an ongoing basis.
- Report to principal if commonly touched surfaces are not wiped daily.
- Discourage food in the classroom. If exceptions are made, ensure all food is store bought with affixed labels and is allergy safe.
- Refrain from using food (or other allergens) as a reward, in the classroom, and for teaching purposes. Parents and students must be notified in advance in the case of such events. This is important when students change classrooms.
- Check for hidden allergens in art supplies, teaching aids and for other allergens within the environmental.
- Notify the cafeteria monitor of food allergies (students with food allergies should not be assigned “helper duties” in the cafeteria).
- Request Child Study Meeting if the student needs rise to the level of 504 consideration. Ensure equal access.

School Nurse

- Identify all students with allergies by reviewing health histories that are submitted each year, reviewing the previous year’s Emergency Health Plans, and through parent notification. Provide a copy of the Section 504 Procedural Safeguards (on Health History Form) to parents who indicate their child has an allergy requiring emergency treatment.
- Ensure parents are contacted regarding the completion of the necessary forms (included within this packet).
- Meet with those needed to carry out the plan and ensure their understanding of the implementation of the plan (i.e.: student, parent, teachers, cafeteria manager, cafeteria monitor, bus driver, coaches, and others who need to know about the child’s allergies).
- Implement the Emergency Allergy Action Plan, which includes: student name, allergen, symptoms, prevention, and emergency response. 911 will be called immediately if epinephrine is administered to the student.
- Document all attempts to communicate with parents regarding the child’s health plan on the student’s Clinic Visit Record.
- Provide general anaphylaxis training to all school staff on an annual basis.
- Train two employees, designated by the principal, to administer stock and personal epinephrine when appropriate (check-off forms are included in this manual).
- Request a Child Study Meeting if the student needs rise to the level of 504 consideration.

(School Nurse Continued)...
School Nurse (continued)

• Provide a clinic substitute folder that lists all health concerns and treatments pertinent to the student population in an obvious location within the clinic.

• Follow the emergency response plan during emergencies and drills (i.e. Fire drills—take all emergency medications outside).

School Nutrition Manager

• Participate in the development of the child’s Emergency Allergy Plan.

• Follow sound food handling practices to avoid cross contamination with potential food allergens.

• Follow cleaning and sanitation protocol to avoid cross-contamination and thoroughly clean all kitchen workspace and utensils after each meal.

• Include student’s allergy information into computerized point of sale database to ensure that information comes up on the POS Terminal screen.

• Make all food labels/ingredient information immediately available to parents, school nurses, administrators, teachers, and others upon request.

• After receipt of Medical Statement for Children Requesting Special foods, Nutrition Services will make reasonable modifications as feasible for students with food allergies.

• Work with principal to designate an allergy safe zone or other accommodations as recommended by the student’s Emergency Allergy Action Plan.

• Train all food service staff and substitutes to be aware of foods that are frequently associated with life-threatening allergies.

• Provide a two-way communication device between the cafeteria and the clinic.

• Provide latex free gloves to all cafeteria staff if a student with a life-threatening allergy to latex has been identified.

• Participate in the development of the child’s Emergency Allergy Plan.

• Follow sound food handling practices to avoid cross contamination with potential food allergens.

• Follow cleaning and sanitation protocol to avoid cross-contamination and thoroughly clean all kitchen workspace and utensils after each meal.

• Include student’s allergy information into computerized point of sale database to ensure that information comes up on the POS Terminal screen.

• Make all food labels/ingredient information immediately available to parents, school nurses, administrators, teachers, and others upon request.

• After receipt of Medical Statement for Children Requesting Special foods, Nutrition Services will make reasonable modifications as feasible for students with food allergies.

• Work with principal to designate an allergy safe zone or other accommodations as recommended by the student’s Emergency Allergy Action Plan.

School Board/Administration

• Discourage food in classrooms.

• Discourage food from being used as a reward.

• Provide FAPE education to staff.

• Facilitate continuity and communication between all departments.

• Ensure appropriate policies—no bullying, anaphylaxis, emergency procedures, confidentiality.

• Ensure payment for epinephrine.

Cafeteria Monitor

• Know which student’s have allergies and follow the student’s health alert.

Transportation

• Provide a two-way communication device between the bus driver and dispatch.

• Know emergency protocol.

• Do not allow food consumption on the bus unless it is medically necessary (diabetes, low blood sugar, etc.).

• Do not give students food or drink.

• Promote an environmentally healthy atmosphere (clean, normal temperature, free of aerosol spray, etc.).

