



Florida Department of Education

Students with Life-Threatening Allergies

2017 Updated Guidance

Contributors

Patty Caulfield, RN, MSN, NCSN
Lead School Board Nurse
Seminole County Public Schools

Lisa Kern MSN, RN, NCSN
Board of Directors and Executive Committee
National Association of School Nurses
Florida Association of School Nurses
Supervisor Student Health Services
Pasco County Schools

Dianne Mennitt, DNP, RN, PHCNS-BC,
AE-C, NCSN
School Nurse Consultant
Student Support Services Project* University of
South Florida
Bureau of Exceptional Education and Student
Services
Florida Department of Education
Dianne.Mennitt@fldoe.org

Amy C. Rikken, BSN, RN
School Health Program Administrator
Bureau of Chronic Disease Prevention
Division of Community Health Promotion
Amy.Rikken@flhealth.gov

Jennifer Rivera, BS, RN
Registered Nurse Consultant
Florida Department of Health
Community Health Promotion
Bureau of Chronic Disease Prevention
School Health Program
Jennifer.Rivera@flhealth.gov

Matt Vargas, BSN, RN
School Health Services Program
Bureau of Chronic Disease Prevention
Division of Community Health Promotion
Florida Department of Health
Matthew.Vargas@flhealth.gov

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Students with Life-Threatening Allergies

Introduction

The 2005 Florida Legislature created the Kelsey Ryan Act to give students the right to carry and self-administer an epinephrine auto-injector on school grounds if exposed to their specific life-threatening allergen. In 2006, the Florida Department of Education (FDOE), working in partnership with the Florida Department of Health, and public and private partners, developed a technical assistance paper, *Implementing the Kelsey Ryan Act*, to provide guidance for the implementation of the approved legislation in Florida schools. Since that initial guidance was developed, [Rule 6A-6.0251, Florida Administrative Code \(F.A.C.\)](#), has been promulgated. The purpose of this document is to provide updated guidance for local school health programs, county school district administrators and charter schools to support a safe learning environment for students with life-threatening allergies. Based on the provisions specified in [section \(s.\) 1002.20, \(3\)\(i\)1., Florida Statutes \(F.S.\)](#), and [Rule 6A-6.0251, F.A.C.](#), these guidelines provide updated recommendations to:

- 1) Ensure the student's rights as well as the safety of other students.
- 2) Clearly identify roles and responsibilities of school districts, schools school health staff and parents to ensure that the student with life-threatening allergies has consistent and immediate access to their emergency injectable medication.
- 3) Ensure that emergency medical services (EMS) are engaged immediately in the sequence that puts the safety of the student first.
- 4) Ensure services are safe and performed in accordance with nursing practice standards through nursing care planning, delegation, training and monitoring of direct service providers.

Background

Life-threatening allergies present increased challenges in schools. According to the *2015-2016 Annual School Health Services Report*, there are more than 35,000 students with life-threatening allergies in Florida schools. Another 212,151 students diagnosed with asthma may also experience life-threatening allergic reactions if exposed to allergens. When students with life-threatening allergies are exposed to their specific allergens, the immediate administration of epinephrine through an auto-injector syringe may be life saving. Florida law authorizes students at risk of a life-threatening allergic reaction to carry and self-administer prescribed epinephrine through an auto-injector. [Section 1002.20\(3\)\(i\)1., F.S.](#), states:

“A student who has experienced or is at risk for life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer epinephrine by auto-injector while in school, participating in school-sponsored activities or in transit to or from school or school-sponsored activities if the school has been provided with parental and physician authorization. ...A school district, county health department, public-private partner and their employees and volunteers shall be indemnified by the parent of a student authorized to carry an epinephrine auto-injector for any and all liability with respect to the student's use of an epinephrine auto-injector pursuant to this paragraph.”

School environments provide numerous opportunities for exposure to allergens. Examples of allergens include food and food additives, stinging insects, medications, chemicals and chemical odors such as paint and perfumes, animal hair, and latex rubber. Anaphylaxis is the medical term for the life-threatening allergic reactions that may occur when allergic individuals are exposed to specific allergens. Anaphylaxis is a collection of symptoms affecting multiple systems in the body. Signs and symptoms include one or more of the following:

- Hives, itching (of any body part);
- Vomiting, diarrhea, stomach cramps;
- Red, watery eyes, runny nose;
- Wheezing, coughing, difficulty breathing, shortness of breath;
- Throat tightness or closing, difficulty swallowing, change of voice;
- Flushed, pale skin, dizziness;
- Swelling (of any body part);
- Fainting or loss of consciousness;
- Sense of doom;
- Change in mental status; and
- Itchy scratchy lips, tongue, mouth and/or throat.

Exposure to allergens may produce immediate reactions followed by delayed symptoms up to two to four hours later (biphasic anaphylaxis). Initial symptoms may respond to epinephrine, but the second reaction may not respond at all to epinephrine. For this reason, it is imperative to transport the student by emergency medical services to the nearest hospital emergency department immediately following the administration of epinephrine even if the symptoms appear to have been resolved.

To ensure the safety of students with life-threatening allergies, advanced planning, training and preparation are necessary. These preparations must occur in collaboration with parents, school nurses, health care providers, and school faculty and staff who will have direct contact with the student during the school day. Students with life-threatening allergies should have a personal allergy management plan that includes prevention of exposure to their specific allergen as well as carrying and self-administration of emergency medication. Given the mobility of students throughout campus during the school day, the presence of a nurse on campus does not ensure the immediate availability of emergency medication for a student's life-threatening emergency. All classroom teachers and school personnel likely to be present in the event of exposure to allergens must be aware of the school and district policies and be prepared to respond immediately.

NOTE: There are many types of food-related conditions and diseases, ranging from the problem of digesting lactose in milk that can result in gas, bloating and diarrhea, to reactions caused by gluten (celiac disease) that can result in severe malabsorption and other serious health problems. These conditions and diseases may be serious but are not immediately life-threatening and are not addressed in these guidelines.

The school nurse is responsible for the development of the student's individualized healthcare plan (IHCP). The IHCP should include student-specific allergen information, the emergency management plan and the names of school staff prepared to respond to an anaphylaxis emergency.

It is most likely that in the face of a natural disaster or emergency, all students will be sent home from school. In the event that environmental hazards exist that would prevent the students from leaving the school or that may precipitate an allergic episode, EMS must be aware that environmentally fragile students with life-threatening allergies may be in the affected schools.

Every effort should be made to remove the students with life-threatening allergies safely and ensure that emergency medication is available to the students. Guidelines to assemble and use a *TO-GO-KIT* are detailed in *Emergency Guidelines for Schools, 2016 Florida Edition* at <http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/reports-information.html>.

Legal Aspects to Consider

A combination of state and federal laws guarantees access to education and to health and other support services that enable students with special health needs to attend school. [Section 381.0056, F.S.](#), mandates basic school health services for all students; [s. 1006.062, F.S.](#), mandates assistance with medication and special procedures; [s. 1002.20\(3\)\(i\)1., F.S.](#), gives students the right to carry and self-administer epinephrine. [Rule 6A-6.0251, F.A.C.](#), provides implementation recommendations for use of the student's epinephrine auto-injector while in school, participating in school-sponsored activities, or in transit to or from school or school-sponsored activities.

Under Section 504 of the Rehabilitation Act of 1973 (Section 504), the extent of the school district's obligations to make reasonable modifications requires a case-by-case assessment. If it is determined that the student is eligible for services under Section 504, the Section 504 team develops a Section 504 plan to document the services the school district will provide. The student's IHCP provides the health information and activities for the student's Section 504 plan. Technical assistance to guide Section 504 teams in determining what is required for students who have an IHCP is provided in the *Individual Healthcare Plans and Section 504 White Paper* (2012) at <http://sss.usf.edu/resources/topic/section504/index.html>.

If the district determines that the student is eligible for services under the Individuals with Disabilities Education Act (IDEA), the district documents the related aids and services in the student's individual educational plan (IEP). The student's IHCP provides the health information and activities for the health portion of the student's IEP.

The Florida Nurse Practice Act (2017), Chapter 464, F.S., regulates the practice of registered professional nurses (registered nurse [RN]) and licensed practice nurses (LPN) in Florida. In s. 464.003(20), F.S., the "practice of professional nursing" is defined as:

The performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences, which shall include, but not be limited to:

- a. The observation, assessment, nursing diagnosis, planning, intervention and evaluation of care; health teaching and counseling of the ill, injured or infirm; and the promotion of wellness, maintenance of health and prevention of illness of others.
- b. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.
- c. The supervision and teaching of other personnel in the theory and performance of any of the above acts.

While the need for student health services in schools is steadily growing, the supply of school nurses remains static or in some areas, is decreasing. To meet the health care needs of students, unlicensed assistive personnel (UAP) must be involved. Further clarification of the RN role and responsibilities in delegation and supervision is provided in Chapter 64B9-14, F.A.C., Delegation to Unlicensed Assistive Personnel. *The Role of the Registered Nurse in the Delegation of Care in Florida Schools* (2010) provides technical assistance guidance at <http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/reports-information.html>.

Healthcare Planning and Implementation Meeting

At the beginning of each school year and at other times during the school year, the school nurse should organize and facilitate a planning and implementation meeting to develop the IHCP for newly diagnosed students. When possible, it is best to conduct this meeting before the student starts school. Sample healthcare plans are provided in Appendix A. The meeting participants should include anyone who may have a role in the student's care. Health care planning topics should include:

- The current medical and emergency management plans;
- Special requirements or restrictions relating to nutrition or environmental factors;
- The student's level of knowledge and skills related to self-management;
- Student-specific signs and symptoms of exposure to allergens;
- The plan for the student's care in the event of a disaster;
- Expectations of the parent or guardian regarding the provision of health services to be provided by the school-based staff;
- Expectations of the school staff regarding what equipment and health services must be provided by the parent or guardian;
- A discussion involving all relevant factors in the selection of school-based staff willing and able to take on the responsibility of safely providing care; and
- Student's status under IDEA or Section 504.

