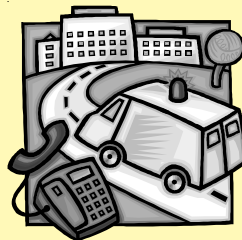


# District



## Resource Guide for Supporting Children with Life-Threatening Allergies

The purpose of this manual is to provide a guideline for supporting children with life-threatening allergies in school. This resource is to assist teams in developing individual plans for children.



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# General Information about Allergies

*The first part of this guide is intended to give the reader general information about allergies, the importance of prevention and general considerations when planning for children with life-threatening allergies.*

## Food Allergy Facts

Food allergies are presenting increasing challenges for schools. Because of the life-threatening nature of these allergies and the increasing prevalence, school districts and individual schools need to be ready for the entry of students with food allergies.

Every food allergy reaction has the possibility of developing into a life threatening and potentially fatal anaphylactic reaction. A life threatening reaction can occur within minutes or occur hours after exposure to the allergen.

Allergic reactions to foods vary among students and can range from mild to severe life threatening anaphylactic reactions. Some students, who are very sensitive, may react to just touching or inhaling the allergen. For other students, consumption of as little as one five-thousandth of a teaspoon of an allergenic food can cause death. The severity of a reaction is not predictable. Because there is a cumulative effect from past exposures to an allergen, the severity of a future exposure cannot be predicted.

Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (touch) exposure or, in rare cases, inhalation exposure. The amount of food needed to trigger a reaction depends on multiple variables. Each food allergic person's level of sensitivity may fluctuate over time. The symptoms of a food allergy reaction are specific to each individual. He/she should be medically evaluated.

Many students with food allergies who have experienced a life threatening (anaphylactic) reaction may be aware of their own mortality. The emotional, as well as the physical, needs of the child must be respected. Children with food allergies are at-risk for eating disorders or teasing. School social workers are available to work with families when teasing concerns are indicated.

Bee/insect stings, as well as medications and latex, have the potential of causing a life threatening allergic reaction.

## Anaphylaxis

Anaphylaxis is a potentially life threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock that are potentially fatal.

Anaphylaxis can occur immediately, or up to two hours following allergen exposure. Anaphylaxis is often treated with the administration of epinephrine, a prescribed medication that immediately counteracts the life threatening symptoms. Epinephrine is administered by an injection that is easily administered.

**In about one third of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two or four hours later. It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved. When in doubt, medical advice indicates that it is better to give the student's prescribed EpiPen and seek medical attention. Fatalities occur when epinephrine is withheld.**

## Individual Health Care Plan

An Individual Health Care Plan puts in writing what the school will do to accommodate the individual needs of a child with a life-threatening allergy. Prior to entry into school (or immediately after the diagnosis of a life-threatening allergic condition), the parent/guardian should meet with the building nurse to develop an individualized health care plan. This plan details the preventative steps the school will take to help protect a student with life threatening allergies.

Included within the Individual Health Care Plan is an Emergency Action Plan. The Emergency Action Plan details specifically what steps staff must take in the event of an emergency.

## Importance of Prevention

**Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex. Avoidance is the key to preventing a reaction.**

## General Guidelines

*This next section serves as a guide to outline the range of responsibilities District 35 staff can have concerning a child with a life-threatening allergy. Note that each child's team ultimately determines the responsibilities of individual staff members. This guide will help teams determine which accommodations are necessary for a given child.*

## Guidelines for Students with Life-threatening Allergies

The long-term goal is for the student with life threatening allergies to be independent in the prevention, care, and management of their food allergies and reactions based on their developmental level. To this end students with life-threatening allergies are asked to follow these guidelines:

- It is important not to trade or share foods.
- Wash hands or use hand wipes before and after eating.
- Learn to recognize symptoms of an allergic reaction and notify an adult immediately if a reaction is suspected.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Develop a relationship with the building nurse and at least one other trusted adult in the school to assist in identifying issues related to the management of the allergy in school
- Do not eat anything with unknown ingredients or ingredients known to contain an allergen.
- Develop a habit of always reading ingredients before eating food.
- If medically necessary, the student is responsible for carrying medication(s). If a Medic Alert bracelet is provided by the parent, the child is responsible for wearing the ID at all times.
- Empower the student to self-advocate in situations that they might perceive as compromising their health.