• Maintain First Aid skills.

• Bus drivers shall be made aware of students who have emergency medical issues and shall receive training based on the needs of the student.

• Transfer auto-injectable epinephrine from parent to school and back if warranted.

• Ensure that medications are not stored on the bus.

• Notify your supervisor of the health conditions on your bus and leave notes for substitute drivers in a folder stocked with directions for student health conditions.
**Student Responsibility**
- Know what you are allergic to and avoid allergens.
- Understand the symptoms of an allergic response.
- Notify an adult if you suspect an exposure to an allergen.
- Notify an adult if allergy symptoms appear.
- Do not eat foods if you are unaware of the ingredients.
- Do not share food or trade food.
- Wash hands before and after eating.
- Notify those around you of your special needs.
- Ask friends to assist with preventing an exposure.
- Report teasing or harassment.
- Carry your epinephrine if ordered and approved through the Health Team. In some incidences student may be approved to self administer.
- Wear emergency bracelet.

**School Administrator**
- Mandate and schedule annual allergy training and track attendance.
- **Ensure a two-way communication device is provided between rooms and clinic.**

**Custodian**
- Be aware of student food and environmental allergens which may cause anaphylactic reactions.

**Student Responsibility**
- Ensure substitutes are aware of medical issues within their classroom and clinic.
- Include life-threatening allergies in the crisis plan.
- Work with parent, cafeteria manager, student, and the nurse to determine the best seating accommodations in the cafeteria if needed.
- Ensure that frequently used surfaces are cleaned appropriately between meals.
- Ensure that health plans are effective, safe, and provide equal access to education.
- Ensure at least two staff members are trained in CPR and First Aid and report their names to School Health Services.
- Ensure that all students return updated health history and current phone numbers and back up numbers each year and as needed.
- Discourage food (or other allergens) from being used as a reward, eaten in the classroom, or used for teaching purposes.
- Help parents and teachers understand the right to equal access within the school setting.
- Request Child Study Meeting if the student needs rise to the level of 504 consideration.

**Counselor, Psychologist, Social Worker, OT/PT/Speech**
- Be aware of students within your school who have Emergency Allergy Action Plans.
- Monitor bullying, stress, anxiety, grades and other emotional issues that could be related to the medical diagnosis.
- Request a Child Study meeting if you believe that the students needs rise to the level of Section 504 considerations.

**Extracurricular**
- Identify students with allergies through contact with their parents and the student.
- Provide a two-way communication device between the coach and the office.
- Request training from the RN if an athlete has a life-threatening allergy.
- Ensure student has access to emergency medication if ordered.
- Ensure a first aid kit is at your disposal.
- Ensure that trained personnel are present at functions where the student is present.
RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

Pertaining to ____________________________

Name of Student ____________________________

Date of Birth ____________________________

I authorize ____________________________

To release/exchange confidential/cumulative information/reports checked below with:

[ ] Psychological
[ ] Sociological
[ ] Educational
[ ] Medical
[ ] Speech & Language
[ ] Occupational/Physical Therapy
[ ] Immunization Record
[ ] Individualized Education Program
[ ] Other:

Release effective from date written below unless revoked in writing

Date ____________________________
Signature of Parent/Guardian/Surrogate ____________________________

Students 18 years or older may authorize Release/Exchange of Information.
ALLERGY COVER SHEET

Date: ______________________

Dear _________________________

According to the information you submitted, the following “checked” information is needed in order to provide safe care for your child at school. (Please see the enclosed forms.)

☐ The enclosed Prescription Medication Form is completed by the parent and health care provider. Please ensure that a parent/guardian delivers the form and medication to the clinic as soon as possible.

☐ The enclosed Over-the-Counter Medication Form is completed by the parent. Please ensure that a parent/guardian delivers the form and new, unopened medication to the clinic as soon as possible.

☐ The enclosed Allergy Action Plan is completed by the health care provider, approved by the parent, and signed off by the school nurse. Please send the completed form to the clinic as soon as possible.

☐ Please provide two or more small pictures of your child to be kept in the child’s classroom folder, in the office, in the cafeteria, and in each resource room so staff can visualize your child with the Action Plan.

☐ The Release/Exchange of Information allows the school nurse to clarify the provider’s orders (if needed). Representatives of the school will not make changes to the plan of care without consulting the parent.

