

## School Nurse Role & Responsibilities

Applicable laws and district policies:

- Federal Laws: ADA, IDEA, Section 504 of the Rehabilitation Act, and FERPA
- State Laws: Colorado School Children's Food Allergy and Anaphylaxis Management Act
- PSD Policies:
  - JLCD-Administering Medicine to Students/Asthma, Food Allergy and Anaphylaxis Health Management
  - PSD Guidelines for Students with Severe Food Allergies and Intolerances
  - ACE-Nondiscrimination on the Basis of Disability
  - JB-Nondiscrimination/Equal Educational Opportunities

### Identification of Students with Food Allergies

1. Develop a process to identify and support students with food allergies by providing health services in accordance with state and federal confidentiality laws. Strategies to identify students include K-12 registration, outreach through school newsletters, new or revised student health history forms, communication with local preschools etc.
2. Inform the parent/guardian of PSD's management of student's with food allergies process and policies, supply the appropriate medication forms and schedule a meeting to establish an individual allergy management plan.

### Individual Allergy Management Plans – HCAP and 504 Plans

1. Develop and implement a Health Care Action Plan (HCAP) and, if applicable, a 504 Plan to address the healthcare needs and accommodations of the student including building-wide, classroom and individual approaches to allergy management.
2. Identify a core team of, but not limited to, school principal, teachers, 504 coordinator, health tech, food service manager and child nutrition services, lunch room monitors, recess monitors, transportation staff, custodians, coaches and counselor to work with the parents/guardians and the student (age appropriate) to establish the individual HCAP or 504 Plan.
3. Provide input to the team about related district and school policies and procedures.
4. Inform parents and students of their procedural and due process rights.
5. Inform the team of the protocols for substitute staff responsible for students with food allergies. Contingency plans must be in place if a substitute cannot be trained to handle an emergency. (*refer to PSD sub training*)
6. Support, monitor and ensure the implementation of all aspects of the HCAP and 504 Plan. Arrange periodic follow-ups as often as necessary to review effectiveness of plan(s) and meet with parents on a regular basis to discuss issues relating to plan implementation.
7. Proposed changes or revisions to the plan(s) require notice to all team members and are to be made with team participation.
8. Maintain communication channels between all team members to address any changes in the student's diagnosis or school environment to ensure safety.
9. In the event of a reaction, debrief with the HCAP/504 team.
10. Once a semester, arrange a practice drill for an anaphylaxis emergency before an allergic reaction occurs to assure the efficiency and effectiveness of the plan(s).

### School Environments: Comprehensive and Coordinated Approach

1. Collaborate with essential staff to assess the school environment to identify and address possible allergen exposure risks and barriers to emergency treatment.
2. Educate and train staff as far in advance as possible when they are assigned a student with food allergies.

### Classrooms

Approximately 80% of allergic reactions at school take place in the classroom.

1. Discuss strategies to be implemented to reduce allergen exposure.
2. Coordinate with the teacher and parent to develop a lesson plan about food allergies and anaphylaxis in age appropriate terms or discuss ways to incorporate food allergy information into the curriculum. See link to Food Allergy Curricula Program  
[http://www.foodallergyawareness.org/education/school\\_curricula\\_program-2/](http://www.foodallergyawareness.org/education/school_curricula_program-2/)
3. Work with the principal, teacher, and parent to send an allergy letter home to all classroom parents, post signs outside or within classrooms to remind staff, students, volunteers and visitors that specified allergens are not permitted. (see appendix for sample letters)
4. Discuss with the parent the possibility of keeping the epinephrine auto-injector in the classroom.

### **Field Trips**

Field trips need to be chosen carefully, no student should be excluded due to risk of allergen exposure.

