

**Connecticut Technical High School System**

Procedural Plan

*for*

Managing Life-Threatening Food Allergies

*in*

Connecticut Technical High Schools

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## **Introduction**

Food allergy is a growing food safety concern in the United States and creates a challenge for schools. Approximately 6 percent of school-aged children have a significant food allergy and may be at risk for anaphylaxis, a potentially life-threatening allergic reaction. Currently, there are no medications that cure food allergy. Therefore, strict avoidance of a food allergen is the only way to prevent allergic reactions. Deaths have occurred in schools because of delays in recognizing symptoms and not responding promptly or effectively. Plans that focus on food allergy education, awareness, avoidance and immediate treatment of allergic reactions are critical to saving lives.

The life-threatening management plan was developed and based upon the Connecticut State Department of Education's *Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools*. This procedural plan will assist Connecticut Technical High Schools in effectively managing the health and safety needs of children with life-threatening allergic conditions.

The Connecticut Technical High School System's management plan includes:

- Overview of food allergies and anaphylaxis
- Districtwide food allergy management plan
  - Identification
  - Prevention
  - Administration of Medication(s)
  - Development of Individual Health Care Plan
  - Education & Training
  - Communication Measures

## **Food Allergies**

Food allergy is an exaggerated response by the immune system to a food that the body mistakenly identifies as being harmful. Once the immune system decides that a particular food is harmful, it produces specific antibodies to that particular food. The next time the individual eats that food, the immune system releases moderate amounts of chemicals, including histamine, to protect the body. These chemicals trigger a cascade of allergic symptoms that can affect the respiratory system, gastrointestinal tract, skin, and cardiovascular system.

Ingestion of the food allergen is the principal route of exposure that leads to allergic reactions. In some people symptoms can range from mild to severe and may be life-threatening depending on the individual and type of exposure. At the present time, there is no cure for food allergy and avoidance is the only way to prevent an allergic reaction.

Although an individual can have a life-threatening allergy to any food, including fruits, vegetables and meats, over 90 percent of allergic reactions are caused by the following eight foods:

Peanut  
Tree nut (walnut, cashew, pecan, hazelnut, almond, etc)  
Milk  
Egg  
Fish  
Shellfish  
Soy  
Wheat

Although these eight foods are responsible for the most allergic reactions, it is important to remember that ANY food can cause a serious allergic reaction.

## Anaphylaxis

Anaphylaxis (pronounced anna-fill-axis) is a potentially life threatening medical condition occurring in allergic individuals after exposure to an allergen. People with allergies have over-reactive immune systems that target otherwise harmless elements in our diet and environment. During an allergic reaction to food, the immune system identifies a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators trigger inflammatory reactions in the tissues of the skin; inflammatory symptoms are widespread and systemic and the reaction is termed “anaphylaxis,” a potentially life-threatening event.

For sensitized individuals, ingestion of even very minute amounts of foods can, in certain instances, result in fatal reactions without rapid intervention. While it is also possible for a child to have an allergic reaction to tactile (touch) exposure or inhalation exposure, research has shown that they are extremely unlikely to result in severe or life-threatening reactions. Nevertheless, if children with life threatening food allergies touch the allergens and then put their fingers to their eyes, nose or mouth, the exposure becomes ingested and may cause anaphylaxis.

Skin	Swelling of any body part Hives, rash on any part of body Itching of any body part Itchy lips
Respiratory	Runny nose Cough, wheezing, difficulty breathing, shortness of breath Throat Tightness or closing Difficulty swallowing Difficulty breathing, shortness of breath Change in voice
Gastrointestinal (GI)	Itchy tongue, mouth and/or throat Vomiting Stomach cramps Abdominal pain Nausea Diarrhea
Cardiovascular	Heartbeat irregularities Flushed, pale skin Coughing, cyanotic (bluish) lips and mouth area Decrease in blood pressure Fainting or loss of consciousness Dizziness, change in mental status Shock
Other	Sense of impending doom Anxiety Itchy, red, watery eyes

All symptoms, no matter how minor, need to be recognized and treated promptly.

Anaphylaxis may occur in the absence of any skin symptoms such as itching and hives. Fatal anaphylaxis is more common in children who present with respiratory symptoms, or GI symptoms such as abdominal pain, nausea or vomiting. In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma or mild GI illness, which resulted in delayed treatment with epinephrine auto-injector.