## Guidelines for Parents/Guardians

Parents are asked to assist the school in the prevention, care, and management of their child's food allergies and reactions. Additionally, parents are encouraged to foster independence on the part of their child, based on her/his developmental level. To achieve this goal, parents are asked to follow these guidelines.

- Inform the building nurse in writing of your child's allergies prior to the opening of school (or immediately after a diagnosis). In addition, provide:
  - a) medication orders from a licensed provider
  - b) up-to-date EpiPens and other necessary medication(s)
  - c) annual updates on your child's allergy status
  - d) a current picture of your child, for the IHCP, to post in school and bus
  - e) if the child carries medication, periodically check for expiration dates and replace medication as needed.
- Provide a Medic Alert bracelet for your child
- Participate in developing an Individual Health Care Plan, which includes an Emergency Action Plan with the building nurse.
- Notify supervisors of before and after school activities, regarding your child's allergy and provide necessary medication
- Introduce your child to the bus driver to explain your child's allergy
- While the school will not exclude an allergic student from a field trip, a parent may choose to do so. Be willing to go on your child's field trips if requested.

### Food at School:

- Provide safe classroom snacks for your own child.
- For special lunch at school, call the PTO chair to find out the ingredients of all food and what it is cooked in.

**It is important that children take increased responsibility for their allergies as they grow older and as they become developmentally ready. Consider teaching your child to:**

- Understand the seriousness and recognize the first symptoms of an allergic/anaphylactic reaction and notify an adult immediately.
- Carry his/her own EpiPen when appropriate (or know where the EpiPen is kept), and be trained in how to administer her/his own EpiPen, when this is an age-appropriate task.
- Recognize safe and unsafe foods and do not share snacks, lunches, or drinks.
- Encourage the habit of reading ingredient labels before eating food.
- Understand the importance of hand washing before and after eating.
- Report teasing, bullying, and threats to an adult authority.
- Inform others of your allergy and specific needs.

## Guidelines for School Administration

Administrators are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal, administrators are asked to consider these guidelines when developing an Individual Health Care Plan for a student with a life-threatening allergy.

- The Individual Health Care Plan (for prevention) and an Emergency Action Plan
- Offer training and education for staff regarding:
  - a) Allergies, insect stings, medications, latex, etc.
  - b) Emergency and Risk reduction procedures
  - c) How to administer an EpiPen for an emergency
  - d) Special training for lunch/recess monitors
- Provide emergency communication devices for all school activities, including gym, lunch recess and transportation that involve a student with life-threatening allergies.
- Have stickers attached to all building phones that instruct how to dial 911 and how to contact the building nurse.
- Arrange for an allergy free table in the lunchroom.
- Have wipes available for student use in the lunchroom.
- Have the custodian wash doorknobs, tables, desks, and other potentially contaminated surfaces when cleaning the classroom, as needed.
- Plan for student transitions each spring for the next school year.

## Administrator Guidelines for Substitute Teachers

- Make sure a contingency plan is in place for substitute teachers and nurses
- Concerning sub folders, make sure that a brightly colored sticker is attached to the substitute folder, alerting the substitute that a child in the classroom has a life-threatening allergy.
- Include the following statement in the sub folder, “If this is your first time in this classroom, see the building nurse for training in implementing the Emergency Action Plan and how to administer an EpiPen. Do not eat lunch in the classroom.”

## Specific Guidelines for Business Manager:

- Provide sound food handling practices to avoid cross-contamination with potential food allergens. (Food Allergy and Anaphylaxis Network video is available).
- Provide training for custodians on proper cleaning and sanitation pertaining to food allergies.
- For non-English speaking staff, provide a simple list of basic allergens (e.g. peanuts, milk, eggs) in their native language.



## Guidelines for the Building Nurse

When it comes to the school care of children with life-threatening allergies, nurses may carry the largest responsibility. Nurses are asked to assist the school team in both prevention and emergency care of children with food allergies and reactions. Nurses are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal, nurses are asked to consider these guidelines when developing an Individual Health Care Plan for a student with a life-threatening allergy.