Policy Guidance for School Districts

The well-being of a student with life-threatening allergies requires a collaborative partnership among the healthcare provider, the school and the home. The student's family and the healthcare team are responsible for the medical management and should contribute information for development of the IHCP. The school district and administrators should be familiar with the school health issues and responsibilities associated with students with life-threatening allergies and ensure consistent care through districtwide policies. Nursing services should be in accordance with nursing practice standards. Though governed by different laws and sometimes provided by different agencies, districts and school nursing services are overlapping and interdependent. Several national education and health organizations have jointly issued guidance for schools regarding students with life-threatening allergies. In 2013, the Centers for Diseases Control and Prevention (CDC) developed *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs* and *Food Allergy Guidelines FAQs* at <https://www.cdc.gov/healthyschools/foodallergies/index.htm>.

District Responsibilities

- Create policies and a systemwide emergency plan to address life-threatening allergies.
- Encourage all capable staff and volunteers to maintain current cardiopulmonary resuscitation (CPR) and first aid certifications.
- Require IHCP planning by a nurse to include parents or guardians, appropriate school staff, school health personnel and the student's healthcare provider.
- Develop an ongoing working partnership with EMS for school-specific emergency response plans.
- Include a policy that clearly specifies that 911 be called **immediately** in an emergency whenever an epinephrine auto-injector is used, followed by notification of school administration and parents or guardians.
- Develop policies that promote safe school environments, such as latex-free, pet-free and integrated pest management, as well as food-free classrooms (or develop protocols to prevent exposure to allergens).
- Provide annual inservice education to all appropriate staff (e.g., administrators, teachers, bus drivers, food services staff, custodians and volunteers) to ensure understanding and follow-through of all procedures.
- Include a no-food-sharing, no-utensil-sharing policy to be enforced districtwide.
- Promote tolerance for differences and implement bullying prevention.

Healthcare Provider

The advanced registered nurse practitioner licensed pursuant to chapter 464, F.S., a physician licensed pursuant to chapter 458 or chapter 459, F.S., or a physician assistant licensed pursuant to chapter 458 or chapter 459, F.S., manages the medical care of the student with life-threatening allergies (s. 1006.062, F.S.). Each student should have an allergy management plan at school that addresses prevention of allergen exposure, symptoms of allergic response to known or suspected exposure, and carrying and self-administration of epinephrine by auto-injector. The licensed healthcare provider in Florida authorized to prescribe medication should assess student, family, school and community factors to determine if a student with anaphylaxis should carry and self-administer epinephrine. The healthcare provider should communicate their recommendation to the parent or guardian, provide information and guidance to the school nurse for development of the IHCP, and maintain communication with the school nurse. *Guidance for Health Care Providers Who Prescribe Emergency Medications* (2005) is provided in Appendix B.

Principal

The principal should enforce district policies to ensure that the services needed to implement the student's IHCP are available and should provide leadership to set the example for the rest of the school personnel to create a safe learning environment for the student at risk of anaphylaxis. The principal or the administrative designee should participate in basic awareness education for life-threatening allergies. In some cases, the principal or the administrative designee may choose to participate in more in-depth education to be prepared to assist in an emergency when the designated and trained teacher or UAP is unavailable.

The principal should:

- Be aware of the federal and state laws governing the educational requirements for students with special health needs.
- Ensure that all health policies related to emergency management of allergies at school are current and implemented for all school and school-sponsored activities as recommended in the *Emergency Guidelines for Schools, 2016 Florida Edition* (see the Allergic Reaction Flowchart in Appendix C).
- Encourage all capable staff to maintain current CPR and first aid certifications.
- Promote tolerance for differences and implement bullying prevention.
- Collaborate with the school nurse in selecting and designating staff to provide the student-specific services required for each student with life-threatening allergies in schools, participating in school-sponsored activities, and in transit to or from school or school-sponsored activities.
- Provide a physical environment where children with allergies will be safe.
- Require all school staff to attend scheduled trainings in order to understand universal precautions, identify allergens, recognize symptoms of anaphylaxis, and learn what to do when an emergency occurs.
- Facilitate problem solving and negotiations among members of the school-based team and the student's family.
- Have a back-up emergency plan in place that is understood by all school staff and students when the school nurse is not available.
- Formulate a contingency plan to ensure that substitute teachers are knowledgeable about emergency care of students with life-threatening allergies.

School Nurse

The school nurse functions under the scope of practice are defined by the Florida Nurse Practice Act (2017) in Chapter 464, F.S. The school nurse may be the only full- or part-time licensed healthcare professional in the school setting. Even when a nurse is on campus, the safety of students with life-threatening allergies depends on a team of trained school staff to ensure immediate access to injectable epinephrine and activation of the emergency response system. To ensure the safety of the students, the school nurse should obtain and maintain a current knowledge base and update skills and abilities related to the medical management of the school-age population. The school nurse should:

- Organize and facilitate meetings with the student's parents or guardians and other key school staff to discuss planning.
- Develop and implement an IHCP in cooperation with the student, the parents or guardians, the healthcare provider and designated school staff.
- Regularly review and update the IHCP whenever there is a change in medical management or the student's medical condition.
- Train and delegate the most appropriate UAPs or school staff for each student.
- Collaborate with the principal to select and provide or arrange for child-specific training of all school-based personnel who will have direct contact with the student on how to respond in an emergency. **(Two or more back-up persons should be trained in each school to ensure adequate coverage in an emergency.)**
- Assess communication systems in the school (e.g., intercom, walkie-talkies, cell phones and pagers) to contact appropriate staff in an emergency.

- Maintain appropriate documentation of the training and care provided and monitor the documentation of services provided by others.
- Conduct anaphylaxis training opportunities for school personnel.
- Establish and maintain a working relationship with the student's parents or guardian and healthcare provider and act as a liaison between the student's authorized healthcare provider and the school.
- Participate in Section 504 and IEP team meetings to provide relevant health information.
- Establish a process for ongoing and emergency communication with the parent or guardian, authorized healthcare provider, and designated school staff with direct care responsibilities for the student. (This should include a parental notification procedure to replace used or outdated medication.)
- Serve as the student's advocate.
- Respect the student's confidentiality and right to privacy.

Unlicensed Assistive Personnel (UAP)

In schools where a full-time UAP is assigned, that individual should assist parents or guardian and school staff in assuring that medication and supplies for the student are up to date at all times. The UAP should receive training in administering epinephrine with the auto-injector as well as district and school policies to ensure immediate activation of the emergency response system. Arrangements and agreements should be made with parents or guardians for providing student health information for EMS to take to the emergency room. The used epinephrine auto-injector should be returned to the original container or tube and given to EMS for transport to the emergency room with the student.

Teachers, Coaches, Bus Drivers, and Before- and After-School Program Staff

Teachers and coaches should provide a supportive learning environment and treat the student with life-threatening allergies the same as any other student, while at the same time making the required accommodations. All staff who will have direct contact with the student or may be present when exposure to an allergen occurs should be prepared to administer epinephrine when needed and to activate the EMS system. Teachers, coaches, bus drivers, assistants, volunteers and before and after school staff should:

- Be trained to recognize symptoms of an allergic reaction, how to administer epinephrine, and how to activate the emergency response protocol when a student is exposed to a life-threatening allergen.
- Provide a physical environment where students with allergies can be safe by:
 - Being familiar with the student's IHCP;
 - Ensuring that all temporary staff and volunteers know about the student at risk and what emergency procedures to follow;
 - Using non-food items for rewards and enforcing the district's no sharing food and utensils policy;
 - Reviewing lesson plans to eliminate allergens in areas such as science experiments, food preparation and arts classes; and
 - Teaching and allowing adequate time for proper hand washing.

We encourage local school districts to collaborate with local health departments to develop in-service training programs that cover the special considerations, emergency services and transportation of students with life-threatening allergies.

With the permission of the student and parent participation, the teacher or the school nurse may educate classmates about the special needs of an individual with life-threatening allergies and use this as an opportunity to explain allergen avoidance and the need for immediate notification if a student is exposed to an allergen.

School Counselors, Social Workers and Psychologists

School counselors, social workers and psychologists should be aware of the students in their schools who have life-threatening allergies. They may be asked to assist the student with any expressed concerns regarding allergies and to identify and respond to ineffective coping mechanisms demonstrated by the student or the family. The school counselor, social worker or psychologist should be familiar with community resources and services available to assist the student and family.

School Food and Nutrition Staff

Food service staff members may play a critical role in providing an allergen-free environment for students. They should attend basic awareness education for recognizing allergic reactions to facilitate their understanding of the direct link between their food service activities and the overall health and safety of students with food allergies. The National Food Service Management Institute (NFSMI) provides *Managing Food Allergies in School Nutrition Programs* training for school nutrition professionals to learn how to accommodate students with food allergies at <http://nfsmi.org/ResourceOverview.aspx?ID=507>. The food service staff should work with a dietitian to develop a plan so that the student with food allergies is not served any food containing an allergen. They should also:

- Provide and maintain an allergen-free table in the lunchroom and a policy for cleaning all tables.
- Participate in an allergen-free school environment to reduce or eliminate use of as many allergens as possible.
- Establish policies and procedures to eliminate cross-contamination of food and utensils.

Parents and Guardians

The school health policies should delineate roles that promote partnerships between parents or guardians, the healthcare provider and the school. For students to receive safe, consistent services while in school, it is important for parents and guardians to:

- Inform the school as soon as possible when a student is newly diagnosed as having an allergy or when a previously diagnosed student enrolls in a new school. Ideally, parents should work with the school staff prior to their child's admission to ease the student's transition into the school environment.
- Participate in an IHCP conference as soon as possible after diagnosis and prior to the start of each school year.