Fatal anaphylaxis is more common in children with food allergies who are asthmatic, even if the asthma is mild and well controlled. Children with a history of anaphylaxis or those whose

prior food reactions have included respiratory symptoms such as difficulty breathing, throat swelling or tightness are also at an increased risk for severe or fatal anaphylaxis.

Anaphylaxis characteristically is an immediate reaction, occurring within minutes of exposure, although onset may occur one to two hours after ingestion. In up to 30 percent of anaphylactic reactions, the initial symptoms may be followed by a second wave of symptoms two to four hours later and possibly longer. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as *biphasic reaction*. While the initial symptoms usually respond to epinephrine auto-injector, the delayed response may not respond as well to epinephrine auto-injector or other forms of therapy used in anaphylaxis.

For those children at risk for food-induced anaphylaxis, the most important management strategy in the school is prevention. In the event of an anaphylactic reaction, epinephrine auto-injector is the treatment of choice and should be given immediately.

It is imperative that following the administration of epinephrine auto-injector, the child be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to be resolved.

Sometimes, if symptoms do not subside, a second epinephrine auto-injector is necessary. Reports indicate that as many as one-third of individuals experiencing anaphylaxis may require a second (epinephrine) injection to control their reaction until they can get to a hospital (<http://www.EpiPen.com/user.aspx>, 2005).

### **Food Allergy Management Plan**

This Food Allergy Management Plan is a procedural guideline to ensure consistency across the Connecticut Technical High Schools. The CTECS Life-Threatening Food Allergy (LTFA) Committee will periodically assess the effectiveness of the school system's plan and procedures. These assessments will occur:

- At minimum once annually.
- After each emergency event involving the administration of medication to determine the effectiveness of the process, why the incident occurred, what worked and did not work in the district plan and procedures.

#### **Goals for the Management Plan Include:**

- Addressing the social normalcy and safety needs of individual students with life-threatening food allergies and the education, health and safety needs of all students.
- Maintaining the health and protect the safety of children who have life-threatening food allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
- Ensuring that interventions and individual health care plans for students with life-threatening food allergies are based on medically accurate information and evidence-based practices.
- Defining a formal process for identifying, managing, and ensuring continuity of care for students with life-threatening food allergies.

### Food Allergy Management Plan Includes:

- Identification of students with a life-threatening allergy.
- Preventive measures for students with a life-threatening allergy.
- Administration of medication.
- Process for annual development of Individual Health Care Plan for students at risk for anaphylaxis.
- Provisions for education and training of staff and students.
- Communication measures.

### **Identification of Students with a Life-Threatening Food Allergy**

The process for identifying students with life-threatening food allergies is as follows:

- Early identification of students with life-threatening food allergies is essential. The School Nurse will review the current medical health record of students and mail home a letter to parents of each student prior to the beginning of the school year. Parents will be requested to complete a questionnaire outlining allergies known, unknown and the child's allergic reactions, both severe and subtle.
- School Nurse will send a bi-annual student health history form or letter to parents for changes or identification of new students.
- Information about allergies will be included in the weekly, bi-weekly, monthly or bi-monthly school newsletters, and the Parent/Student Handbook.

### **Preventive Measures for Students with a Life-Threatening Food Allergy**

The Connecticut Technical High School System will require a completed "Medical Statement for Children *with* or *without* Disabilities" to be on file when serving meals to children with food allergies or disabilities as defined under either Section 504 of the Rehabilitation Act or IDEA. However, if a licensed physician determines the food allergy is severe enough to result in a life-threatening (anaphylactic) reaction, the school food service program must make the substitutions prescribed by the physician, even if the child is not considered disabled under Section 504 or IDEA. In this case, the "Medical Statement for Children *with* Disabilities" form must be completed and on file. If a student is identified as being with a physical or medical disability, they will be accommodated.

The school nurse will obtain appropriate documentation such as medical statements. It is essential that this information is communicated to the School Lunch/Nutrition and Culinary Arts Consultants. Collaboration with food service staff is essential to assist the student with life-threatening food allergies to participate in the school meal program. With documentation from the student's health care provider, meal substitutions can be made to ensure that students are provided with food choices that avoid certain ingredients. To the extent possible, school food service staff will provide parents with food labels (upon request) so that they can identify and approve which foods their child may select for meals in school.