☐ Other(s): _________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

We welcome an opportunity to meet with you to discuss your child’s allergy. A physician’s diagnosis and assessment is required in order for a school nurse to carry out the plan of care. Additionally, parental consent to speak with the ordering health care provider is necessary for the school nurse to carry out the written medical orders. Please provide the above by ________________________.

   (date)

Sincerely,

____________________________________________
(School Nurse)

Contact#/Email: _______________________________
Emergency Allergy Action Plan
To be completed by Physician and signed by Parent and Physician

Name ________________________________________________________ D.O.B. _______________________
Allergy to: _____________________________________________________________
Weight: __________ lbs. Asthma: ☐ Yes (higher risk for a severe reaction, submit an asthma plan) ☐ No

Extremely reactive to the following foods: ____________________________________________________________

☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
☐ If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

*The severity of symptoms can quickly change. All symptoms below can potentially lead to a life-threatening situation.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:
LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing, hacking cough
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Many hives over body, itchy rash, and/or swelling about face or extremities

Or combination of symptoms from different body areas:
SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Nausea, vomiting, diarrhea, crampy pain

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort

Medications/Doses
Epinephrine (brand and dose): ________________________________________________________________

I have instructed the student in administering epinephrine. He should be able to carry and use it independently at school.

Antihistamine (brand and dose): _______________________________________________________________

Other (e.g., inhaler-bronchodilator if asthmatic): ________________________________________________

Monitoring Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

By signing this document I give permission for trained licensed and unlicensed school staff to administer medications as indicated above to my child. I give permission for School Health Services to speak to the physician or his office regarding this medical order.

Parent/Guardian Signature __________________________ Date ____________ Physician/Healthcare Provider Signature __________________________ Date ____________

TURN FORM OVER Form adjusted from that provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org)
EpiPen® (epinephrine) Auto-Injector Directions

- First, remove the EpiPen® (epinephrine) Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap
- Hold orange tip near outer thigh (always apply to thigh)
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.

Remove EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.

Auvi-Q™ (epinephrine injection, USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

- Pull off RED safety guard.
- Place black end against outer thigh, then press firmly and hold for 5 seconds.

Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions

- Remove GREY caps labeled "1" and "2."
- Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student’s physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts
Call 911 (Rescue squad: ___) - _____ 
Parent/Guardian: ___________________________ Phone: ___) - _____
Doctor: ___________________________ Phone: ___) - _____

Other Emergency Contacts
Name/Relationship: ___________________________ Phone: ___) - _____
Name/Relationship: ___________________________ Phone: ___) - _____

Trained Staff Members
1. ___________________________ Location ___________________________
2. ___________________________ Location ___________________________
3. ___________________________ Location ___________________________
HENRICO COUNTY SCHOOL NUTRITION SERVICES
EATING AND FEEDING EVALUATION
FOR CHILDREN WITH SPECIAL NEEDS

PART A

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>Age:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Name of School:</th>
<th>Grade Level:</th>
<th>Teacher:</th>
</tr>
</thead>
</table>

Does the child have a disability? If Yes, describe the major life activities affected by the disability. Yes | No

Does the child have special nutritional or feeding needs? Yes | No

If Yes, complete PART B and have it signed by a physician or nurse practitioner.

If the child is not disabled, does the child have special nutritional or feeding needs? Yes | No

If Yes, complete PART B and have it signed by a physician or nurse practitioner.

If the child does not require special meals, the parent can sign at the bottom and return the form to the School Nutrition Services office.

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 the child’s eating or feeding patterns (May write on back)

Parents Name: Signature: Date:

Address:

Home Phone: Work Phone: Cell Phone:

Physician or Nurse Practitioner Name: Signature: Date:

Office Phone Number:

PLEASE RETURN TO:
HENRICO SCHOOL NUTRITION SERVICES
3751A NINE MILE ROAD
HENRICO, VA 23223

PHONE: 804/226-5520 FAX: 804/226-8794

20 Parent
Sample of Parent Letter
(If Requested- Must Obtain Consent)

Dear Parents:

Some students in our classroom have adverse reactions to foods containing ______________________.
Simply touching or smelling these foods can cause them to have difficulty breathing and could cause a medical emergency.

As these allergies may be life threatening, I am asking for your help with the following:

1. Please do not send in snacks that contains this/these ingredients. Your child may bring in these items for lunch, as lunch is eaten in the cafeteria and not in the classroom. There are a variety of healthy snacks, such as yogurt, fruit, cheese sticks, raw vegetables, etc, which could be used as an alternative snack.
2. Please do not send foods containing this/these product for special enrichment activities, birthdays, or other celebrations.
3. If your child eats any food containing this/these product before school, please be sure they wash their hands prior to coming to school.
4. Please be sure that all lunches or foods containing this/these product be sent to school in an airtight, sealed container, i.e., zip-lock baggie or sealed plastic container.