- Provide a medication authorization form to the school with medication and supplies for emergency care of the student's allergy.
- Monitor and replace emergency medication immediately after use or upon expiration.
- Provide the school with accurate emergency contact information and the healthcare provider's written medical orders for the student's emergency care.
- Provide the school nurse with the written medical prescription when there are changes in the medical management that affect care in school.
- Accept financial responsibility for 911 calls and emergency transportation.
- Sign appropriate written permission for authorization of prescribed medication, treatment and sharing of necessary health-related information.
- Provide the student with a medical identification tag or jewelry to wear in school.
- Work with healthcare providers, their staff and the student to promote student self-sufficiency in knowing and avoiding allergens and how to self-manage.

Student with an Epinephrine Auto-Injector

To remain active and healthy, the student with life-threatening allergies must assume some of the responsibility for following the medical management plan designed by their healthcare provider. Medication and supplies must be handled safely to prevent loss, damage or accidental injection of other students. The student should:

- Carry the auto-injector securely on their person at all times and notify an adult if it is missing.
- Notify the teacher or responsible adult to call 911 if the student has used the auto-injector.
- Cooperate with school personnel in the emergency plan of care.
- Follow the local policies and safety procedures.
- Wear a medical identification tag or jewelry while in school if provided by parent or guardian.
- Seek adult help immediately if exposed to an allergen or symptoms of an allergic reaction occur.
- Conform to an allergy reduction and avoidance diet according to the medical plan of care and take responsibility for avoiding allergens.
- Complete the initial and ongoing allergen avoidance education provided by the primary healthcare provider.
- Demonstrate competence in the use of the auto-injector (see the *Student Checklist for Self-Administration of Auto-Injector for Allergic Reactions* in Appendix A).

Recommendations for Staff Education

Knowledgeable school personnel can facilitate a normal lifestyle for students with allergies, including reduced exposure to allergens, fewer school absences, less disruption in the classroom, appropriate acute care and full participation in school activities. Annual training of school personnel will be necessary to achieve this goal. All school personnel should attend allergy awareness education classes that include:

- Federal and state guidelines and the accommodations that may be required by law;
- An overview of issues, policies and standards adopted by their school district and county health department to provide an allergen-free school environment;
- Roles and responsibilities of the student, the parents and the school-based staff;
- An overview of the usual medical plan of care for children with allergies;

- Signs and symptoms of a life-threatening allergic episode; and
- Emergency actions that may be necessary.

All school personnel and classroom teachers who have responsibility for students with life-threatening allergies should receive training that includes all of the above and student-specific information in the IHCP.

School faculty and staff who will be required to assist or monitor the student with life-threatening allergies should receive education that includes all the information listed above plus student-specific information, how to administer emergency medications and the proper sequence for immediately activating the emergency response system. These staff will need periodic competence-based monitoring and supervision of all skills by the school nurse to ensure that they can perform these tasks when needed. (see the *Sample Skills Checklist for Delegation to Unlicensed Assistive Personnel* in Appendix A.)

Criteria for Safe Delegation

The safety of the student is the primary consideration in the delivery of all health-related services provided in the school. In accordance with [s. 1006.062\(4\)\(d\), F.S.](#), nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child-specific training by a registered nurse (RN), advanced registered nurse practitioner or physician. Recognition of the distinction between *designation to perform* and *delegation of nursing tasks* is critical to the provision of safe care in the schools. (See the *Sample Delegation Check List* in Appendix A.)

Delegation

The school nurse should use professional judgment and consider the following criteria to determine safe and appropriate delegation of emergency health care services for the student who needs assistance with some or all of the emergency services:

- An IHCP is written by the school nurse in accordance with [Rule 6A-6.0251, F.A.C.](#), and approved by the parent or guardian. A copy of the IHCP should be sent to the healthcare provider.
- The school nurse has received specific written instructions from the student's healthcare provider for emergency care.
- The school nurse has arranged to be available for supervision, monitoring and consultation in an emergency.
- The UAP is trained and willing to participate in related training and student-specific training.
- The UAP staff has demonstrated competence in administration of epinephrine and in recognizing the signs and symptoms of a life-threatening allergic reaction.
- The UAP is certified in CPR and first aid in accordance with [Rule 64F-6.004, F.A.C.](#)
- The parents or guardians have provided the school or school nurse with the necessary equipment and supplies, health history information, medication authorization forms and emergency information specific to the care of the student.
- The parents or guardians have participated in an annual planning and evaluation meeting with the school nurse and school staff and have approved the IHCP.

- The parents or guardians have agreed to provide revised medical authorization forms promptly when there are changes in the student’s medical management plan.
- The parents or guardians have agreed to encourage their child to comply with local guidelines and safety precautions.
- The parents or guardians have agreed to make a diligent effort to be available by phone to the school nurse in case of an emergency.
- There is verification that the healthcare provider has assessed and educated the student and family to perform self-administration of epinephrine auto-injector.

In addition to the above mentioned conditions, the school nurse should use professional judgment and consider the following items when delegating care to staff with students who are expected to be capable of self-management:

- Documentation from the healthcare provider indicating the student’s level of independent functioning;
- Documentation that the student has demonstrated competence in determining the need for assistance and in the use of medication administration;
- Nursing documentation in the IHCP regarding student self-management; and
- Assurance that the student has agreed to follow policies and safety procedures.

The school nurse should also encourage parents and guardians to help their child become competent in self-care and avoiding allergens. The goal is for students with life-threatening allergies to eventually carry and self-administer their medication.

Summary of Critical Issues for Policy Development

This document addresses two distinct but overlapping local tasks that facilitate the student’s ability to carry and self-administer epinephrine: district policies and nursing delegation.

I. District policies should:

Enable students with a history of life-threatening allergies to carry and self-administer epinephrine in accordance with [s.1002.20\(3\)\(i\),1., F.S.](#)

- Require a support system that ensures administration of medication immediately after exposure.
- Ensure that EMS response and transport is activated **immediately** with each episode of epinephrine administration.
- Be sure that staff understands that the notification sequence places EMS notification first—ahead of principals and parents.
- Ensure that all staff, affected students and parents of students with allergies are aware that they have specific roles that must be fulfilled to ensure student safety.
- Include procedures to evaluate the success of the policy in promoting safe care of students with life-threatening allergies.

II. Nursing delegation policies are a component of the district policies and should:

- Ensure the role of the school nurse in development of the IHCP.
- Ensure that staff cooperates with the school nurse who provides nursing assessment, care planning, training and monitoring of personnel delegated to provide direct services in an emergency.
- Include a procedure for school administrators to mediate role-related problems among school staff, parents and school health personnel.

Appendix A

Sample Care Plan Forms*

- American Academy of Allergy Asthma & Immunology (AAAAI) Anaphylaxis Emergency Action Plan
- Food Allergy Research & Education (FARE)
 - Food Allergy & Anaphylaxis Emergency Care Plan English version
 - Food Allergy Action Plan Spanish version
- National Association of School Nurses (NASN)
 - Family Allergy Health History
 - Sample Individualized Healthcare Plan Template

* Source: National Association of School Nurses: (NASN) Food Allergy and Anaphylaxis: An NASN Toolkit. CDC, FARE, NSBA, and NASN, 2014 guidance and resources for food allergy and anaphylaxis management in the school setting including a same District and Support Policy Checklist. Browse the NASN Toolkit at <http://www.nasn.org/nasn/nasn-resources/practice-topics/food-allergies>.

Anaphylaxis Emergency Action Plan

Patient Name: _____ Age: _____

Allergies: _____

Asthma Yes (*high risk for severe reaction*) No

Additional health problems besides anaphylaxis: _____

Concurrent medications: _____

	Symptoms of Anaphylaxis
MOUTH	itching, swelling of lips and/or tongue
THROAT*	itching, tightness/closure, hoarseness
SKIN	itching, hives, redness, swelling
GUT	vomiting, diarrhea, cramps
LUNG*	shortness of breath, cough, wheeze
HEART*	weak pulse, dizziness, passing out

*Only a few symptoms may be present. Severity of symptoms can change quickly.
Some symptoms can be life-threatening. ACT FAST!

Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):
- | | |
|---|---|
| <input type="checkbox"/> Adrenaclick (0.15 mg) | <input type="checkbox"/> Adrenaclick (0.3 mg) |
| <input type="checkbox"/> EpiPen Jr (0.15 mg) | <input type="checkbox"/> EpiPen (0.3 mg) |
| Epinephrine Injection, USP Auto-injector- authorized generic | |
| <input type="checkbox"/> (0.15 mg) | <input type="checkbox"/> (0.3 mg) |
| <input type="checkbox"/> Other (0.15 mg) | <input type="checkbox"/> Other (0.3 mg) |

Specify others: _____

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: home _____ work _____ cell _____

Emergency contact #2: home _____ work _____ cell _____

Emergency contact #3: home _____ work _____ cell _____

Comments: _____

 Doctor's Signature/Date/Phone Number

 Parent's Signature (for individuals under age 18 yrs)/Date



PLACE
PICTURE
HERE

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: [] Yes (higher risk for a severe reaction) [] No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

[] If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

[] If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION
of symptoms
from different
body areas.



- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM

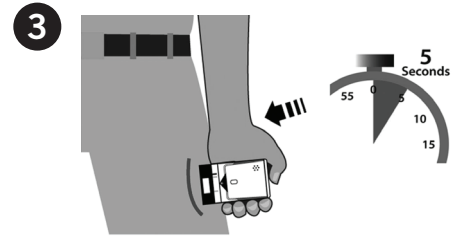
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

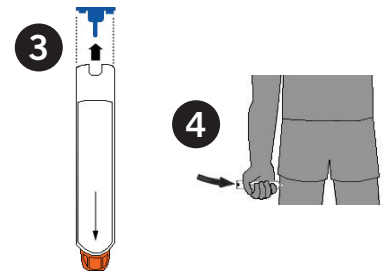
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



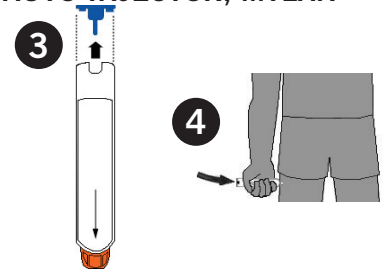
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



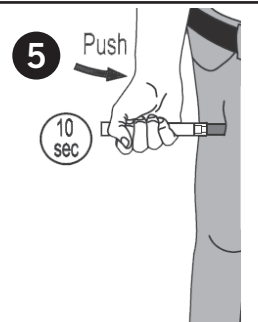
HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

COLOQUE LA IMAGEN AQUÍ

Nombre: _____ Fecha de nacimiento: _____

Alergia a: _____

Peso: _____ libras. Asma: [] **SÍ (mayor riesgo de reacción grave)** [] **No**

NOTA: No dependa de agentes antihistamínicos ni inhaladores (broncodilatadores) para tratar una reacción grave. USE EPINEFRINA.

Extremadamente reactivo a los siguientes alimentos: _____

ENTONCES:

[] Si esta opción está marcada, administre epinefrina inmediatamente en caso de que se presente CUALQUIER síntoma si existe la posibilidad de que se haya ingerido el alérgeno.

[] Si esta opción está marcada, administre epinefrina inmediatamente si definitivamente se ingirió el alérgeno, incluso si no hay síntomas.

PARA CUALQUIERA DE LOS SIGUIENTES:

SÍNTOMAS GRAVES



PULMONES

Falta de aire, sibilancia, tos reiterada



CORAZÓN

Palidez, color azulado, desmayos, pulso débil, mareo



GARGANTA

Oclusión, voz ronca, dificultad para respirar/ tragar



BOCA

Hinchazón significativa de la lengua y/o los labios



PIEL

Muchas ronchas en el cuerpo, enrojecimiento generalizado



INTESTINO

Vómitos reiterados o diarrea grave



OTRA ÁREA

Sensación de que algo malo sucederá, ansiedad, confusión

O UNA COMBINACIÓN

de síntomas de diferentes áreas del cuerpo.



- 1. INYECTE EPINEFRINA INMEDIATAMENTE.**
- 2. Llame al 911.** Comuníqueles que el niño presenta un cuadro de anafilaxia y puede necesitar epinefrina a su llegada.
 - Considere administrar más medicamentos luego de la epinefrina:
 - » Agentes antihistamínicos.
 - » Inhalador (broncodilatador) si hay sibilancia.
 - Recueste al niño, levántele las piernas y manténgalo abrigado. Si tiene problemas para respirar o vomita, hágalo sentarse o recostarse sobre un lado.
 - Si los síntomas no mejoran, o regresan, pueden administrarse más dosis de epinefrina aproximadamente 5 minutos o más después de la última dosis.
 - Avise a los contactos de emergencia.
 - Lleve al niño a la sala de emergencias incluso si los síntomas desaparecen. El niño debe permanecer en la sala de emergencias durante más de 4 horas porque los síntomas podrían volver a manifestarse.

SÍNTOMAS LEVES



NARIZ

Picazón/ secreción nasal, estornudos



BOCA

Picazón bucal



PIEL

Algunas ronchas, picazón leve



INTESTINO

Náuseas leves/ molestias

PARA SÍNTOMAS LEVES DE MÁS DE UNA DE LAS DIFERENTES ÁREAS DEL CUERPO, ADMINISTRE EPINEFRINA.

PARA SÍNTOMAS LEVES DE UNA ÚNICA ÁREA DEL CUERPO, SIGA LAS INDICACIONES A CONTINUACIÓN:

1. Se pueden administrar antihistamínicos, si así lo indica el médico.
2. Quédese con el niño; avise a los contactos de emergencia.
3. Observe detenidamente para detectar cambios. Si los síntomas empeoran, administre epinefrina.

MEDICAMENTOS/DOSIS

Marca de epinefrina: _____

Dosis de epinefrina: [] 0.15 mg por vía intramuscular
[] 0.3 mg por vía intramuscular

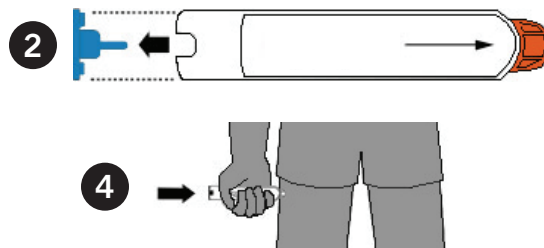
Agente antihistamínico de marca o agente antihistamínico genérico: _____

Dosis del agente antihistamínico: _____

Otro (p. ej., broncodilatador inhalable si hay sibilancia): _____

EPIPEN® (EPINEFRINA) INDICACIONES PARA EL AUTOINYECTOR

1. Retire el autoinyector EpiPen del estuche plástico.
2. Retire la tapa de seguridad azul.
3. Gire y presione firmemente la punta naranja en dirección a la parte exterior media del muslo.
4. Mantenga oprimido durante aproximadamente 3 segundos.
5. Retire el dispositivo y masajee el área durante 10 segundos.



ADRENACLICK®/ADRENACLICK® GENÉRICO INDICACIONES

1. Retire el estuche.
2. Retire las tapas grises marcadas como "1" y "2".
3. Coloque la punta redondeada roja contra la parte exterior media del muslo.
4. Presione con firmeza hasta que penetre la aguja.
5. Mantenga oprimido durante 10 segundos. Retire el dispositivo del muslo.



OTRAS INDICACIONES/INFORMACIÓN (la epinefrina se puede llevar consigo; se puede autoadministrar, etc.):

Administre el tratamiento antes de llamar a los contactos de emergencia.
Los primeros signos de una reacción pueden ser leves, pero pueden empeorar rápidamente.

CONTACTOS DE EMERGENCIA: LLAME AL 911

EQUIPO DE RESCATE: _____

MÉDICO: _____ TELÉFONO: _____

PADRE (MADRE)/TUTOR(A): _____ TELÉFONO: _____

OTROS CONTACTOS DE EMERGENCIA

NOMBRE/RELACIÓN: _____

TELÉFONO: _____

NOMBRE/RELACIÓN: _____

TELÉFONO: _____

Family Food Allergy Health History Form

Student Name: _____ Date of Birth: _____
 Parent/Guardian: _____ Today's Date: _____
 Home Phone: _____ Work: _____ Cell: _____
 Primary Healthcare Provider: _____ Phone: _____
 Allergist: _____ Phone: _____

1. Does your child have a diagnosis of an allergy from a healthcare provider: No Yes

2. History and Current Status

<p>a. What is your child allergic to?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Peanuts</td> <td><input type="checkbox"/> Insect Stings</td> </tr> <tr> <td><input type="checkbox"/> Eggs</td> <td><input type="checkbox"/> Fish/Shellfish</td> </tr> <tr> <td><input type="checkbox"/> Milk</td> <td><input type="checkbox"/> Chemicals _____</td> </tr> <tr> <td><input type="checkbox"/> Latex</td> <td><input type="checkbox"/> Vapors _____</td> </tr> <tr> <td><input type="checkbox"/> Soy</td> <td><input type="checkbox"/> Tree Nuts (walnuts, pecans, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Eggs	<input type="checkbox"/> Fish/Shellfish	<input type="checkbox"/> Milk	<input type="checkbox"/> Chemicals _____	<input type="checkbox"/> Latex	<input type="checkbox"/> Vapors _____	<input type="checkbox"/> Soy	<input type="checkbox"/> Tree Nuts (walnuts, pecans, etc.)	<input type="checkbox"/> Other: _____		<p>b. Age of student when allergy first discovered: _____</p> <p>c. How many times has student had a reaction? <input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> More than once, explain: _____</p> <p>d. Explain their past reaction(s): _____</p> <p>e. Symptoms: _____</p> <p>f. Are the food allergy reactions: <input type="checkbox"/> Same <input type="checkbox"/> Better <input type="checkbox"/> Worse</p>
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Insect Stings												
<input type="checkbox"/> Eggs	<input type="checkbox"/> Fish/Shellfish												
<input type="checkbox"/> Milk	<input type="checkbox"/> Chemicals _____												
<input type="checkbox"/> Latex	<input type="checkbox"/> Vapors _____												
<input type="checkbox"/> Soy	<input type="checkbox"/> Tree Nuts (walnuts, pecans, etc.)												
<input type="checkbox"/> Other: _____													

3. Trigger and Symptoms

- a. What are the early signs and symptoms of your student's allergic reaction? *(Be specific; include things the student might say.)* _____
- b. How does your child communicate his/her symptoms? _____
- c. How quickly do symptoms appear after exposure to food(s)? ____secs. ____mins. ____hrs. ____days
- d. Please check the symptoms that your child has experienced in the past:
- | | | | | | |
|-------------------|--|---|---|-----------------------------------|---|
| Skin: | <input type="checkbox"/> Hives | <input type="checkbox"/> Itching | <input type="checkbox"/> Rash | <input type="checkbox"/> Flushing | <input type="checkbox"/> Swelling (face, arms, hands, legs) |
| Mouth: | <input type="checkbox"/> Itching | <input type="checkbox"/> Swelling (lips, tongue, mouth) | | | |
| Abdominal: | <input type="checkbox"/> Nausea | <input type="checkbox"/> Cramps | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea | |
| Throat: | <input type="checkbox"/> Itching | <input type="checkbox"/> Tightness | <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Cough | |
| Lungs: | <input type="checkbox"/> Shortness of breath | | <input type="checkbox"/> Repetitive Cough | <input type="checkbox"/> Wheezing | |
| Heart: | <input type="checkbox"/> Weak pulse | <input type="checkbox"/> Loss of consciousness | | | |

