

ALLERGY ACTION PLAN

USE 1 FORM PER CHILD FOR EACH ALLERGEN

Student _____

DOB _____ Teacher _____

Allergy to _____

Asthmatic? Yes* No *Higher risk for severe reaction



STEP 1 - TREATMENT

SEND STUDENT TO HEALTH OFFICE ACCOMPANIED BY RESPONSIBLE PERSON.

The severity of symptoms can quickly change. †Potentially life threatening.

Symptoms

- ◆ If a student has been exposed to/ingested an allergen but has NO symptoms:
- ◆ Mouth Itching, tingling, or swelling of lips, tongue, mouth:
- ◆ Skin Hives, itchy rash, swelling of the face or extremities:
- ◆ Gut Nausea, abdominal cramps, vomiting, diarrhea:
- ◆ Throat† Tightening of throat, hoarseness, hacking cough:
- ◆ Lung† Shortness of breath, repetitive coughing, wheezing:
- ◆ Heart† Thready pulse, low blood pressure, fainting, pale, blueness:
- ◆ Other† _____ :
- ◆ If reaction is progressing, (several of the above areas affected), give:

Give checked Medication**

***To be determined by physician authorizing treatment*

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

DOSAGE

START DATE _____

END DATE _____

Epinephrine: Inject intramuscularly. See reverse side for instructions.

- EpiPen®
- EpiPen® Jr.
- Twinject 0.3mg
- Twinject 0.15mg

Important; *Asthma inhalers and/or antihistamines cannot be depended upon to replace epinephrine in anaphylaxis.*

Antihistamine: Give _____

antihistamine/dose/route

Other: Give _____

medication/dose/route

Special Instructions (for health care provider to complete): _____

STEP 2 - EMERGENCY CALLS

PARAMEDICS MUST BE CALLED IF EIPEN OR TWINJECT IS GIVEN. EIPEN OR TWINJECT ONLY LAST 15-20 MINUTES.

1. Call 911 (or Rescue Squad _____). State that an anaphylactic reaction has been treated, type of treatment given (i.e., EpiPen or Twinject) and that additional epinephrine may be needed.

2. Parents _____ Tel _____

3. Physician _____ Tel _____

EMERGENCY CONTACTS

- 1. _____ Relation: _____
Tel: _____
- 2. _____ Relation: _____
Tel: _____
- 3. _____ Relation: _____
Tel: _____

TRAINED STAFF MEMBERS

- 1. _____ Room: _____
- 2. _____ Room: _____

For children with multiple food allergies, use one form for each food.

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

Parent/Guardian Signature _____ Date _____

Physician Signature _____ Date _____

(required)

LETTER TO PARENTS ALLERGIC REACTIONS

TO: Parents

FROM: Clinic Staff

DATE: -----

SUBJECT: Allergic Reactions

The health care forms you submitted for _____
indicate he/she has an allergic reaction to _____.

The school would appreciate the following:

1. A signed letter from your doctor with instructions the school is to follow in the event that your child experiences an allergic reaction while at school. You may elect to fill out and return the enclosed ALLERGY ACTION PLAN.
2. Two epinephrine kits, if prescribed (EpiPen or Twinject), or other medication to be used if an allergic reaction occurs.

Your speedy attention to the above matter is appreciated. We would welcome an opportunity to meet with you to discuss your child's allergy and how we can implement a personalized health management plan. Please contact me at _____.

Enclosure

BEE AND WASP STINGS

THREE KINDS OF REACTIONS

Stings may produce a needle-prick sensation and a little swelling. In a few cases, an allergic reaction may set in. However, it usually takes repeated stings before a severe reaction occurs. Across the country, some 40 people will die this year from allergic reactions. Countless others will suffer from a range of discomforts:

Reaction

NORMAL

IMMEDIATE
ALLERGIC REACTION

DELAYED ALLERGIC
REACTION

- Immediate pain
- Swelling at the sting area

- Onset in 2-3 minutes
- Hives over whole body
- Hacking cough
- Facial swelling
- Anxiety
- Wheezing
- Nausea and vomiting

- Onset 10-14 days after sting
- Fever
- Discomfort
- Hives
- Headache
- Itching

- Remove stinger with a horizontal scraping motion using fingernail or card; do not squeeze or pull or you'll release more venom.
- Clean with soap and water.
- Apply ice compresses.

- Call child's physician immediately or take child to nearest emergency department.
- If child is known to be hypersensitive, check with the child's doctor about prescribing an emergency sting treatment kit to keep at home.

Call child's physician.

POISON IVY/OAK

CONTACT DERMATITIS

PHYSICAL FINDINGS

1. Reaction begins 1 - 4 days after exposure.
2. Contents of blisters and weepy skin **cannot** cause rash in another individual or even in another location on patient.
3. Early: Itching, redness, small papules and vesicles.
4. Late: Increase of all early signs plus larger blisters and generalized weeping of skin.
5. Healing: Dryness, crusting and gradual shedding of crusts and scabs. May take 2 - 3 weeks.
6. Most common on hands, forearms, and face.
7. No fever.

MANAGEMENT

1. Wash thoroughly after exposure (usually too late when discovered at school).
2. Try to prevent scratching. Loose dressings may help.
3. Refer to physician if severe or infected.