Thank you for helping us to provide a safe learning environment for all of our students. If you have concerns or questions, please do not hesitate to contact the clinic and please always communicate with your child’s teacher.

Sincerely,

__________________________________________________________________

Section 504 Procedural Safeguards (see Health History Form)

Henrico County Public Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. To this end we want to inform you of your rights under Section 504 of the Rehabilitation Act of 1973, as amended. Persons who have a physical or mental impairment that noticeably restricts the condition, manner or duration under which he or she can perform at least one particular major life activity as compared to the condition, manner or duration under which the average person in the general population can perform the same major life activity qualify as disabled under Section 504. Impairments in remission or episodic are considered disabling if when active they substantially limit a major life activity. As such, qualifying persons are entitled to accommodations to assist them in gaining equal access to services and programs offered by Henrico County Public Schools. If you have any additional questions regarding your rights under Section 504, please contact your school’s counselor.
Prior to the first day of school, train clinic staff and two designated staff members on the following:

- Ensure the designee reviews the most recent copy of “Preventing Anaphylaxis in Schools.”
- Ensure selected staff understand that the law provides civil protection for employees who are trained to administer epinephrine to students while on school property, during the regular school day, and only by checked-off trained staff.
- Watch the following video, and point out that the US uses 911 instead of 999 as an emergency number: http://www.epipen.co.uk/patient/how-to-use-video.html
- Ask trainees to describe symptoms of anaphylaxis, treatment for anaphylaxis. Make sure they understand to NEVER delay treatment.
- Review and ensure understanding of the enclosed “Anaphylaxis 9-1-1” and “Report of Anaphylaxis” Guidelines that are included in this manual.
- Demonstrate how to use oral medication (if individually ordered for a student with anaphylaxis), epipen, and inhaler (if individually ordered for a student with anaphylaxis) and ask for a repeat demonstration of all that apply.

Set a date, prior to the end of September, to update all staff about “stock” epinephrine, its location, and who to call if they suspect student anaphylaxis. Consider adding this to your bloodborne pathogen training.

### Performance Criteria

<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>RN Demo Date/Initials</th>
<th>Designee Demo Date/Initials</th>
<th>Up-date Date/Initials</th>
<th>Up-date Date/Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Locate and verbalize understanding of how to read epinephrine/epinephrine auto-injector pen orders.</td>
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<tr>
<td>2. State storage location of epinephrine.</td>
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<tr>
<td>3. Locates injection site (s) to be used.</td>
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<td>4. Demonstrates accurate injection technique for either epinephrine from ampule or epinephrine auto-injector. (see below)</td>
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<td>5. States precautions/actions to take after epinephrine is administered; second injection may be necessary.</td>
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<td>6. Discuss proper disposal of medical supplies.</td>
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### Epinephrine Auto-Injector Pen

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<tr>
<th>Epinephrine Auto-Injector Pen</th>
<th>RN Demo Date/Initials</th>
<th>Designee Demo Date/Initials</th>
<th>Up-date Date/Initials</th>
<th>Up-date Date/Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pull off appropriate caps.</td>
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<tr>
<td>2. Place tip of injector on outer thigh.</td>
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<tr>
<td>3. Use a swing and jab motion and press hard into thigh.</td>
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<tr>
<td>4. Hold in place and count to 10 then remove and massage injection site for 10 seconds.</td>
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<tr>
<td>5. State would call 911 if it had not already been done.</td>
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<tr>
<td>6. State if symptoms do not improve after 10min., administer second dose if available.</td>
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</table>

Nurse Signature/Initials: ____________________________ Date: ______

Designee Signature/Initials: ____________________________ Date: ______

Note-use N/A if not applicable.

Check-offs done by first day of school. Form due by October 1, annually.
### Stock Epinephrine Checklist

**Personnel**
- Stock epinephrine is available in each school per the written orders of the Director of Health from Henrico Health Department and orders are updated annually.
- Administrator identifies two employees in addition to clinic staff to be trained to identify and give stock epinephrine if needed. Names of all trained staff members are in Crisis Manual and Sub Folder.
- The school nurse shall provide training in accordance with the Virginia Department of Education’s Manual for Training Public School Employees in the Administration of Medication.
- The school nurse shall train all faculty and staff regarding signs and symptoms of anaphylaxis, annually.
- The school nurse shall submit documentation of the two trained employees, the anaphylaxis educational session, and Bloodborne Pathogen Training prior to the month of October, annually.