### **Food Service and Food Safety Considerations**

The CTECS' cafeterias will operate the school food service facilities in compliance with state and local regulations and institute the following preventive measures:

### Food Service & Custodial Personnel:

- Utilize effective sanitation and cleaning measures, such as cleaning of lunch table and classroom surfaces with disposable paper towels and cleaning products known to effectively remove food proteins.
- Promote hand-washing practices following eating to prevent cross-contact using recommended procedures of soap and water or hand wipes when soap and water are not available. (Hand sanitizers are not effective for removing food allergens or dirt.)
- Enforce safe practices among students, such as prohibiting meal/snack swapping, utensil swapping among students, and prohibiting eating on school transportation.
- Reserve options for allergen-free zones such as the classroom, lunch tables, or cafeteria zone to decrease exposure to allergen.
- Reserve options for food-free common areas (such as libraries, music and art rooms, etc.).

### Administrative Personnel

- Provide supervision in the cafeteria by trained and knowledgeable staff in recognition of symptoms of anaphylaxis and emergency plans.
- Plan for celebrations (birthdays, school parties, holidays, and other school events) which may include alternatives to food for celebrations and provisions for allergy-free foods for celebrations, etc.
- Plan for fire drills, lockdowns, or shelter in place, which may include considerations for access to medications, allergy-free foods, etc.
- Plan for parent organization group-sponsored events for students including those with life-threatening food allergies.
- Develop common practices for alerting and assigning substitute staff for school nurses and teachers.
- Adhere to OSHA and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.

### Parents

- Inform the school nurse of your child's allergies prior to the opening of school (or as soon as possible after a diagnosis).
- Provide the school nurse with health information from your health care provider.
- Provide the school nurse with medication orders from the licensed provider.
- Participate in developing an Individualized Health Care Plan with the school nurse and school team.
- Provide the school nurse with at least annual updates on your child's allergy status.
- Provide the school nurse with written permission to communicate with your health care provider.
- Provide the school with at least two up-to-date epinephrine auto-injectors.
- Provide the school nurse with the licensed provider's statement if student no longer has allergies.
- Provide the school with a way to contact you (cell phone, beeper, etc.).
- Provide a list of foods and ingredients to avoid.
- Consider providing a medical alert bracelet for your child.
- Be willing to go on your child's field trips if possible and if requested.
- Review the list of student responsibilities with your child and be sure he/she understands his role.
- Consider teaching children to carry their own epinephrine auto-injector.
- Communicate the seriousness of the allergy.
- Communicate symptoms as they appear.
- Read labels.
- Consider teaching your child to recognize potentially dangerous situations and make good safety decisions.

- Consider having your child administer own epinephrine auto-injector and be able to train others in its use if necessary.

### Students

- Learn to recognize symptoms of an allergic reaction.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear. Ask a friend to help you if you cannot get an adult.
- Follow safety measures established by your parent(s)/guardian(s) and school team at all times.
- Do not trade or share foods with anyone.
- Do not eat any food item that has not come from home or been approved by your parent or guardian.
- Wash hands before and after eating.
- Develop a rapport, with the school nurse and/or another trusted adult in the school to assist you in the successful management of the allergy in school.
- Carry your epinephrine auto-injector at all times.
- Report any instances of teasing or bullying to an adult immediately.

### Accommodations

#### Banning of Specific Foods

Presently there are no foods banned from CTECS cafeterias for serving or selling except those that are appear in the state and federally mandated Competitive Foods Act and other state and federal restrictions.

#### Food/Meal Substitutions

Substitutions shall be made on a case-by-case basis and when supported by a statement of the need for substitutions, i.e., recommended alternate foods, unless otherwise exempted by USDA Food and Nutrition Services. Such statement shall, in the case of a handicapped student, be signed by a physician or, in the case of a non-handicapped student, by a recognized medical authority.

#### Pricing

Substituted meals will be offered at no extra charge. A la carte foods and/or culinary “made” menu items and serving sizes will be priced exclusively by the Nutrition & Food Services Unit and are applicable to the entire school population.

### **Administration of Medication(s) to Students with a Life-Threatening Food Allergy**

- Students with conditions which may require prompt treatment to protect them from serious harm or death will be allowed to self administer medication in (eg. Inhaler, EpiPen, Insulin) in accordance with the approved procedure for self administration of medication (1) when ordered by authorized prescriber, (2) authorized by parent and (3) evaluated by school nurse for need, safety and appropriations
- The school nurse is responsible for general supervision of administration of medications in the school to which that nurse is assigned.
- Only medications prescribed by a written order of an authorized prescriber and written authorization of the parent or guardian can be administered.