- Schedule a meeting including the classroom teacher (team), and the student's parent/guardian to develop the Individual Health Care Plan for the student when needed.
- Use District 35 Individual Health Care Plan and Emergency Action Plan and distribute final copies as needed.
- Conduct and track attendance of in-service training for staff.
- In the nurse's office, post and label location of Individual Health Care Plans and emergency medication. e.g., EpiPen.
- For EpiPens stored in the health office, periodically check medications for expiration dates and arrange for them to be current.
- Make sure there is a contingency plan in place in the case of a substitute building nurse.
- Be able to communicate with playground staff and Physical Education teacher via communication device.
- Refer to the School Food Allergy Program, available in the health office, for any additional information, as needed.
- Provide a poster to all staff and also post in the lunchroom that provides staff with photos and the emergency care needed for children with life threatening allergies.

## Guidelines for the Classroom Teacher

Teachers are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal, teachers are asked to consider these guidelines as they work with their team to develop an Individual Health Care Plan for a student with a life-threatening allergy.

- Prior to the start of school, teachers will receive from the nurse, information on any student(s) in the classroom with life-threatening allergies.
- Participate in any team meetings for the student with life-threatening allergies and in-service training.
- Keep accessible the student's Individual Health Care Plan (which includes Emergency Action Plan) with photo in classroom and in sub folder.
- Be sure both student teacher and classroom aides are informed of the student's food allergies. (Seek training and information from nurse when notified.)
- Leave information for substitute teachers in an organized, prominent, and accessible format. Follow building guidelines for subfolders.
- Reinforce school guidelines on bullying and teasing to avoid stigmatizing, or harassing students with food allergies.
- Inform parents of the allergic child in advance of any in class events where food will be served.
- **Never question or hesitate to immediately initiate Emergency Action Plan if a student reports signs of an allergic reaction.**
- Secure lanolin-free wipes (e.g. wet ones) from the "classroom supply list" for "in class" hand washing, anytime students come into contact with food in the classroom. Wipes may also be secured from the building administrator.

## Snacks/Lunch Time

- If a teacher discovers unknown or restricted food (as defined in Individual Health Plan) in the classroom, refer to the student's Individual Health Plan.
- If contamination of foods is suspected, have the students wipe down their own individual desk with their own wet wipes.
- Reinforce hand washing before and after eating.

## Classroom Activities

- Consider the presence of allergenic foods in classroom activities (e.g., arts and crafts, science projects, and celebrations, or other projects). Modify class materials as needed.
- If a food event has been held in an allergic child's classroom, have the custodian wash the tables and chairs.
- Try not to isolate or exclude a child because of allergies e.g., using candy as part of a math lesson.
- Encourage the use of stickers, pencils, or other non-food items as rewards instead of food.
- If an animal is invited to the classroom, special attention must be paid to other allergies children may have (e.g. dander) and to the animal's food (peanuts, soy milk).

## Field Trips

- Consider the student when planning a field trip due to a risk of allergen exposure.
- Collaborate with the building nurse prior to planning a field trip. Ensure EpiPen and Emergency Action Plan are taken on field trips.
- Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- Invite parents of student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone(s). However, the parent's presence at a field trip is not required.
- Consider ways to wash hands before and after eating (e.g. provision of hand wipes, etc.)
- Identify one staff member who will be assigned the task of watching out for the student's welfare and handling any emergency.
- Plan for the availability of a communication device.

## **Lunchroom Guidelines**

It is ultimately the responsibility of the parent to decide whether the child will buy special lunch or bring a lunch to school. The parent needs to check with the PTO to find out ingredients used.

## **Guidelines for Recess/Lunch Room Monitors**

Teachers and staff responsible for lunch and/or recess should be trained to recognize and respond to a severe allergic reaction or anaphylaxis.

- **Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the building nurse or instituting emergency procedures.**
- Encourage hand washing or use of hand wipes for students after eating.
- Thoroughly clean all tables and chairs after lunch.
- Reinforce that only children with “safe lunches” eat at the allergy-free tables.
- A Medic Alert bracelet should not be removed but may be covered.
- Adult supervisors may be asked to hold an EpiPen for a child.