4. Treatment

<p>a. How have past reactions been treated? _____</p> <p>b. How effective was the student's response to treatment? _____</p> <p>c. Was there an emergency room visit? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain: _____</p> <p>d. Was the student admitted to the hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain: _____</p> <p>e. What treatment or medication has your healthcare provider recommended for use in an allergic reaction? _____</p> <p>f. Has your healthcare provider provided you with a prescription for medication? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>g. Have you used the treatment or medication? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>h. Please describe any side effects or problems your child had in using the suggested treatment: _____</p>
--

5. Self Care

a. Is your student able to monitor and prevent their own exposures?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
b. Does your student:		
1. Know what foods to avoid	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Ask about food ingredients	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Read and understands food labels	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Tell an adult immediately after an exposure	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Wear a medical alert bracelet, necklace, watchband	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Tell peers and adults about the allergy	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. Firmly refuses a problem food	<input type="checkbox"/> No	<input type="checkbox"/> Yes
c. Does your child know how to use emergency medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____
d. Has your child ever administered their own emergency medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____

6. Family / Home

a. How do you feel that the whole family is coping with your student's food allergy?	_____
b. Does your child carry epinephrine in the event of a reaction?	<input type="checkbox"/> No <input type="checkbox"/> Yes
c. Has your child ever needed to administer that epinephrine?	<input type="checkbox"/> No <input type="checkbox"/> Yes
d. Do you feel that your child needs assistance in coping with his/her food allergy?	_____

7. General Health

a. How is your child's general health other than having a food allergy?	_____
b. Does your child have other health conditions?	_____
c. Hospitalizations?	_____
d. Does your child have a history of asthma?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, does he/she have an Asthma Action Plan?	<input type="checkbox"/> No <input type="checkbox"/> Yes
e. Please add anything else you would like the school to know about your child's health:	_____ _____

8. Notes:

Parent / Guardian Signature: _____ **Date:** _____

Reviewed by R.N.: _____ **Date:** _____

Student Name: _____ Grade: _____
 Teacher/Staff Contact Person: _____ Date of IHP: _____ Review Date: _____
 Secondary Health Concerns: _____

Sample Individualized Healthcare Plan – Food Allergy Management

Goal: Student will have an integrated appropriate allergy management regimen during the school day with a focus on prevention. School personnel will be prepared and trained to respond in an emergency medical situation.

INTERVENTIONS	IMPLEMENTED DATE & INITIAL	EVALUATION or OUTCOME INDICATORS (Circle & Date)																														
<p>Food Allergy Management at School</p> <ul style="list-style-type: none"> ▪ Food Allergen – Signs and Symptoms <ul style="list-style-type: none"> ○ Assist student to recognize symptoms of an allergic reaction and encourage him/her to access appropriate care and medications when needed. Show respect for self-management and self-determination. ▪ Maintain individual school health record to note allergy information from healthcare provider and exposure at school <ul style="list-style-type: none"> ○ Document original diagnosis ○ Document each episode of allergic reaction ○ Document any medications given ▪ Provide instruction to student and staff on prevention measures and emergency response <ul style="list-style-type: none"> ○ Provide appropriate guidance in creating a safe classroom and school environment to minimize the risk of exposure to food allergens. <ul style="list-style-type: none"> • Alert classroom teacher to request alternative snacks from parent ○ Provide faculty with presentation related to food allergy management. ○ Work with Food Service personnel <ul style="list-style-type: none"> • Determine if food allergic food is served 		<p>Student Health Needs and Responses</p> <p>Parent participation in health needs – Provides for child’s physical needs Provides needed medical information, medical orders and medication to school</p> <table border="1" data-bbox="1117 613 1669 714"> <tr> <td align="center" colspan="2">Never demonstrated</td> <td align="center" colspan="3">Consistently demonstrated</td> </tr> <tr> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">4</td> <td align="center">5</td> </tr> </table> <p>Student self-care - Student recognizes symptoms and self-manages food allergy well</p> <table border="1" data-bbox="1117 815 1669 915"> <tr> <td align="center" colspan="2">Never demonstrated</td> <td align="center" colspan="3">Consistently demonstrated</td> </tr> <tr> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">4</td> <td align="center">5</td> </tr> </table> <p>The following records are up to date, accurate and legible:</p> <ul style="list-style-type: none"> • Cumulative Health Record, Student Visit Record • Allergy Action Plan (Emergency Care Plan) • Medication Record <table border="1" data-bbox="1117 1081 1669 1149"> <tr> <td align="center" colspan="2">Never</td> <td align="center" colspan="3">Consistently</td> </tr> <tr> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">4</td> <td align="center">5</td> </tr> </table> <p>Prevention measures that allow student to fully access educational program</p> <ul style="list-style-type: none"> • Faculty and staff has been trained to reduce accidental exposures to allergens • Faculty and staff is willing and has been trained to respond to an anaphylactic emergency • Faculty and staff has alternative foods in classroom for curricular and celebration use 	Never demonstrated		Consistently demonstrated			1	2	3	4	5	Never demonstrated		Consistently demonstrated			1	2	3	4	5	Never		Consistently			1	2	3	4	5
Never demonstrated		Consistently demonstrated																														
1	2	3	4	5																												
Never demonstrated		Consistently demonstrated																														
1	2	3	4	5																												
Never		Consistently																														
1	2	3	4	5																												

Individualized Healthcare Plan written by: _____

Student Name: _____ Grade: _____

Teacher/Staff Contact Person: _____ Date of IHP: _____ Review Date: _____

Secondary Health Concerns: _____

<ul style="list-style-type: none">in cafeteria<ul style="list-style-type: none">• Avoid cross-contamination with allergen• Establish safe environment for all students○ Develop emergency protocols (and initiate care as needed) that include: accessing emergency care at school, as well as EMS as needed, medication protocols (including orders from healthcare provider)<ul style="list-style-type: none">• Check medications for dosage and expiration dates• Counsel student if self-carrying medication○ Develop student specific Emergency Care Plan that outlines emergency care to school staff, including teachers, support staff, food service staff, custodial staff, transportation staff▪ Instruct staff in epinephrine administration as appropriate.<ul style="list-style-type: none">○ Follow student's Emergency Care Plan at onset of symptoms○ Address specific issues that may be present for field trips and other educational activities that occur at an off campus location including box lunches, food options.○ Have plan in place in the event that the nurse is not available▪ Implement organizational changes to facilitate shared decision making for self-management of chronic illnesses.	<p>Faculty has been instructed in food allergy management</p> <table border="1"><tr><td>Never</td><td colspan="4">Consistently</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table> <p>Food Service Personnel make appropriate accommodations for student with food allergy</p> <ul style="list-style-type: none">• Substitutions are available as needed• Accommodations are made to prevent cross-contamination during food preparation• Student is protected from exposure in cafeteria while not being socially isolated <table border="1"><tr><td>Never demonstrated</td><td colspan="4">Consistently demonstrated</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table> <p>Policies and procedures are in place in school to address the following concerns:</p> <ul style="list-style-type: none">• Emergency medication availability, storage and administration• Student may self-carry if student is responsible and policy is in place• Accommodations necessary on field trips or during extra-curricular activities• Plan in place in the event that the nurse is not available <table border="1"><tr><td>Not in place</td><td colspan="4">Consistently employed</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	Never	Consistently				1	2	3	4	5	Never demonstrated	Consistently demonstrated				1	2	3	4	5	Not in place	Consistently employed				1	2	3	4	5
Never	Consistently																														
1	2	3	4	5																											
Never demonstrated	Consistently demonstrated																														
1	2	3	4	5																											
Not in place	Consistently employed																														
1	2	3	4	5																											

Individualized Healthcare Plan written by: _____

Student Name: _____ Grade: _____
Teacher/Staff Contact Person: _____ Date of IHP: _____ Review Date: _____
Secondary Health Concerns: _____

<ul style="list-style-type: none">▪ Plan and prepare for building evacuations and other emergency responses to provide care to students with allergies.<ul style="list-style-type: none">○ Have medication available in all settings○ Have medical orders available○ Have parent contact information available at all times.		
--	--	--

Individualized Healthcare Plan written by: _____

Appendix B

National and State Guidance Publications

- National Association of School Nurses (NASN)*
 - Guidelines for Health Personnel Roles Managing Student Anaphylaxis/Allergy.
 - Position Statement. Individualized Healthcare Plans: The Role of the School Nurse.

- National Heart, Lung, and Blood Institute (NHLBI). When Should Students With Asthma or Allergies Carry and Self-Administer Emergency Medications at School? Guidance for Health Care Providers Who Prescribe Emergency Medications.

- State Board of Education Rule 6A-6.0251, Florida Administrative Code.

* Source: National Association of School Nurses: (NASN) Food Allergy and Anaphylaxis: An NASN Tool Kit. CDC, FARE, NSBA, and NASN, 2014 guidance and resources for food allergy and anaphylaxis management in the school setting including a same District and Support Policy Checklist. Browse the NASN Toolkit at <https://www.nasn.org/nasn/nasn-resources/practice-topics/food-allergies>.