**Medication**
- Expiration Date: ____________
- Weekly, initial and date the chart if stock epipens are fine (see check-off items to left). If not, mark “C” and explain on left.
- 2 Epipens and 2 Epipen Jr’s
- Discoloration
- Clear fluid
- Foreign Particles
- Compromised? Place a “C” in the box and explain here and notify School Health

<table>
<thead>
<tr>
<th></th>
<th>W1</th>
<th>W6</th>
<th>W11</th>
<th>W16</th>
<th>W21</th>
<th>W26</th>
<th>W31</th>
<th>W36</th>
<th>W41</th>
<th>W46</th>
<th>W51</th>
<th>W56</th>
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</table>

First and Last Name ____________  Initials ____________

**Location**
- Announce location, email location to staff, post location in clinic and office.
- Location unlocked, easily accessible, yet secure
- Location is central
- Location is dark, protected from light exposure
- 59-86 degrees F at all times

**Use**
- Emergency anaphylaxis drills are employed real-time or table-top at least annually.
- Stock epinephrine is intended for use during normal school hours and shall not be removed from the school site.
- Only proficient personnel trained using DOE’s Manual for Training Public School Employees in the Administration of Medication may administer stock epinephrine.
- A “Report of Anaphylactic Reaction” is completed and submitted to School Health Services within 24 hours after the reaction.
- The student’s “Clinic Visit Record” will reflect this event, too.
- Immediately order stock epinephrine after it is used by calling School Health Services.

**Parents**
- Parents provide for their own child’s medications, treatments, devices for use during the school day, field trips, or after school activities.
- Parents provide medical documentation and permissions annually.

**Others (Bus, Cafe., etc.)**
- Make arrangements for individual epinephrine as needed (consult with School Health and principal).
- Ensure that medications are not stored in extreme temperatures (ex., not on bus).
- Ensure that medications are stored in a secure location (ex., in clinic).
- Ensure a two-way communication device is available at all times.
- Notify your supervisor of the health conditions in your area in case a substitute is needed.
- Leave a substitute folder in your area with directions about your student’s health conditions.
- Student privileges may not be taken away until after a parent has been notified and the written plan has been changed.

---

**23 Training**
# Report of Anaphylactic Reaction

<table>
<thead>
<tr>
<th><strong>Demographics and Health History</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________________</td>
<td>Name of School: __________________________</td>
</tr>
<tr>
<td>DOB: _____________________________</td>
<td>Age: ___________________________</td>
</tr>
<tr>
<td>History of Allergy: ___Yes ___No</td>
<td>If known, specific type of allergy: __________________</td>
</tr>
<tr>
<td>If yes, was allergy plan available? ___Yes ___No</td>
<td>History of prior anaphylaxis: ___Yes ___No</td>
</tr>
<tr>
<td>Diagnosis or history of asthma? ___Yes ___No</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Medication and Plans</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Health Care Plan in place? ___Yes ___No</td>
<td></td>
</tr>
<tr>
<td>Emergency Health Plan in place? ___Yes ___No</td>
<td></td>
</tr>
<tr>
<td>Does the student have a specific order for epinephrine? ___Yes ___No</td>
<td></td>
</tr>
<tr>
<td>Source of epinephrine used: <em><strong>Student Specific <em><strong>Stock Epinephrine <em><strong>Other:</strong></em></strong></em></strong></em></td>
<td></td>
</tr>
<tr>
<td>Date of expiration of epinephrine used:____________________</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Administration of Epinephrine</strong></th>
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</thead>
<tbody>
<tr>
<td>Date of occurrence:______________</td>
<td>Time of occurrence: _______ am/pm</td>
</tr>
<tr>
<td>Vitals: Blood Pressure (if possible): __________</td>
<td>Pulse: __________</td>
</tr>
<tr>
<td>Suspected trigger: ___Food ___Insect <em><strong>Medication <em><strong>Latex <em><strong>Other:</strong></em></strong></em></strong></em></td>
<td></td>
</tr>
<tr>
<td>Specify suspected food, insect, medication, or other: __________________</td>
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</tr>
<tr>
<td>How did exposure occur? <em><strong>Ingested <em><strong>Inhaled <em><strong>Touched <em><strong>Other:</strong></em></strong></em></strong></em></strong></em>________</td>
<td></td>
</tr>
<tr>
<td>Location where symptoms began: <em><strong>Home <em><strong>Class <em><strong>Cafeteria <em><strong>Outside <em><strong>Bus <em><strong>Other:</strong></em></strong></em></strong></em></strong></em></strong></em></strong></em>____________________________________________</td>
<td></td>
</tr>
<tr>
<td>Describe the circumstances of the exposure: __________________________________</td>
<td></td>
</tr>
</tbody>
</table>