## **Guidelines for the School Bus Driver**

- Call dispatch to call 911 when allergic reaction is suspected.
- Maintain policy of no food eating allowed on school buses.

## **Guidelines for Coaches and Supervisors of School Funded Activities**

- Review the Individual Health Care Plan and Emergency Action Plan with building nurse.
- Make certain that emergency communication device (e.g. walkie-talkie, intercom, cell phone, etc.) is always present.
- Call 911 if you suspect an allergic reaction.
- It is the responsibility of participants’ parents to notify and supply coaches/supervisors with EpiPen, inhalers, or other emergency medication.
- Coaches/supervisors who have been notified and supplied will clearly identify who is responsible for keeping the EpiPen and emergency medication and where it will be kept.
- Medic Alert identifications may be covered or taped but must not be removed for activities.
- Consider the presence of allergenic foods in classroom activities (e.g., arts and crafts, and celebrations, or other projects). Modify class materials as needed.

## Sample Food Allergy Letter

Dear Parents,

I am writing to let you know of a very important issue. We have a child in your child's classroom with a severe allergy to both nuts and peanuts. Any contact with peanuts/nuts can trigger a severe life-threatening reaction. As a result, we are asking that you please take the time to read all food labels and make sure that products you purchase do not have any traces of these products.

Innocent products like regular M&M's and Ritz crackers with cheese filling are dangerous due to the manufacturing conditions. These products can carry traces of peanuts/nuts because the same equipment used to process peanuts/nuts is used to process these products. We have enclosed a list of good food choices which you can send and a list of things which should be avoided.

Please keep in mind that we would like for everyone to feel welcome and comfortable in our classroom. If you choose to send a peanut product as a snack for your child or in his/her lunch, please indicate this on his/her bags so that we can separate them from the rest.

If you have any questions please feel free to call me at 847-835-6440.

Thank you for your attention and help in this matter.

Fay Kovar, RN  
South School Nurse



# Individualized Health Care Plan

## I. Identifying Information

Student's Name	School
Birthdate	Teacher
Age	Grade

## Contacts

### Parents

Mother's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

### Physician

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

### Hospital

Hospital Emergency Room \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Address \_\_\_\_\_

Ambulance Service \_\_\_\_\_ Phone \_\_\_\_\_

### School

School Nurse \_\_\_\_\_ Phone \_\_\_\_\_

## II. Medical Overview

Medical Condition \_\_\_\_\_ Any known allergies \_\_\_\_\_

Medications \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Necessary Health Care Procedures at School \_\_\_\_\_

Health Care Plan for Period \_\_\_\_\_ to \_\_\_\_\_

### III. Other Important Information

### IV. Background Information/Nursing Assessment

Brief Medical History

Check if additional information is attached.

Specific Health Care Needs

Check if additional information is attached.

Social/Emotional Concerns

Check if additional information is attached.

Academic Achievement

Check if additional information is attached.

### V. Health Care Action Plan

Attach physician's order and other standards for care.

Procedures and Interventions (student specific)

Procedure	Administered by	Equipment	Maintained by	Auth/trained by
1.				
2.				
3.				

**V. Health Care Action Plan (continued)**

Medications

Attach medication form and administration log

Diet

Check if additional information is attached.

Transportation

Check if additional information is attached.

Classroom School Modifications (including adapted PE)

Check if additional information is attached.

Equipment—List necessary equipment/supplies	Provided by Parent	Provided by District
1.		
2.		
3.		
4.		

None Required

Safety Measures

Check if additional information is attached.

Emergency Plan  Attached

Transportation Plan  Attached

Training Plan  Attached

Substitute/Backup Staff (when primary staff not available)

Possible Problems to be Expected

Training

**VI. Health Care Plan Review**

Next review date of Health Care Plan \_\_\_\_\_

**VII. Documentation of Participation**

We have participated in the development of the Health Care Plan and agree with its contents.