FOLLOW-UP

1. Observe for infection and treat as needed.
2. Warn against re-exposure, as the reaction will be worse next time.
3. Educate about appearance of plant.

ODH SCHOOL NURSE BULLETIN BOARD

NEW EPI-PEN LAW

Effective March 23, 2007, students in Ohio schools will be permitted to carry and use an epinephrine autoinjector with the permission of the prescriber of the medication and the parent/guardian. The new law will be numbered, Ohio Revised Code (ORC) 3313.718 and applies to any activity, event, or program sponsored by the student's school or in which the school participates. This new law is very similar to the asthma inhaler law with a few significant differences. The new Epi-Pen law requires:

- 1) acknowledgment that the prescriber has determined that the student is capable of possessing and using the autoinjector appropriately and has provided the student with training in the proper use of the autoinjector;
- 2) the school has received a backup dose of the anaphylaxis medication; and
- 3) whenever an autoinjector is used, a school employee shall immediately request assistance from an emergency medical service provider (e.g., call 9-1-1).

AN ACT

To amend sections 3313.64 and 3314.03 and to enact sections 3313.718 and 3314.141 of the Revised Code with respect to use of epinephrine medication in school districts, community schools, and chartered non-public schools.

SEC 3313.718

- (A) As used in this section "prescriber" has the same meaning as in section 4729.01 of the Revised Code
- (B) Notwithstanding section 3313.713 of the Revised Code or any policy adopted under that section, a student of a school operated by a city, local, exempted village or joint vocational school district or a student of a chartered nonpublic school may possess and use an epinephrine autoinjector to treat anaphylaxis, if all of the following conditions are satisfied:
- (1) The student has the written approval of the prescriber of the autoinjector and if the student is a minor, the written approval of the parent, guardian, or other person having care or charge of the student. The prescriber's written approval shall include at least all of the following information:
 - (a) The student's name and address.
 - (b) The names and dose of the medication contained in the autoinjector.
 - (c) The date the administration of the medication is to begin.
 - (d) The date, if known, that the administration of the medication is to cease.
 - (e) Acknowledgment that the prescriber has determined that the student is capable of possessing and using the autoinjector appropriately and has provided the student with training in the proper use of the autoinjector.

- (f) Circumstances in which the autoinjector should be used.
 - (g) Written instructions that outline procedures school employees should follow in the event that the student is unable to administer the anaphylaxis medication or the medication does not produce the expected relief from the student's anaphylaxis.
 - (h) Any severe adverse reactions that may occur to the child using the autoinjector that should be reported to the prescriber.
 - (i) Any severe adverse reactions that may occur to another child, for whom the autoinjector is not prescribed, should such a child receive a dose of the medication.
 - (j) At least one emergency telephone number for contacting the prescriber in an emergency.
 - (k) At least one emergency telephone number for contacting the parent guardian or other person having care or charge of the student in an emergency.
- (2) Any other special instructions from the prescriber.
 - (3) The school principal or if a school nurse is assigned to the student's school building, the school nurse has received copies of the written approvals required by division (B)(1) of this section.
 - (4) The school principal, or, if a school nurse is assigned to the student's school building, the school nurse has received a backup dose of the anaphylaxis medication from the parent, guardian, or other person having care or charge of the student or, if the student is not a minor, from the student.

If these conditions are satisfied, the student may possess and use the autoinjector at school or at any activity, event, or program sponsored by or in which the student's school is a participant.

- (C) Whenever a student uses an autoinjector at school or at any activity, event or program sponsored by or in which the student's school is a participant or whenever a school employee administers anaphylaxis medication to a student at such times, a school employee shall immediately request assistance from an emergency medical service provider.
- (D)(1) A school district, member of a school district board of education, or school district employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a district employee's prohibiting a student from using an autoinjector because of the employee's good faith belief that the conditions of division (B) of this section had not been satisfied. A school district, member of a school district board of education, or school district employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a district employee's permitting a student to use an autoinjector because of the employee's good faith belief that the conditions of division (B) of this section had been satisfied. Furthermore, when a school district is required by this section to permit a student to possess and use an autoinjector because the conditions of division (B) of this section have been satisfied the school district, any member of the school district board of education, or any school district employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from the use of the autoinjector by a student for whom it was not prescribed.

This section does not eliminate limit or reduce any other immunity or defense that a school district, member of a school district board of education, or school district employee may be entitled to under Chapter 2744 or any other provision of the Revised Code or under the common law of this state.

- (2) A chartered nonpublic school or any officer, director, or employee of the school is not liable in damages in a civil action for injury, death or loss to person or property allegedly arising from a school employee's prohibiting a student from using an autoinjector because of the employee's good faith belief that the conditions of division (B) of this section had not been satisfied. A chartered nonpublic school or any officer, director, or employee of the school is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a school employee's permitting a student to use an autoinjector because of the employee's good faith belief that the conditions of division (B) of this section had been satisfied. Furthermore, when a chartered nonpublic school is required by this section to permit a student to possess and use an autoinjector because the conditions of division (B) of this section have been satisfied, the chartered nonpublic school or any officer, director, or employee of the school is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from the use of the autoinjector by a student for whom it was not prescribed.