- Only administrators and teachers who have received training in the safe administration of medications shall be allowed to administer medications to students.
- Administrators and teachers may administer oral, topical, or inhalant medications. Injectable medications may be administered by an Administrator or teacher only to a student with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

For additional information please refer to *SCHOOL HEALTH POLICY/PROCEDURES, POLICY FOR ADMINISTRATION OF MEDICATIONS* (Policy Adopted Sept. 5, 1990 and Revised Feb. 8, 1995, Procedures Revised August 2001)

### **Process for Annual Development of Individualized Health Care Plan**

The CTHS Individualized Health Care Plan (IHCP) and emergency care plan (ECP), for students with life-threatening food allergies involves obtaining and maintaining medical information and proper authorizations to administer medication from the student's health care provider, and a process to develop other accommodations within the individual health care plan such as allergen-free zones in the classroom or cafeteria.

For additional information please refer to *SCHOOL HEALTH POLICY/PROCEDURES, POLICY FOR ADMINISTRATION OF MEDICATIONS* (Policy Adopted Sept. 5, 1990 and Revised Feb. 8, 1995, Procedures Revised August 2001). Also reference the publication, *GUIDELINES FOR MANAGING LIFE-THREATENING FOOD ALLERGIES IN CONNECTICUT SCHOOLS*, Connecticut State Department of Education – 2006, as well as Appendix I, pg. XI.

### **Education & Training on Life-Threatening Food Allergy**

#### **Training for Medication Administration**

The school nurse provides the training on administration of medication to all school personnel to whom they delegate the administration of medications.

Only administrators and teachers, who have received training in the safe administration of medications from the school physician or in the absence of the physician, the school nurse, shall be allowed to administer medications to students. This training shall include, but not be limited to:

- The procedural aspects of medication administration, the safe handling and storage of medications, and recording.
- The medication needs of specific students, medication idiosyncrasies, and desire effects, potential side effects or untoward reactions.

#### **Food Service Allergy Awareness Training and Education:**

School food service employees will be provided on-going training on the issues and concerns in regards to food allergies in the school environment. The awareness training will include, but not be limited to:

- identifying the major allergens
- label reading
- cleaning and separating to avoid cross contact with allergens

- personal hygiene to avoid cross contact with allergens
- developing standard operating procedures to document and monitor allergen free measures and preparation areas within the kitchen

### School Nurses

The school nurse will update clinical knowledge and skills related to severe food allergy in school settings as necessary. This would include information pertaining to:

- allergies
- individualized health care plans
- emergency care plans
- transportation plans and issues
- accommodations within regular education
- requirements of Section 504, appropriate school district policies and procedures
- collaborating with families
- implications of normal development in drafting care plans

### School Personnel

The Nurse Supervisor and school nurse in collaboration with the parent(s) of students with life-threatening food allergies should provide education to relevant school staff such as classroom teacher/specialist, substitutes, students, school administrators, school food service staff, custodians, bus drivers, coaches and other on-site persons in charge of conducting after school activities. This education may include:

- overview of life-threatening food allergies
- prevention strategies
- emergency care plans
- medication training
- food safety
- sanitation
- specific accommodations, such as field trips

### Parents

The school nurse in collaboration with the Nurse Supervisor, and school administration will provide education to parents of students with life-threatening food allergies. This education will include:

- general information (anaphylaxis, epinephrine, etc)
- school medication policies and procedures
- school policies and procedures related to the development of school plans to manage life-threatening food allergies

### School and community partners

The Nurse Supervisor in collaboration with school administration, school medical advisor, school nurse and parent(s) of students with life-threatening food allergies will provide education to the school and community partners (including parents of children without life-threatening food allergies, health care providers and parent volunteers). This education will include:

- general terms
- prevention strategies
- school policies and procedures

### Students (peers)

The school nurse in collaboration with school administration and food allergy educators will provide education to peers of students with life-threatening food allergies. Peer education is a critical component of food allergy management at school. As students with life-threatening food allergies and their peers mature, it is often the children themselves that first recognize a reaction and summon help. Investing time in peer education at an early age has a great payoff in later years. This education will include:

- general terms (anaphylaxis, epinephrine, etc)
- school policies on prevention strategies, such as prohibiting food swapping and allergen free zones
- school policies on bullying and teasing

In addition to education of the school community, education efforts should also include education for the individual student to promote self-advocacy and competence in self-care. Strategies will include:

- collaborating to help families and school staff define reasonable (and unreasonable risks) for children at each developmental stage; these risks may include self carrying and self-administration of medication, making food choices in the school cafeteria, educating peers about life-threatening food allergies, etc.
- determining appropriate steps for safety in the context of children's needs to take risks in order to learn and develop

These strategies are often incorporated into the student's individualized health care plan.