NASN Guidelines for Health Personnel Roles Managing Student Anaphylaxis/Allergy

Unlicensed Assistant or Licensed Practical Nurse (LPN)	Registered Nurse (RN)
I. CASE FINDING – <i>Identify students with food allergies or a history of anaphylaxis who require emergency epinephrine</i>	
<ol style="list-style-type: none"> 1. Notify RN of students with anaphylaxis following established communication procedure. 2. Identify students with anaphylaxis by reviewing the following at the beginning and throughout the school year: <ol style="list-style-type: none"> a. Forms and documents in the school health office (Emergency Cards, student health record medication forms, Early Childhood Screening forms, primary care physical exam forms, field trip permission forms, new student health records, Anaphylaxis Action Plans and athletic physical exam forms) b. Verbal or written reports from student, family, teachers or staff c. Reports or notes FROM Emergency Department (ED) or hospital admissions 	<ol style="list-style-type: none"> 1. Conduct case finding for anaphylaxis by reviewing data from a variety of sources including the student/ family, student health record, school staff, health/medical records, health history form, emergency cards, field trip permission forms 2. Record health data in the paper or electronic student health record. 3. Obtain additional history as needed.
II. NURSING CARE PROCEDURES – <i>Processes of anaphylaxis management at school – assessment, implementation of a management plan and communication with families and providers. Procedures include the delegation of certain tasks by the school nurse to trained, designated staff.</i>	
<ol style="list-style-type: none"> 1. Collect Family Food Allergy Health History, medication authorization, Anaphylaxis Action Plans or other communications from parent/guardian and/or health care provider. 2. Distribute Family Food Allergy Health History, medication authorization, Anaphylaxis Action Plans or other forms on direction of the RN. 	<ol style="list-style-type: none"> 1. The Family Food Allergy Health History is given annually to: <ul style="list-style-type: none"> • Students requiring EpiPen or anti-histamine for emergency anaphylaxis management • Newly identified or discovered students with food allergy • Students with food allergy in which more information is needed. 2. <i>Family Food Allergy Health History</i> may be sent home with student, mailed, given to parent/guardian, or completed over phone if necessary. 3. Document in student health record <i>Allergy Health History</i> was given or sent to parent/guardian. 4. Information from <i>Allergy Health History</i> is summarized in student health record nursing notes.

	<ol style="list-style-type: none"> 5. Ad “<i>Allergy with potential for anaphylaxis</i>” in student health record in uniform designated location. 6. RN uses Family Food Allergy Health History to develop Individualized Health Plan. 7. If student requires food substitutions or allergen free table, notify school food service department.
<p>Anaphylaxis Action Plan / Emergency Care Plan</p> <ol style="list-style-type: none"> 1. Annually, send request for Anaphylaxis Action Plan – Emergency Care Plan for students who require emergency medication (EpiPen or anti-histamine) for allergy exposure. <p>Give Anaphylaxis Action Plan / Emergency Care Plan to RN for review. If RN is not on site, contact RN or back-up RN as soon as possible.</p>	<p>Anaphylaxis Action Plan / Emergency Care Plan</p> <ol style="list-style-type: none"> 1. Annually, send request for Anaphylaxis Action Plan – Emergency Care Plan for students who require emergency medication (EpiPen or anti-histamine) for allergy exposure. <p>Review Anaphylaxis Action Plan/Emergency Care Plan when received and document in the student’s health record.</p> <ol style="list-style-type: none"> 2. Place Anaphylaxis Action Plan/Emergency Care Plan in medication book, and/or emergency health plan folder, or designated standard location. 3. Develop Anaphylaxis Action Plan/Emergency Care Plan for the classroom teacher(s) as needed, 4. Distribute to all staff responsible for emergency treatment. 5. Include one copy for teacher substitute folder. Place sticker on sub folder indicating presence of student in classroom with Anaphylaxis Action Plan/Emergency Care Plan.
	<p>Individual Health Plan (IHP) and 504 Plan.</p> <ol style="list-style-type: none"> 1. Develop <i>Individual Health Plan (IHP)</i> for students who require emergency medication (EpiPen or anti-histamine) for allergy exposure. 2. Send notice of eligibility for 504 plan and Notice of Rights to parent/guardian. 3. Develop 504 plan for students whose parents request this plan. 4. Review and modify <i>IHP and 504 plan</i> as needed.

	<ol style="list-style-type: none"> Summarize progress towards goals / education on IHP form regularly, and at least annually, or upon student’s withdrawal from school.
III. EMERGENCY CARE—PROVISION OF EMERGENCY MEDICATION, CALLING 911, AND CONNECTING TO HEALTHCARE PROVIDER FOR URGENT CARE AND FOLLOW UP AND ACTIONS TO PREVENT OR MANAGE EMERGENCY SITUATIONS.	
<p>Emergency Care</p> <ol style="list-style-type: none"> Administer medications per RN delegation and Anaphylaxis Action Plan when indicated (as appropriate per state nurse practice act) 	<p>Emergency Care and Planning</p> <ol style="list-style-type: none"> Collaborate with building administrator to determine staff who will be designated to provide epinephrine. Collaborate with building administrator to determine anaphylaxis training dates for all staff. Collaborate with parent/guardian and building administrator to determine where emergency medication (EpiPen and/or anti-histamine) and other supplies will be located. Train and document all designated staff in identification of anaphylaxis, the student’s individualized Anaphylaxis Action Plan and administration of emergency medication (EpiPen and/or anti-histamine). Implement Anaphylaxis Action Plan/Emergency Care Plan when indicated. If student self-carrying Epi-pen, complete self-carry agreement and review use of Epi-pen with student.
	<p>Student Health Record</p> <ol style="list-style-type: none"> Document all 911 calls in student health record. Call health services administrator to report 911 call. Document Anaphylaxis Action Plan in student’s health record when emergency medication (EpiPen and/or anti-histamine) is administered. Document other pertinent information in nursing notes. Hold a debrief session for all school personnel to evaluate emergency response per Anaphylaxis Action Plan.

	<p>5. At end of year or upon student withdrawal, file Allergy Health History, IHP, Anaphylaxis Action Plan, and self carry form in the student’s cumulative education record.</p>
<p>IV. STUDENT COUNSELING/EDUCATION—</p> <ul style="list-style-type: none"> • <i>BUILD STUDENTS’ ALLERGY KNOWLEDGE, BEHAVIOR AND POSITIVE ATTITUDE ABOUT THEIR ROLE IN ANAPHYLAXIS PREVENTION AND ALLERGY SELF-MANAGEMENT.</i> • <i>EDUCATION, INFORMATION AND MATERIALS TO PARENTS, TEACHERS, STAFF AND COACHES TO SUPPORT ANAPHYLAXIS MANAGEMENT OF STUDENTS.</i> 	
	<p>Group Education</p> <ol style="list-style-type: none"> 1. Review general information o allergies and anaphylaxis at a faculty or grade level meeting. 2. Provide written signs and symptoms in lay language for faculty as needed. <p>Individual Education</p> <ol style="list-style-type: none"> 1. Review with student allergy trigger identification and avoidance measures. 2. Review Anaphylaxis Action Plan with student. 3. If student is self-administering EpiPen, review medication administration technique. 4. Provide counseling and educate students, families and school staff on key components of anaphylaxis management. 5. Document education of student, families and staff o <i>IHP</i>. 6. Encourage students to be assertive self-advocates. Encourage students to inform subs, coaches, and other before and after school staff of their allergies.

(Adapted from Minneapolis Special School District #1 (2009). *Components of Anaphylaxis/Allergy Management in School*, Healthy Learner Model for Student Chronic Condition Management)

Individualized Healthcare Plans: The Role of the School Nurse



Position Statement

SUMMARY

It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as school nurse), in collaboration with the student, family and healthcare providers, shall meet nursing regulatory requirements and professional standards by developing an Individualized Healthcare Plan (IHP) for students whose healthcare needs affect or have the potential to affect safe and optimal school attendance and academic performance. Because health conditions can be complex and unfamiliar to school staff and the student's requirement for nursing care can be frequent and sometimes emergent, accurate and adequate documentation of chronic medical conditions and individual needs is critical (Lyon, 2012). Development of IHPs is a nursing responsibility, based on standards of care regulated by state nurse practice acts and cannot be delegated to unlicensed individuals (National Council of State Boards of Nursing [NCSBN], 2005). It is the responsibility of the school nurse to implement and evaluate the IHP at least yearly and as changes in health status occur to determine the need for revision and evidence of desired student outcomes.

BACKGROUND

The IHP is a document based on the nursing process. Since emerging in the 1970s, the nursing process is the cornerstone of nursing practice, using a scientific approach in the identification and solution of health problems in nursing practice (Hermann, 2005). The American Nurses Association (ANA) and NASN define the nursing process as a "circular, continuous and dynamic critical-thinking process comprised of six steps and that is client-centered, interpersonal, collaborative, and universally applicable" (American Nurses Association [ANA] & NASN, 2011, p. 76). Documentation of these steps for individual students who have healthcare issues results in the development of an IHP, a variation of the nursing care plan. The term IHP refers to all care plans developed by the school nurse, especially those for students who require complex health services on a daily basis or have an illness that could result in a health crisis. These students may also have an Individualized Education Plan (IEP), a 504 Student Accommodation Plan to ensure school nursing services and access to the learning environment, or an Emergency Care Plan (ECP) for staff caring for these students (Hermann, 2005).

RATIONALE

Development of the IHP by the school nurse provides a framework for meeting clinical and administrative needs:

Demonstrates Standard of School Nursing Practice

Development and implementation of the IHP is documentation of professional performance in accordance with standards of school nursing practice, the professional expectations that guide the practice of school nursing (ANA & NASN, 2011). The *Standards of School Nursing Practice* are "authoritative statements of the duties that school nurses, regardless of role, population, or specialty within school nursing are expected to competently perform" (ANA & NASN 2011, p. 4). These standards "describe a competent level of nursing care as demonstrated by the critical thinking model known as the nursing process" (ANA & NASN, 2011, p. 12).

Documents the Nursing Process

Creation of the IHP incorporates and documents the nursing process in student care in accordance with state nurse practice acts. The nursing process provides a framework for the nurse's responsibility and accountability. "The RN may delegate components of care but does not delegate the nursing process itself. The practice pervasive

functions of assessment, planning, evaluation and nursing judgment cannot be delegated” (ANA & NCSBN, 2005, p.2).

School Nursing: Scope and Standards of Practice (ANA & NASN, 2011) outlines how implementation of each step of the nursing process strengthens and facilitates educational outcomes for students. These steps parallel components of a well-developed IHP.

Standard 1. Assessment: The school nurse collects comprehensive data pertinent to the healthcare consumer’s health and/or situation.

Standard 2. Nursing Diagnosis: The school nurse analyzes the assessment data to determine the diagnoses or issues.