Signature

Date

_____	Administrator or Designee
_____	Teacher
_____	Nurse
_____	
_____	

**VIII. Parent Authorization for Special Health Services**

We (I), the undersigned who are the parents/guardians of \_\_\_\_\_, \_\_\_\_\_  
(Student Name) (Birthdate)

request and approve the attached Individualized Health Care Plan. We (I) understand that a qualified designated person(s) will be performing the health care service. It is our understanding that in performing this service, the designated person(s) will be using a standardized procedure which has been approved by the student's Health Care Team and Physician.

We (I) will notify the school immediately if the health status of \_\_\_\_\_  
(Student Name)

changes, we change physicians, or there is a change or cancellation of the procedure.

We (I) agree to provide the following, if any: medical equipment and supplies, medication, dietary supplements.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

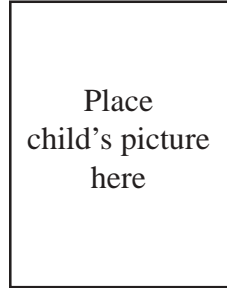
\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

# Food Allergy Action Plan



Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\*  No  \*Higher risk for severe reaction

## STEP 1: TREATMENT

### Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† \_\_\_\_\_
- If reaction is progressing (several of the above areas affected), give  
The severity of symptoms can quickly change. †Potentially life-threatening.

### Give Checked Medication\*\*

(To be determined by physician authorizing treatment)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

### DOSAGE

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen®Jr. Twinject™ 0.3mg Twinject™ 0.15mg

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

## STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_ at \_\_\_\_\_

3. Emergency contacts:

Name/Relationship	Phone Number(s)	
a) _____	1) _____	2) _____
b) _____	1) _____	3) _____
c) _____	1) _____	3) _____

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Trained Staff Members

1. \_\_\_\_\_ Room \_\_\_\_\_
2. \_\_\_\_\_ Room \_\_\_\_\_
3. \_\_\_\_\_ Room \_\_\_\_\_

## EpiPen® and EpiPen™ Jr. Directions



- Pull off gray activation cap.
- Hold black tip near outer thigh (always apply to thigh)



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.
- Do not be concerned about removing clothing. The EpiPen® will go through clothing.

## Twinject0.3™ and Twinject™0.15 mg Directions



- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



### SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.



## Typical Allergy Symptoms

<b>Skin</b>	<b>Gut</b>	<b>Respiratory</b>	<b>Cardiovascular</b>	<b>Neurological</b>
Hives	Cramps	Itchy, watery eyes	Reduced blood pressure	Feeling of impending doom
Swelling	Nausea	Runny nose	Increased heart rate	Weakness
Itchy red rash	Vomiting	Stuffy nose	Shock	
Eczema flare	Diarrhea	Sneezing		
	Gas	Cough		
		Itching or swelling of lips, tongue, throat		
		Change in voice		
		Difficulty swallowing		
		Tightness of chest		
		Wheezing		
		Shortness of breath		
		Repetitive throat clearing		

## Glossary

- Acute** Symptoms that occur suddenly and have a short and fairly severe course.
- Adrenaline** Synonym for epinephrine.
- Allergen** A substance that can cause an allergic reaction. For some students, milk is an allergen.
- Allergic Reaction** An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When an allergen is eaten, the food allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock) Each person with a food allergy reacts to the allergy differently. Each reaction by a food allergic student may differ in symptoms.
- Allergy Warning Label** A bright colored label placed on the substitute teacher's folder in the classroom alerting the substitute to look for information in the folder regarding the food allergic student.
- Anaphylactic Reaction** Synonym for Anaphylaxis
- Anaphylaxis** It is an immediate potentially life threatening allergic reaction. The most dangerous symptoms include breathing difficulties, and a drop in blood pressure or shock, which can be fatal. Asthmatic students are at an increased risk for anaphylaxis. Anaphylaxis often involves various areas of the body at once such as the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). The drug to immediately use to abate anaphylaxis is Epinephrine (contained in an EpiPen or EpiPen Jr.)
- Antihistamine** A drug that stops histamine from being released in the body during an allergic reaction. Benadryl is an example of an antihistamine.