### **Communication Measures**

Communication is essential for the implementation of an effective management plan. Expectations for communication and privacy issues between relevant school staff (such as school nurses, teachers, administrators, etc), families and the student's health care providers (such as physicians, nurses, and EMS) are defined as follows:

- Parents will inform nurse of child's allergies.
- The school nurse will obtain documentation by the student's health care provider (licensed Physician or Advanced Practice Registered Nurse [APRN]) of the life threatening allergies, including the proper authorizations for medications and emergency response protocols.
- The school nurse will develop a communication process with the student's health care providers and parents regarding individual student's prevention and management plans with proper authorization.
- The school principal will establish communication systems within the school (i.e., walkie-talkies) and during off-site activities (i.e., cell phones or radios on school transportation and field trips).
- The Nurse Supervisor will determine communication processes between school and parents of children without life-threatening food allergies including standard parental notification letters regarding allergen classrooms.
- The Nurse Supervisor will establish procedures that ensure the appropriate people (such as all teachers, paraprofessionals, food service, custodian, bus driver and substitute staff) are familiar with the Individual Health Care Plan and emergency plan.

**Appendices**

APPENDIX A	Student Incident Report
APPENDIX B	Record of Training of School Personnel in Medication Administration
APPENDIX C	Training of School Personnel Medication Administration Performance Checklist
APPENDIX D	Self Medication Assessment Form
APPENDIX E	Standing Order: Allergic Reaction
APPENDIX F	Standing Order: Anaphylactic Reaction
APPENDIX G	Emergency Care Plan
APPENDIX H	Food Allergy Treatment Plan and Permission for the Administration of Medications by the School
APPENDIX I	Individualized Health Care Plan (sample)
APPENDIX J	Legislation

APPENDIX A  
**CONNECTICUT TECHNICAL HIGH SCHOOL SYSTEM**

**STUDENT INCIDENT REPORT**

*NOTE: THIS REPORT SHALL BE COMPLETED, AS MUCH AS IS POSSIBLE, BY THE INSTRUCTOR/COACH RESPONSIBLE FOR THE STUDENT AT THE TIME OF THE INCIDENT, IF THE INCIDENT RESULTS IN AN INJURY WHICH REQUIRED PHYSICIAN EVALUATION, TREATMENT OR FOLLOW-UP. A COPY OF THE INCIDENT REPORT IS TO BE FORWARDED BY THE SCHOOL NURSE TO THE HEALTH OCCUPATION CONSULTANT IN CENTRAL OFFICE, MIDDLETOWN, CT WITHIN SEVEN DAYS OF THE INCIDENT.*

SCHOOL: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_ Street \_\_\_\_\_ town \_\_\_\_\_ zip

INCIDENT:

DATE OF: \_\_\_\_\_ TIME OF: \_\_\_\_\_ LOCATION OF: \_\_\_\_\_

DESCRIPTION OF INJURY: \_\_\_\_\_

NAME OF PERSON SUPERVISING STUDENT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DESCRIPTION OF INCIDENT BY SUPERVISORY PERSONNEL:

\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF INCIDENT BY STUDENT INVOLVED:

\_\_\_\_\_  
\_\_\_\_\_

NAME OF WITNESS (es), IF ANY: \_\_\_\_\_

DESCRIPTION OF INCIDENT BY WITNESS (es):

\_\_\_\_\_  
\_\_\_\_\_

DISPOSITION OF STUDENT:

1. TREATED AT SCHOOL: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, By Whom: \_\_\_\_\_

Treatment Rendered:

\_\_\_\_\_

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Parent/Guardian Notified of Incident: Yes\_\_\_\_\_ No \_\_\_\_\_

If yes, By Whom: \_\_\_\_\_

Parent/Guardian Advised of Need For Further Medical Treatment: Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, By Whom: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Student Removed To Home: Yes\_\_\_\_ No\_\_\_\_\_

If yes, By Whom: \_\_\_\_\_ Date/Time: \_\_\_\_\_

2. TREATED BY A PHYSICIAN: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, By Whom: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Treatment Rendered:

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3. TREATED AT A MEDICAL FACILITY: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, By Whom: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Treatment Rendered:

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4. REFERRED FOR FOLLOW-UP: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, By Whom: \_\_\_\_\_ Date/Time: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_ DIRECTOR'S SIGNATURE: \_\_\_\_\_