Standard 3. Outcome Identification: The school nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

Standard 4. Planning: The school nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard 5. Implementation: The school nurse implements the identified plan.

Standard 6. Evaluation: The school nurse evaluates progress toward attainment of outcomes.

Provides Legal Documentation

A school nurse plans safe care for students and demonstrates an appropriate standard of professional care when the IHP is used as the foundation for student health interventions. “Judicious use of the IHP as a vehicle to ensure safe nursing services and continuity of care for students with special (health) needs is a standard of care against which a school nurse’s conduct can be judged in a legal proceeding” (Hootman, Schwab, Gelfman, Gregory, & Pohlman, 2005, p. 190). Along with applicable laws including state nurse practice acts, expert testimony, organizational policies and procedures, the standard of care is a significant factor used by courts in professional liability cases (Pohlman, 2005).

Clarifies Clinical Practice

The IHP’s clinical purposes include clarifying and consolidating meaningful health information, establishing the priority set of nursing diagnoses for a student, providing communication to direct the nursing care of a student, documenting nursing practice, ensuring consistency and continuity of care as students move within and outside school districts, directing specific interventions, identifying (safe and appropriate) delegation of care, and providing methods to review and evaluate nursing goals and student outcomes (Hermann, 2005). It is important to note that student-centered outcomes are developed early in the IHP process to guide interventions and provide a basis for evaluation to take place. The IHP is the document that combines all of the student’s healthcare needs into one document for management in the school setting (Zimmerman, 2013).

Provides Administrative Information

The IHP serves administrative purposes, which include defining the focus of nursing; validating the nurse’s role in the school; facilitating management of health conditions to optimize learning; differentiating accountability of the nurse from others in the school; providing criteria for reviewing and evaluating care (quality assurance); providing data for statistical reports, research, third-party reimbursement and legal evidence; and creating a safer process for delegation of care in the school setting (Hermann, 2005).

Serves as the Foundation for Health Portion of Other Educational Plans and Emergency Plans

The IHP provides the health information and activities that can be incorporated into the health portion of other school-educational plans to foster student academic success and to meet state and federal laws and regulations. These include the Individualized Education Plan (IEP) in accordance with the Individuals with Disabilities Education

Improvement Act (P.L. 108-446, 2004) and a 504/ADA plan in accordance with Section 504 of the Rehabilitation Act (P.L. 102-569, 1992) and the Americans with Disabilities Act (P.L. 110-325, 2008).

The student Emergency Care Plan (ECP) is an emergency plan developed by the registered professional school nurse and is based on the IHP or is sometimes used instead of an IHP. The ECP is written in clear action steps using succinct terminology that can be understood by school faculty and staff who are charged with recognizing a health crisis and intervening appropriately (Zimmerman, 2013). The ECP is distributed to these individuals with the expectation that the information will be treated with confidentiality. The names of the individuals who have a copy of the ECP should be listed at the bottom (Zimmerman, 2013).

CONCLUSION

It is the responsibility of the registered professional school nurse to develop an IHP and ECP for students with healthcare needs that affect or have the potential to affect safe and optimal school attendance and academic performance. The IHP is developed by the school nurse using the nursing process in collaboration with the student, family and healthcare providers. The school nurse utilizes the IHP to provide care coordination, to facilitate the management of the student's health condition in the school setting, to inform school-educational plans, and to promote academic success. The ECP, written by the school nurse, is for support staff with an individual plan for emergency care for the student. These plans are kept confidential yet accessible to appropriate staff.

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Acknowledgment of Authors:

Bernadette Moran McDowell, MEd, BSN, RN
Sue A. Buswell, MSN, RN, NCSN
Cheryl Mattern, MEd, BSN, RN
Georgene Westendorf, MPH, BSN, RN, NCSN, CHES
Sandra Clark, ADN, RN

Acknowledgment of 2013 Authors:

Janet Bryner, BSN, RN, NCSN
Sue A. Buswell, MSN, RN, NCSN
Sandra Clark, ADN, RN
Cheryl Mattern, MEd, BSN
Bernadette Moran McDowell, MEd, BSN, RN
Georgene Westendorf, MPH, BSN, RN, NCSN, CHES
Susan Will, MPH, BS, RN, NCSN, FNASN

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www.nasn.org
National Association of School Nurses
1100 Wayne Ave. Suite 925
Silver Spring, MD 20910

1-240-821-1130

When Should Students With Asthma or Allergies Carry and Self-Administer Emergency Medications at School?

Guidance for Health Care Providers Who Prescribe Emergency Medications

Physicians and others authorized to prescribe medications, working together with parents and school nurses, should consider the list of factors below in determining when to entrust and encourage a student with diagnosed asthma and/or anaphylaxis to carry and self-administer prescribed emergency medications at school.

Most students can better manage their asthma or allergies and can more safely respond to symptoms if they carry and self-administer their life saving medications at school. **Each student should have a personal asthma/allergy management plan on file at school that addresses carrying and self-administering emergency medications.** If carrying medications is not initially deemed appropriate for a student, then his/her asthma/allergy management plan should include action steps for developing the necessary skills or behaviors that would lead to this goal. All schools need to abide by state laws and policies related to permitting students to carry and self-administer asthma inhalers and epinephrine auto-injectors.

Health care providers should assess student, family, school, and community factors in determining when a student should carry and self-administer life saving medications. **Health care providers should communicate their recommendation to the parent/guardian and the school,** and maintain communication with the school, especially the school nurse. Assessment of the factors below should help to establish a profile that guides the decision; however, responses will not generate a "score" that clearly differentiates students who would be successful.

Student factors:

- Desire to carry and self-administer
- Appropriate age, maturity, or developmental level
- Ability to identify signs and symptoms of asthma and/or anaphylaxis
- Knowledge of proper medication use in response to signs/symptoms
- Ability to use correct technique in administering medication
- Knowledge about medication side effects and what to report
- Willingness to comply with school's rules about use of medicine at school, for example:
 - Keeping one's bronchodilator inhaler and/or auto-injectable epinephrine with him/her at all times;
 - Notifying a responsible adult (e.g., teacher, nurse, coach, playground assistant) during the day when a bronchodilator inhaler is used and *immediately* when auto-injectable epinephrine is used;
 - Not sharing medication with other students or leaving it unattended;
 - Not using bronchodilator inhaler or auto-injectable epinephrine for any other use than what is intended;
- Responsible carrying and self-administering medicine at school in the past (e.g. while attending a previous school or during an after-school program).

NOTE: Although past asthma history is not a sure predictor of future asthma episodes, those children with a history of asthma symptoms and episodes might benefit the most from carrying and self-administering emergency medications at school. It may be useful to consider the following.

- Frequency and location of past sudden onsets
- Presence of triggers at school
- Frequency of past hospitalizations or emergency department visits due to asthma

Parent/guardian factors:

- Desire for the student to self-carry and self-administer
- Awareness of school medication policies and parental responsibilities
- Commitment to making sure the student has the needed medication with them, medications are refilled when needed, back-up medications are provided, and medication use at school is monitored through collaborative effort between the parent/guardian and the school team

School and community factors:

In making the assessment of when a student should carry and self-administer emergency medicines, it can be useful to factor in available school resources and adherence to policies aimed at providing students with a safe environment for taking medicines. Such factors include:

- Presence of a full-time school nurse or health assistant in the school all day every day
- Availability of trained staff to administer medications to students who do not self-carry and to those who do (in case student loses or is unable to properly take his/her medication); to monitor administration of medications by students who do self-carry
- Provision for safe storage and easy, immediate access to students' medications for both those who do not self-carry and for access to back-up medicine for those who do
- Close proximity of stored medicine in relationship to student's classroom and playing fields
- Availability of medication and trained staff for off-campus activities
- Communication systems in school (intercom, walkie-talkie, cell phones, pagers) to contact appropriate staff in case of a medical emergency
- Past history of appropriately dealing with asthma and/or anaphylaxis episodes by school staff
- Provision of opportunities for asthma and anaphylaxis basic training for school staff (including after-school coaches and bus drivers)

NOTE: The goal is for all students to eventually carry and self-administer their medications. However, on one hand, if a school has adequate resources and adheres to policies that promote safe and appropriate administration of life-saving medications by staff, there may be less relative benefit for younger, less mature students in this school to carry and self-administer their medication. On the other hand, if sufficient resources and supportive policies are NOT in place at school, it may be prudent to assign greater weight to student and family factors in determining when a student should self-carry.



This guidance sheet was developed as a partnership activity facilitated by the NAEPP, coordinated by the NHLBI of the NIH/DHHS

March 2005

6A-6.0251 Use of Epinephrine Auto-Injectors.

(1) Definitions.

(a) Self-Administration. Self-administration shall mean that the student is able to utilize the epinephrine auto-injector in the manner directed by the licensed healthcare provider without additional assistance or direction.

(b) Anaphylaxis. Anaphylaxis is a medical term for the life-threatening allergic reactions that may occur when allergic individuals are exposed to specific allergens. Anaphylaxis is a collection of symptoms affecting multiple systems in the body.

(c) Epinephrine Auto-injector. Epinephrine auto-injector is a prescription medication (epinephrine) in a specific dose-for-weight device that is packaged for self-delivery in the event of a life-threatening allergic reaction.

(d) Emergency Action Plan. Emergency action plan is a child-specific action plan that is developed for an anticipated health emergency in the school setting. The Emergency Action Plan (EAP) is a component of the Individual Health Care Plan (IHCP) developed in accordance with Section 1006.062, F.S., and Rule 64F-6.004, F.A.C.

(2) A written authorization is required from the physician and parent/guardians for a student to carry an epinephrine auto-injector and self-administer epinephrine by auto-injector in accordance with Section 1002.20, F.S.

(3) In accordance with subsection 64F-6.004(4), F.A.C., the school nurse shall develop an annual IHCP that includes an EAP, in cooperation with the student, parent/guardians, healthcare provider, and school personnel for the student with life-threatening allergies.