<b>Asthma</b>	A disease of the lungs in which there is widespread narrowing of airways. The airways become clogged with mucus. Students with asthma and food allergy appear to be at an increased risk for fatal anaphylaxis. Epinephrine is the first-line of defense for an anaphylactic reaction even with a child with asthma medicine.
<b>Chronic Symptoms</b>	Symptoms that occur frequently or last a long time.
<b>Consumer Hotline (for foodstaff)</b>	Major food distributors toll-free numbers usually found on packaging. Can be used to check for additional information on ingredients in a food or the foods processing procedures. (e.g., cross-contamination)
<b>Cross Contamination</b>	When a pan, utensil, or food that is a known allergen comes in contact with a food that is allergen free, it contaminates it. The allergen free food is now unsafe for a student allergic to the food it was contaminated with.
<b>Emergency Action Plan</b>	Part of the Individual Health Care Plan. It is a specific protocol which explains exactly what steps are taken if a child has an allergic reaction. It usually has the student's recent photograph on the plan.
<b>EpiPen</b>	By prescription only. It is a device that, once activated, will automatically inject one measured dose of epinephrine when jabbed into the thigh. It looks like a black magic marker. The EpiPen is contained in an orange cylindrical container as the medicine is light sensitive. Once out of the container, the EpiPen's gray cap is removed and it is activated and ready to use. It is firmly jabbed, with black tip, on the allergic student's outer thigh. After a 10 second hold, the EpiPen is removed and the area is massaged. If the needle is projecting from the thick black tip of the EpiPen, then the medicine has been injected. If no needle appears, then jab again. An EpiPen simply abates allergic symptoms for 15-20 minutes. Symptoms may reappear if prompt medical attention is not given to the allergic student. Always call for emergency personnel when epinephrine is given.
<b>EpiPen Jr.</b>	It operates the same as the EpiPen. It has the same medicine as in the EpiPen but at a lower dose for lighter weight children. Like the EpiPen, it delivers one dose only. The new EpiPen Jr. has green packaging which distinguishes it from the yellow EpiPen. Always call for emergency personnel when epinephrine is given.

- Epinephrine** The medicine contained in the EpiPen and EpiPen Jr. The drug of choice for anaphylaxis. It is the first medicine that should be used in the emergency management of a child having a potentially life-threatening allergic reaction. It is synonymous with adrenaline. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction. Always call for emergency personnel when epinephrine is given.
- FAAN** Acronym for the Food Allergy and Anaphylaxis Network that has educational material on food allergies. Each school nurse has FAAN's *School Food Allergy Program*.
- Food Allergy** An immune system response to a certain food. Upon ingestion, the body creates antibodies to that food. When the antibodies react with the food, histamine and other chemicals are released from cells. The release of those chemicals may cause hives, difficulty breathing, or other symptoms of an allergic reaction. See Allergic Reaction, above.
- Hand Wipes/  
Wipes** Wet Ones brand only. Traditional diaper wipes do not have the proper chemical composition to remove allergens from the skin.
- Histamine** A chemical released by the body during an allergic reaction. It causes the symptoms listed above in Allergic Reaction.
- Hives** Itchy, red, mosquito-like bumps that may appear anywhere on the skin. Often a symptom of an allergic reaction.

**Individual  
Health Care  
Plan**

A detailed protocol developed between the school and the allergic student's parents, which includes but is not limited to precautions and emergency procedures for the food allergic student.

**Latex**

A synthetic rubber. It is an allergen for some people. It is commonly found in rubber gloves and balloons.

**Life  
Threatening  
Food Allergy**

Students with allergies have over-reactive immune systems. The immune system produces chemicals and histamine which cause the severe symptoms in the body (e.g., swelling, breathing difficulty or shock). See Allergic Reaction, above. Epinephrine found in the EpiPen is the recommended treatment.

**Medic Alert  
Bracelet/  
Necklace**

A necklace or bracelet worn by an allergic student that states the allergens and gives a telephone number for additional information.

**Periodic  
Anaphylaxis  
Drill**

Practice in procedures that would be carried out if there were an anaphylactic emergency. The drill may include but is not limited to: who helps the student, who retrieves the EpiPen or administers it, who calls 911, and who directs the paramedics to the child.