APPENDIX C

**TRAINING OF SCHOOL PERSONNEL**

**MEDICATION ADMINISTRATION PERFORMANCE CHECKLIST**

The administrator/teacher must demonstrate the ability to prepare, administer, and record the administration of medication by successfully completing the following items:		
Use the following codes to indicate the persons' performance S-Satisfactory, U-Unsatisfactory	<b>S</b>	<b>U</b>
Calmly approaches task.		
Allows no distractions.		
Keeps medication closet locked at appropriate times.		
Compares physicians' orders with medication record and the bottle label.		
Assembles appropriate equipment.		
Uses good hand washing technique.		
Reads drug label 3 times.		
Prepares medications correctly		
Defines desired effect of medication being administered		
Describes side effects of medications being administered		
Identifies the correct person		
Administers medications properly		
Checks that the person has swallowed the medication		
Uses good hand washing and disposal techniques		
Documents correctly		

Comments: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Administrator/Teacher Signature

\_\_\_\_\_  
 Physician/School Nurse Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

APPENDIX D

CONNECTICUT STATE DEPARTMENT OF EDUCATION  
Connecticut Technical High School System

**SELF- MEDICATION ASSESSMENT FORM**

Student: \_\_\_\_\_ School: \_\_\_\_\_

D. O. B: \_\_\_\_\_ Age: \_\_\_\_\_

Physician/Behavioral Limitations: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Self-Medication Criteria:

- A. Student is capable of identifying individual medication [ ] Yes [ ] No  
Comments: \_\_\_\_\_
- B. Student is knowledgeable of purpose of individual medication [ ] Yes [ ] No  
Comments: \_\_\_\_\_
- C. Student is able to identify/associate specific symptom occurrence and need for medication administration [ ] Yes [ ] No  
Comments: \_\_\_\_\_
- D. Student is capable/knowledgeable of medication dosage [ ] Yes [ ] No  
Comments: \_\_\_\_\_
- E. Student is knowledgeable about method of medication administration [ ] Yes [ ] No  
Comments: \_\_\_\_\_
- F. Student is able to state side effects/adverse reactions to medication [ ] Yes [ ] No  
Comments: \_\_\_\_\_
- G. Student is knowledgeable of how to access assistance for self if needed in an emergency  
[ ] Yes [ ] No  
Comments: \_\_\_\_\_
- H. An individual Health Care Plan has been developed for the student which will monitor and evaluate student's health status [ ] Yes [ ] No

Based on Assessment:

- [ ] Student is not a candidate for self-medication program at this time.  
[ ] Student is a candidate for self-medication program with supervision.  
[ ] Student has successfully completed self-medication training and demonstration of self-administration.

Comments: \_\_\_\_\_

Director/Teachers notified [ ] Yes [ ] No

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX E

**STANDING ORDER**

**Appendix E Standing Order: Allergic Reaction**

**Allergic Reaction (based on the Connecticut Technical Education and Career System Procedural Plan for Managing Life Threatening Food Allergies)**

**Any student who is identified as having an allergic reaction should have their personal medication for treatment prescribed by his/her health care provider.**

**The Licensed Registered Nurse may administer oral and/or injectable medication to any student or staff in the case of anaphylactic reaction or risk of such a reaction.**

**Severe Allergic Reaction**

**Symptoms: signs of apprehension, mild wheeze, mild hives, mild itching or mild edema of the face and/or lips**

**1) If weight  $\leq$  85 lbs give Benadryl (diphenhydramine) 25mg po x1 = one 25mg tab/cap or 2 tsp (12.5mg/5cc) elixir.**

**OR**

**2) If weight > 85 lbs give Benadryl (diphenhydramine) 50 mg po x1 = two 25 mg tabs/caps or 4 tsp (12.5mg/5cc) elixir.**

**3) Notify Parent/guardian and advise to consult health care provider immediately**

**4) Continue to observe for symptoms of anaphylaxis and administer epinephrine auto injector (Epipen™) in keeping with anaphylaxis protocol if needed  
Additional orders:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed \_\_\_\_\_ M.D.**

**Date \_\_\_\_\_**

**4/2006**

APPENDIX F

**STANDING ORDER  
Anaphylactic Reaction**

**Symptoms: flushing of the skin, generalized itching or pronounced hives, edema of lips, tongue and/or face, drooling, respiratory difficulty—strider, wheezing, difficulty speaking--vomiting, abdominal cramping, decrease in blood pressure, weak rapid pulse, loss of consciousness; reaction may be biphasic**