(4) The IHCP shall include provisions for child-specific training in accordance with Section 1006.062(4), F.S., to protect the safety of all students from the misuse or abuse of auto-injectors. The EAP component shall specify that the emergency number (911) will be called immediately for an anaphylaxis event and describe a plan of action if the student is unable to perform self-administration of the epinephrine auto-injector.

Rulemaking Authority 1002.20(3)(i) FS. Law Implemented 1002.20(3)(i) FS. History—New 3-24-08.

Appendix C

Sample Checklist Forms

- Allergic Reaction Flowchart
- Epinephrine Auto-Injector Skill Competency
- Sample Delegation Checklist
- Sample Food Allergy Management Checklists*
 - School Practices and Environment
 - Student Plan of Care
- Sample Student Checklist for Self-Administration of Auto-Injector for Allergic Reactions

* Source: National Association of School Nurses: (NASN) Food Allergy and Anaphylaxis: An NASN Tool Kit. CDC, FARE, NSBA, and NASN, 2014 guidance and resources for food allergy and anaphylaxis management in the school setting including a same District and Support Policy Checklist. Browse the NASN Toolkit at <http://www.nasn.org/nasn/nasn-resources/practice-topics/food-allergies>.

ALLERGIC REACTION

Students with a history of life-threatening allergies should be known to appropriate school staff. An Emergency Action Plan should be developed. Rule 6A-6.0251, F.A.C., allows students to possess and use an auto-injectable epinephrine in schools.

Children may experience a delayed allergic reaction up to **2 hours** following food ingestion, bee sting, etc.

Does the student have any symptoms of a severe allergic reaction which may include:

- Flushed or swollen face?
- Dizziness?
- Seizures?
- Confusion?
- Weakness?
- Loss of consciousness
- Paleness
- Hives all over body?
- Blueness around mouth, eyes?
- Difficulty breathing?
- Drooling or difficulty swallowing?

NO

Symptoms of a mild allergic reaction include:

- Red, watery eyes.
- Itchy, sneezing, runny nose.
- Hives or rash on one area.

Adult(s) supervising student during normal activities should be aware of the student's exposure and should watch for any delayed symptoms of a severe allergic reaction (see above) for up to 2 hours.

If student is so uncomfortable that he/she is unable to participate in school activities, contact responsible school authority & parent or legal guardian.

YES

- Check student's airway.
- Look, listen and feel for breathing.
- **If student stops breathing, call EMS 9-1-1 and start CPR. See "CPR".**

Does student have an emergency action plan available?

NO

Continue CPR if needed.
Follow school district protocol for students with severe allergic reactions. Administer emergency medications per physician's standing order, if applicable.

YES

Continue CPR if needed. Refer to student's Emergency Action Plan.
Administer doctor- and parent/guardian-approved PHGLFDWLRQ

CALL EMS 9-1-1.
Contact responsible school authority and parent or legal guardian.



School _____

School Year _____



Epinephrine Auto-Injector Skill Competency

Person trained: _____ **Position:** _____ **Initials:** _____

School Board Nurse: _____ **Initials:** _____

Skills	Training Date		Return Demonstration (Nurse to date & initial)			
	RN	UAP	Date	Date	Date	Date
1. Identify symptoms of severe allergic reaction						
2. Check for authorization						
3. Check for the Five Rights						
a. Identifies the right student						
b. Identifies the correct time						
c. Verifies medication matches authorization						
d. Verifies the dose on medication container matches authorization						
e. Verifies the correct route as identified on authorization						
4. Direct another school personnel call 911						
5. Apply gloves						
6. Demonstrate proper administration of Auto-Injector						
a. Remove auto-injector from container						
b. Remove safety cap from pen						
c. Firmly press the tip against the student's thigh and hold for 3 seconds						
d. Massage or rub area for 10 seconds						
7. If alone with student, call 911						
8. Remain with student until EMS arrives						
9. Dispose of auto-injector with EMS or sharps container						
9. When student stabilized or transported to hospital, remove gloves and wash hands						
10. Document event and administration of medication						

Verification of skills is required annually and as deemed necessary by a Registered Nurse.

Sample Delegation Check List

County: _____ School: _____ School Year: _____

Student Name: _____ Date of Birth: _____

If one or more items is checked as “no,” it is recommended that more in-depth preparation is needed before delegation to unlicensed assistive personnel (UAP) will be safe.

Criteria for Delegation	Yes	No
School Registered Nurse		
Has developed an individualized healthcare plan (IHCP) approved by parent or guardian.		
Has established communication links between the RN and parent or guardian, healthcare provider, and delegated UAP for supervision, monitoring, and consultation.		
Unlicensed Assistive Personnel		
Has completed all necessary training.		
Has demonstrated skill competence.		
Parent or Guardian		
Has signed an agreement or approved the IHCP and the use of the selected UAP.		
Has signed any required written authorizations.		
Has provided all necessary equipment and supplies.		
Has completed asthma history information forms.		
Has provided all required emergency information.		
Has agreed to monitor medication for expiration and replace as needed.		
Student		
Has completed initial self-care education.		
Has demonstrated skill competence.		
Agrees to follow local policies and procedures.		
Agrees to bring medication to school and all school-related activities.		
Healthcare Provider		
Has provided specific written orders related to medications.		
Has provided required health history, information, and authorization forms.		
Has signed a statement indicating student’s level of independent functioning.		
Has been sent a copy of IHCP and notice of selected services being provided by UAP.		

Comments:

School Nurse’s Signature _____ Date _____

Sample Food Allergy Management Checklists*

OUTCOME EVALUATION

School Practices and Environment

- School support in place for students who self-carry rescue medication
 - School nurses completed professional continuing education on anaphylactic food allergies in schools
 - Student privacy and confidentiality is protected
 - Student's prescribed auto-injectors are obtained and accessible
 - Non student specific epinephrine auto-injectors are stocked and accessible to appropriate personnel per state and local medication policies and regulations
 - Student fully participates in school activities, field trips, physical activities and physical education
 - Bullying and discrimination incidents are reported and interventions implemented

- Policies preventing allergen exposure are in place
 - Classroom food policies
 - Cafeteria food and meal time policies
 - Food service preparation polices to prevent cross contamination
 - Cleaning policies implemented to prevent environmental exposure
 - Student and staff hand washing policies

- School personnel training completed
 - All school staff trained on anaphylaxis signs & symptoms & emergency contacts (teachers, school health staff, food service, playground, transportation, coaches)
 - Key staff on students' teams receive in depth training on students' Food Allergy Action and Emergency Care Plans
 - List signs and symptoms of anaphylaxis
 - List location and access to epinephrine auto-injector
 - List sequence of actions: administer epinephrine, alert 911, notify parents
 - Demonstrate epinephrine auto-injector administration
 - School personnel training is documented
 - School personnel training is reinforced periodically

- District and school wide Emergency Response Plans address accommodations for students with food allergies
 - Food allergy education is integrated into the student health education curricula
 - Food allergy education provided for all parents
 - Community health care providers knowledgeable of food allergies participate in the school wellness committee or school health council

Adapted from: National Association of School Nurses: (NASN) Food Allergy and Anaphylaxis: An NASN Tool Kit. CDC, FARE, NSBA, and NASN, 2014 guidance and resources for food allergy and anaphylaxis management in the school setting including a same District and Support Policy Checklist. Browse the NASN Toolkit at <https://www.nasn.org/nasn/nasn-resources/practice-topics/food-allergies>.

OUTCOME EVALUATION

Student Plan of Care

- Family health history completed
- Student primary care provider is identified
- Student has health insurance
- Parents notified of Section 504 or health care plan process
- Student self-care assessment completed
- Written authorization for exchange of student personally identifiable health information obtained
- Written orders obtained from primary healthcare provider
- Individual Healthcare Plan developed
- Food Allergy Action and Emergency Care Plan developed
 - Parent and student collaborated on Individual Healthcare Plan and Food Allergy Action Plan
 - Individual Health Care Plan includes interventions for increasing student self-care capability
 - Case management services provided as needed: Health services, Nutrition services, Counseling, Psychological, Social services, Classroom Management
 - Individualized educational reinforcement and support provided for students with food allergies
- Students audited periodically for compliance with epinephrine self-carry policies

Adapted from: National Association of School Nurses: (NASN) Food Allergy and Anaphylaxis: An NASN Tool Kit. CDC, FARE, NSBA, and NASN, 2014 guidance and resources for food allergy and anaphylaxis management in the school setting including a same District and Support Policy Checklist. Browse the NASN Toolkit at <https://www.nasn.org/nasn/nasn-resources/practice-topics/food-allergies>.

**Sample Student Checklist for
Self-Administration of Auto-Injector for
Allergic Reactions**

- | Yes | No | Student is consistently able to: |
|------------|-----------|--|
| ___ | ___ | Give the name of the medication. |
| ___ | ___ | Tell why he or she needs the medication. |
| ___ | ___ | Tell why 9-1-1 needs to be called. |
| ___ | ___ | Give his or her symptoms of an allergic reaction. |
| ___ | ___ | Demonstrate the correct procedure for using an auto-injector: |
| | | ___ Remove from the storage unit; |
| | | ___ Remove the gray cap; |
| | | ___ Understand that auto-injector can be used through clothing; |
| | | ___ Press tightly against the thigh until a clicking sound is heard; |
| | | ___ Hold in place for 3 seconds; |
| | | ___ Remove from the thigh; |
| | | ___ Rub or massage thigh for another 3 seconds; |
| | | ___ Notify teacher or an adult to call 9-1-1; |
| | | ___ Dispose of auto-injector in a puncture-proof container. |

The student agrees to follow the safety precautions in handling the medication and to have medication on his or her person or safely nearby at all times.

Student Name Date

Parent Name and Signature Date

School Nurse Name and Signature Date

Review Dates: _____

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