1. Collaborate with the teacher and parent to allow time for necessary preparation to address student specific needs.
  - Review the appropriateness of each field trip and consideration of student safety.
  - Review the student's HCAP with the teacher and provide a copy of the student's HCAP and contact information of the parent/guardian, and the name and number of the nearest hospital(s).
  - Delegate responsibilities for carrying epinephrine and additional necessary medications
  - Ensure epinephrine auto-injectors and other necessary medications and instructions are taken on the field trip and remain with the student or in the care of the trained adult at all times.
  - Ensure the student is assigned to staff who are trained in recognizing symptoms of allergic reactions, administration of epinephrine and other medications, and emergency procedures.
  - Ensure a communication device is taken on the field trip (walkie-talkie, cell phone etc.)
  - Consider eating situations on the field trip and plan for prevention of exposure to the student's allergens and ways to wash hands before and after eating (i.e. provision of hand wipes).
  - Ensure a "no eating" expectation on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy.
  - Recommend assigned seating as necessary to support safety of individual students.
2. Encourage parent/guardian to attend as added support.

### **Cafeteria**

1. Ensure lunch room monitors are trained in food allergies and epinephrine administration/delegation.
2. Participate in the development of procedures to identify students with food allergies. One strategy may include, with parental consent, post student's photograph for school nutrition staff only, maintaining confidentiality.
3. Participate with food service staff to review menu items, identify potential allergens, discuss procedures to avoid cross-contamination during food handling and distribution, plan for food substitutions and make appropriate accommodations as outlined in diet orders for meals served to students with food allergies.

### **Buses**

1. Work with district transportation to ensure school bus driver training includes symptom awareness, actions to take in the event of a reaction and communicate during an emergency.
2. With parent/guardian permission, bus drivers should be provided a copy of the student's HCAP. This document should be kept in a safe place (route book) and shared with substitutes and/or team leaders.

### **School Sponsored Extracurricular Activities, Before-and-After-School and Community Use of Facilities**

1. Ensure the presence of trained and delegated staff who are assigned responsibility for emergency medications during events and ensure those medications are secure and easily accessible.
2. With parental permission, ensure staff in charge is provided with a copy of the student's HCAP.

### **Communication for All Students and Parents**

1. Develop, monitor and evaluate a school-wide approach for allergy awareness, prevention and treatment. Consider strategies such as:
  - Posting signs in conspicuous locations at school entrances, within cafeterias and outside or in classrooms to remind staff, students or visitors that specified allergens are not permitted.

- Include information about food allergies on the school website.
2. Communicate the importance of following district/school policies and guidelines regarding hand washing, food-sharing, allergen-safe zones, and student conduct.

### **Awareness, Prevention and Training for School Personnel**

1. Identify staff members who are directly involved during the school day with students who have food allergies, such as principal, health tech, office staff, teachers, substitutes, food service staff, lunch room monitors, recess monitors, bus drivers, custodians, coaches and counselors.
2. Conduct annual training and education for those identified staff which will include:
  - Food allergies, anaphylaxis, prevention, symptoms of an allergic reaction, reading product labels, identifying hidden allergens, and implementing emergency response procedures
  - Emphasis on early recognition of allergic reaction symptoms and prompt administration of epinephrine being vital to student survival. While bronchodilators and antihistamines may be used for mild food allergy reactions, their use in schools may delay therapy with epinephrine in cases of anaphylaxis.
  - Delegation of epinephrine auto-injector administration to appropriate staff
  - Basic food handling procedures, including hand washing, use of utensils, and cleaning and sanitizing surfaces to prevent cross-contamination
  - Cafeteria management
  - District and school policies, procedures and guidelines regarding food allergies and HCAP/504 plans
  - Strategies to ensure inclusive environments and manage student privacy/confidentiality
  - Bullying prevention
3. Promote hand washing before and after breakfast, lunch and snack as well as activities that utilize food products. Hand sanitizers are not effective in removing residue of allergens.
4. Ensure all staff is aware that students with food allergies shall not be excluded from school activities due to their disability.
5. Implement protocols for educating and training substitute staff responsible for a student with allergies. Contingency plans must be in place if a substitute cannot be trained to handle an emergency.
6. Ensure staff members trained to administer medication are available during the school day, regardless of time or location.
7. Ensure emergency communication devices (two-way radio, intercom, walkie-talkie, cell phone) are available for all school activities, including transportation, that involve a student with food allergies.
8. Conduct a practice drill for an anaphylaxis emergency, each semester.
9. Plan for fire drills, lockdowns, or shelter in place with additional considerations for access to medications, allergy-free foods, etc.
10. Post a list of current school staff designated as emergency responders and a system for communicating with them and eliciting an immediate response in emergencies.