- 1) Administer epinephrine auto injector (Epipen™) into outer thigh.**
- 2) Activate EMS (911).**
- 3) Monitor VS & oxygen saturation**
- 3) Keep patient supine; elevate feet, maintain airway.**
- 3) Notify Administrator.**
- 4) Notify parent/guardian.**
- 5) May repeat Epipen in 10-15 minutes after first dose if symptoms of a general reaction persist or recur.**
- 6) Complete report of Epinephrine Administration form (see Medication Administration Policy and Procedure)**

**Additional orders:**

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**Signed** \_\_\_\_\_ **M.D.**

**Date** \_\_\_\_\_

**4/2006**



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**Procedural Plan for Managing Life-Threatening Food Allergies in Connecticut Schools**

Appendix I

<b>INDIVIDUALIZED HEALTH CARE PLAN</b>				
<b>Name:</b> _____ <b>Birth Date:</b> _____ <b>Grade:</b> ____ <b>Teacher:</b> _____				
<b>Plan effective from:</b> _____ <b>2005</b> to <b>2006</b> _____				
<b>ASSESSMENT DATE/NURSE</b>	<b>FUNCTIONAL HEALTH CONCERN</b>	<b>STUDENT OBJECTIVE(S)</b>	<b>INTERVENTIONS</b>	<b>EVALUATION</b>
	<p>Risk of anaphylactic reaction (life-threatening allergic response) related to the ingestion or inhalation of peanuts and/or tree nuts (protein component)</p> <p>Risk of severe allergic reaction to the ingestion or inhalation of [add other allergens here if applicable, or delete]</p>	<p>Student will cooperate with staff 100% of the time by following school, classroom and INDIVIDUAL HEALTH CARE PLAN rules in order to remain free of allergic reactions while in school.</p> <p>If student suspects that he/she has ingested (fill in food allergens), student will immediately notify staff who will implement the IECP according to the allergen-specific plan.</p> <p>Student will cooperate with staff members 100% of the time if they need to implement the IECP.</p>	<p>Parents will:</p> <ul style="list-style-type: none"> <li>◇ inform, school nurse and teacher of food allergy.</li> <li>◇ provide a physician’s order and medication for medical intervention.</li> <li>◇ inform school nurse of any changes in health status as relates to food allergy and treatment.</li> <li>◇ educate student in the self-management of his/her food allergies appropriate for his/her age level.</li> <li>◇ provide safe snacks/treats for student to keep in school and, if desired, a list of appropriate foods for student to have at snack.</li> <li>◇ provide wipes for classmates to use entering room in am and after lunch.</li> </ul> <p>Nurse will:</p> <ul style="list-style-type: none"> <li>◇ meet with parents and teacher to develop a prevention plan.</li> <li>◇ post “peanut/nut-free” sign outside of classroom.</li> <li>◇ work with teacher to eliminate the use of peanuts/tree nuts in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and craft projects.</li> <li>◇ educate school staff who interact with student regarding food allergy, allergic reaction symptoms, recognizing signs and symptoms of anaphylaxis, and prevention and treatment plans.</li> <li>◇ train school staff in Epipen® administration, as appropriate.</li> <li>◇ develop and disseminate emergency care plan for student (add use of walkie-talkie if appropriate and specific to student),</li> <li>◇ review cleaning/care of nut/peanut free table in cafeteria with maintenance and cafeteria staff.</li> </ul>	<p>[Enter documentation method or date(s) accomplished for all applicable interventions].</p>

## State Legislation

### Public Act 05-104 An Act Concerning Food Allergies and the Prevention of Life Threatening Incidents in Schools

Section 1. (NEW) (Effective from passage) (a) Not later than January 1, 2006, the Department of Education in conjunction with the Department of Public Health, shall develop and make available to each local and regional board of education guidelines for the management of students with life-threatening food allergies. The guidelines shall include, but need not to be limited to: (1) Education and training for school personnel on the management of students with life-threatening food allergies, including training related to the administration of medication with a cartridge injector pursuant to subsection (d) of section 10-212a of the general statutes, (2) procedures for responding to life-threatening allergic reactions to food, (3) a process for the development of individualized health care and food allergy action plans for every student with a life-threatening food allergy, and (4) protocols to prevent exposure to food allergens.

(b) Not later than July 1, 2006, each local and regional board of education shall implement a plan based on the guidelines developed pursuant to subsection (a) of this section for the management of students with life-threatening food allergies enrolled in the schools under its jurisdiction.