16. Check all that apply:

- **Respiratory**
  - Cough___
  - Difficulty Breathing___
  - Shortness of Breath___
  - Swollen Tongue___
  - Hoarseness___
  - Swollen Throat___
  - Wheezing___

- **Cardiac**
  - Fainting___
  - Low blood pressure___
  - Fast heart beat___
  - Bluish tent to skin___
  - Headache___
  - Chest discomfort___

- **Skin**
  - Rapid swelling___
  - Itching___
  - Rash___
  - Hives___
  - Lips swelling___
  - Pale skin___

- **GI**
  - Oral itching___
  - Nausea___
  - Diarrhea___
  - Swallowing___
  - Abdominal discomfort___

- **Other**
  - Sweating___
  - Vomiting___
  - Difficulty Breathing___
  - Metallic Taste___
  - Irritability___
  - Loss of Consciousness___

17. First dose of epi. **0.15mg or 0.3mg** (circle one). Site: upper **Right or Left** thigh (circle one).

   Date:_______ Time:________ Signature:________________________________________

   Second dose of epi. **0.15mg or 0.3mg** (circle one). Site: upper **Right or Left** thigh (circle one).

   Date:_______ Time:________ Signature:________________________________________
## Report of Anaphylactic Reaction

### Administration of Epinephrine

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>18. Location where epi. administered:</td>
<td>Clinic___ Classroom___ Outside___ Other (specify)__________</td>
</tr>
<tr>
<td>19. Location of epi. storage:</td>
<td>Clinic___ On student___ Other (specify)__________________</td>
</tr>
<tr>
<td>20. Epi. administered by:</td>
<td>RN___ Self___ Clinic Attendant___ Other (specify)__________</td>
</tr>
<tr>
<td>21. Parent/guardian notified of epi. administration:</td>
<td>Yes___ No___ Time:_______</td>
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<tr>
<td></td>
<td>By whom:__________________</td>
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</tbody>
</table>

### Disposition

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<tr>
<th></th>
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<tbody>
<tr>
<td>22. Advised parent/guardian to follow up with student's medical provider after released from hospital:</td>
<td>Yes___ No___</td>
</tr>
<tr>
<td>23. Biphasic reaction (reoccurrence of symptoms within 1-72 hours):</td>
<td>Yes___ No___ Unknown___</td>
</tr>
</tbody>
</table>

### School Follow-up

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>25. Provided parent/guardian with Emergency Action Plan with physician signature:</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>26. Provided parent/guardian with &quot;Release of Information&quot;:</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>27. Provided parent/guardian with &quot;Prescription or Over-the-counter Medication Form&quot; to be signed by the physician:</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>28. Requested medications from parent/guardian:</td>
<td>Yes No N/A</td>
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### Reorder

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<tr>
<td>25. Immediately report and order restock epinephrine by faxing this report to School Health Services at 804-343-6515:</td>
<td>Yes___ No___ Date when faxed:__________________________</td>
</tr>
<tr>
<td>26. How many adult Epipens were used:</td>
<td>_____</td>
</tr>
<tr>
<td>27. How many Epipen Jr.'s were used:</td>
<td>_____</td>
</tr>
<tr>
<td>28. Name of person completing form:</td>
<td>________________________________</td>
</tr>
<tr>
<td>29. Name of contact person:</td>
<td>________________________________</td>
</tr>
<tr>
<td>30. Contact phone number:</td>
<td>________________________________</td>
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<tr>
<td>31. Contact email:</td>
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### Supervisor Follow-up with Nurse

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<tr>
<td>32. Parent/guardian provides school with physician signed Emergency Action Plan:</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>33. Parent/guardian signs &quot;Release of Information&quot;:</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>34. Parent/guardian provides school with &quot;Prescription or Over-the-counter Medication Form&quot; that is signed by the physician:</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>35. Collect medications and ensure parent signs off on medication permission forms:</td>
<td>Yes No N/A</td>
</tr>
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</table>
References