### **Medication Protocols**

Add additional information that would be helpful beyond practice/protocols. JLCD

1. Request parents to provide at least two epinephrine auto-injectors.
2. Assure medications are current, appropriately stored and easily accessible in a secure location containing a physician's standing order for epinephrine.
3. Assess the student for his/her ability to self-administer epinephrine. Determine the appropriateness for the student to carry his/her epinephrine.
4. Ensure students who are permitted to carry and self-administer medications are in accordance with district policies.

### **Emergency Response**

Include in the school's emergency response plan, a written plan outlining emergency procedures for managing allergic reactions.

1. Follow written individual HCAP and emergency action plans, as a part of a school's overall comprehensive emergency management plan.
2. Identify roles and responsibilities of staff who will:

- Remain with the student and remove the allergenic food from the mouth or skin.
- Administer epinephrine. Do not hesitate. Delayed administration of epinephrine has been associated with deaths due to anaphylaxis. A second dose of epinephrine may need to be administered within 5-15 minutes to control symptoms; thus two doses of epinephrine should ideally be available for the student. Place the student in a reclining position (if tolerated).
- Call 9-1-1 and notify emergency responder staff
- Retrieve the HCAP from the student's record
- Contact the student's parent or guardian
- Notify the school nurse and school administration
- Meet EMS at school entrance and direct EMS to the student
- Accompany the student to the hospital
- Manage crowd control and attend to the student's classmates
- Document food allergy incidents in the student's file and, as needed, identify and maintain information for possible insurance and liability purposes.
- Review record of any event to provide feedback to staff and identify areas for improvement, including professional development and training.
- Assist with the student's re-entry into the school environment. Refer to the following section  
Returning to school after a reaction

3. For additional information, refer to the *Crisis Response & Management Manual*.

### **Returning to the School Environment after an Allergic Reaction**

Students who have experienced an allergic reaction at school need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether their classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parents and re-examining the HCAP.

In the event that a student has a moderate to severe reaction, the following actions should be taken.

- Obtain as much accurate information as possible about the allergic reaction.
- Identify those who were involved in the medical intervention and those who witnessed the event.
- Meet with the adults to discuss what was seen and dispel any rumors.
- Provide factual information. Although the school may want to discuss this with the parents, factual information that does not identify the individual student can be provided to the school community without parental permission (e.g., a letter from the principal to parents and teachers that doesn't name names but reassures them the crisis is over, if appropriate.)
- If an allergic reaction is thought to be from a food provided by the school food service, request assistance of the Food Service Director and Child Nutrition Services to ascertain what potential food item was served/consumed.
- Agree on a plan to disseminate factual information and review knowledge about food allergies to schoolmates who witnessed or were involved in the allergic reaction, after both the parents and the student consent. Explanations shall be age appropriate
- Review the AAP described in the HCAP, or if a student does not have an HCAP then consider initiating one.
- Amend the student's AAP and/or the emergency response plan to address any changes that need to be made.
- Review what changes need to be made to prevent another reaction; do not assign blame.

### **Special Consideration for the Student**

The student and parent(s) shall meet with the nurse/staff who were involved in the allergic reaction and be reassured about the student's safety, what happened and what changes will be made to prevent another reaction. If a student demonstrates anxiety about returning to school, checking in with the student on a daily basis would be indicated until his/her anxiety is alleviated. If a child has a prolonged response to an anaphylactic event, strategies should be reviewed and clinical intervention may be recommended. Collaboration with the student's medical provider would

be indicated to address any medication changes. It is important to keep in mind that a student will continue to need to access help if another allergic reaction should occur; therefore, make sure a student feels comfortable enough to seek help if needed. You do not want a student to withhold information out of embarrassment or because of intimidation. Other students with food allergies in the school system may be in particular need of support.

In the Event of a Fatal Allergic Reaction:

In the rare but plausible event of a fatal reaction the school's crisis plan for dealing with the death of a student should be implemented. Adults with knowledge of food allergies should be on hand to answer questions that may come up about food allergies.