### Public Act 05-122 An Act Concerning Food Allergies

Requires the Commissioner of Public Health to provide regulations with respect to qualified food operators that require the contents of the test administered to include elements testing the qualified food operator's knowledge of food allergies, effective October 1, 2005.

### C.G.S. Section 19a-36

Provides the statutory authority for the Commissioner of Public Health to establish a Public Health Code. The State of Connecticut Public Health Code gives the regulatory authority of food service establishments to local directors of health and their authorized agents. School food service under the jurisdiction of local directors of health must comply with section 19-13-B42 of the State of Connecticut Public Health Code (PHC). This regulation and the supporting compliance guide may be obtained at: [http://www.dph.state.ct.us/BRS/Food/food\\_protection.htm](http://www.dph.state.ct.us/BRS/Food/food_protection.htm)

### C.G.S. Section 10-95

Authorizes the State Board of Education to maintain the Connecticut Technical High Schools and make rules for the management of such schools.

### C.G.S. Section 10-212a

Authorizes the administration of medicines by school personnel. It states that a school nurse, the principal or any teacher of a school may administer medicinal preparations to any student at such school pursuant to the written order of a physician or dentist or an Advanced Practice Registered Nurse (ARPN) licensed to prescribe in accordance with Section 20-94a, as amended, or a Physician Assistant (PA) licensed to

prescribe in accordance with Section 20-12d, and the written authorization of a parent or guardian of such child.

### Federal Legislation

Certain federal laws may also be relevant to school districts' responsibilities for meeting the needs of students with severe food allergies. It is important to note, however, that there is considerable variation in interpretation of these laws with respect to students with severe food allergies, as there is variability among the practices of school districts in addressing the needs of these students in school. Additionally, Connecticut has created an entitlement to an individualized health care plan for a child with life-threatening food allergies without reference to a child's status as disabled under either Section 504 of the Rehabilitation Act of 1973 (Section 504) or individuals with Disabilities Education Act (IDEA).

Section 504 of the Rehabilitation Act of 1973 prohibits all programs and activities receiving federal financial assistance, including public schools, from discriminating against students with disabilities as defined in the law. A student with a disability under Section 504 is defined as one who has a physical or mental health impairment (in this case, life-threatening food allergy) that "substantially limits a major life activity, "such as walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks (29 U.S.C 794§ 504; 34 C.F.R. § 104 et seq.).

"Substantially limited" is not defined in the law or Section 504 regulations. It is the responsibility of the Section 504 team to determine eligibility criteria and placement as outlined in the regulations. In order to determine a child's qualification, an individualized assessment of the child is required. If qualified, the child is entitled to receive a free, appropriate public education, including related services. These services should occur within the child's usual school setting with as little disruption as possible to the school's and the child's routines, in a way that ensures that the child with a disability is educated to the maximum extent possible with a disability is educated to the maximum extent possible with his non-disabled peers.

The Americans with Disabilities Act (ADA) of 1990 also prohibits discrimination against any individual with a disability and extends the Section 504 requirements into the private sector. The ADA contains a definition of "individual with a disability" that is almost identical to the Section 504 definition. The ADA also provides a definition of substantially limits (42 U.S.C § 12101 et seq.; 29 C.F.R. § 1630 et seq.).

The Individuals with Disabilities Education Act of 1976 (IDEA) provides financial assistance to the state and local agencies for educating students with disabilities that significantly interfere with learning. Children are eligible if they fit into one or more of the 13 categories of disability defined in the law and if, because of the disability, they require specialized instruction (20 U.S.C § 1400 et seq.; 34C.F.R. § 300 et seq.).

The Family Education Rights and Privacy Act of 1974 (FERPA) protects the privacy of students and their parents by restricting access to school records in which individual student information is kept. This act sets the standard for the confidentiality of student information. FERPA also sets the standards for notification of parents and eligible students of their rights with regards to access to records, and stipulates what may or may not be released outside the school without specific parental consent. Within schools, FERPA requires that information be shared among school personnel only when there is a legitimate educational interest.

Occupational Safety and Health Administration (OSHA), a regulatory agency within the U.S. Department of Labor, requires schools in Connecticut to meet safety standards set forth by this agency. These standards include the need for procedures to address possible exposure to blood-borne pathogens. Under OSHA regulations, schools are required to maintain a clean and healthy school environment. Schools must adhere to Universal Precautions designed to reduce the risk of transmission of blood-borne pathogens, which include the use of barriers such surgical gloves and other protective measures, such needle disposal, when dealing with blood and other body fluids or tissues.