

**Supporting Students with Allergies
and Anaphylaxis in School
Standards of Care
including
Training Standards
for School Personnel**

July 2021

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Information contained in this guide has been adapted from the
2014 MASN School Nurse Anaphylaxis Toolkit

Introduction

Allergies are among the most common chronic conditions worldwide. Allergy symptoms range from mild to life-threatening reactions.

An allergic reaction begins in the immune system. The immune system protects us from invading organisms that can cause illness. If someone has an allergy, the immune system mistakes an otherwise harmless substance as an invader. This substance is called an allergen. The immune system overreacts to the allergen by producing Immunoglobulin E (IgE) antibodies. These antibodies travel to cells that release histamine and other chemicals, causing an allergic reaction.

Allergy Symptoms

An allergic reaction typically triggers symptoms in the nose, lungs, throat, sinuses, ears, lining of the stomach or on the skin. For some people, allergies can also trigger symptoms of asthma. In the most serious cases, a life-threatening reaction called anaphylaxis (an-a-fi-LAK-sis) can occur.

The most common allergy triggers include:

- Pollen
- Dust
- Food
- Insect stings
- Mold
- Medications/Drugs
- Latex
- Animal dander

Anaphylaxis

Anaphylaxis (an-a-fi-LAK-sis) is a serious, life-threatening [allergic reaction](#) which is a medical emergency. The most common anaphylactic reactions are to [foods](#), [insect stings](#), [medications](#) and [latex](#).

If someone is allergic to a substance, the [immune system](#) overreacts to this [allergen](#) by releasing chemicals that cause allergy symptoms. Typically, these symptoms occur in one location of the body. However, some people are susceptible to a much more serious anaphylactic reaction. This reaction typically affects more than one part of the body at the same time.

Anaphylaxis requires emergency medical treatment, including an immediate injection of [epinephrine](#) followed by prompt transfer to a hospital emergency room via ambulance. If it isn't treated properly, anaphylaxis can be fatal.

<https://www.aaaai.org/conditions-and-treatments/allergies/anaphylaxis>

School personnel need to be prepared to provide care to students with allergies and anaphylaxis at school and at all school-sponsored activities in which a student with allergies and anaphylaxis participates. In an effort to standardize the support for students with allergies and anaphylaxis in schools, Michigan Departments of Education and Health and Human Services have garnered input from a multi-disciplinary team consisting of national and statewide stakeholders. The work of this team has been incorporated into the Supporting Students with Allergies and Anaphylaxis at School Training Standards.

Standards of Care have been developed to guide schools in providing support to students with chronic health conditions that meets requirements of the law and ensures that best practices are followed. These general standards are outlined in the Standards of Care Document located in the Appendices. The anaphylaxis specific standards of care and training standards are included in this document.

Instructions:

Supporting Students with Allergies and Anaphylaxis in School Training Toolkit

The school nurse is the most appropriate person in the school setting to provide care for a student with allergies and anaphylaxis. Many schools, however, do not have a full-time nurse, and sometimes a single nurse must cover more than one school. Even when a nurse is assigned to a school full time, she or he may not always be available during the school day, during extracurricular activities, or on field trips. In circumstances where a nurse is absent or unavailable, the school remains responsible for arranging and implementing the agreed upon care that is necessary to enable the student with allergies and/or risk for anaphylaxis to participate in school and school-related activities. The school nurse or another qualified health care professional plays a major role in selecting and training appropriate staff and providing professional supervision and consultation regarding routine and emergency care of the student with allergies and anaphylaxis.

In Michigan, school districts must develop and implement policies that are consistent with the Michigan Department of Education (MDE) medication administration guidelines.

Policies should include:

- The possession of at least 2 epinephrine auto-injectors in each school operated by the school board
- Administration of:
 - Stock epinephrine auto-injectors to any person on school grounds who is believed to be having an anaphylactic reaction
 - A student's prescribed epinephrine injector according to the signed order on file
- Notification to the parent or legal guardian of a pupil who has been given epinephrine
- Individuals who may administer epinephrine include:
 - Licensed registered professional nurses employed or contracted by the school district
 - Designated school employees trained in the administration of epinephrine
- Training on the administration of epinephrine must be provide by a licensed professional nurse to: [PA 187 of 2013](#)
 - 2 designated school employees in buildings with 10 or more staff
 - 1 designated school employee in buildings with fewer than 10 staff

This toolkit is designed to guide the school nurse or other medical professional in providing the most complete training according to standards set by the Supporting Students with Allergies and Anaphylaxis in School Standard of Care and Training Standards.

The training standards outline the steps for supporting students with allergies and anaphylaxis in school. These steps follow the [Safe and Legal Support for Students with Health and Medication Needs in School](#) guidance developed by the Michigan Association of School Nurses for medication administration training. Once *Steps 1-3* of this toolkit are complete, the staff training, and ongoing management and support can be implemented.

Key Training Points:

- All school personnel should receive training about allergies and anaphylaxis including how to manage it in *Step 4*.
- Training is broken down into different levels depending on the responsibility of each staff member towards the student with allergies and anaphylaxis.
- The training should be administered by a school nurse or a qualified medical professional.
- Training should take place at the beginning of each school year and should be repeated when a current student is newly diagnosed with allergies and anaphylaxis or a student with allergies and anaphylaxis enrolls in the school.
- Refresher training is done as needed to support the student as his/her condition or needs change, as outlined in *Step 5*.

The Performance Standards included in this kit outline the support that should be provided to students with allergies and anaphylaxis in school in compliance with the law and best practice. Training must be documented, and these records must be saved according to the [Michigan Records Retention and Disposal Schedule for Michigan Public Schools](#).

Training Presentations for the 3 tiers of training are *linked*. Additional resources for training are provided in the appendices and marked in the training outline with a ►.

Steps to Supporting Students with Allergies and Anaphylaxis in School

1. Review the Legal Considerations
 - [Michigan School Code](#)
 - [Michigan Public Health Code](#)
 - [FERPA](#)
2. Assemble the Student's Health Care Plans (Samples included in the appendices)
 - ▶ **ECP** Anaphylaxis Emergency Care Plan including the **MAA** Medical Authorization (Prepared by the Student's Personal Allergy Health Care Team)
 - ▶ **AMP** or Allergy Management Plan including the **MAA** Medical Authorization (Prepared by the Student's Personal Allergy Health Care Team)
 - ▶ **IHP** Individualized Health Care Plan (Prepared by the School Nurse)
3. Coordination of Care: School Health Team/Anaphylaxis Health Care Team
Meet with student's parent(s)/guardian(s) to review Health Care Plans and identify the support that will be provided according to the student's specific needs.
4. Train School Personnel
The three tiers of support build on each other.
 - Tier 1**- General Staff Awareness (All staff members) 15-30 minutes
 - Tier 2**- Emergency Care (MERT Team/Daily Support Staff) 1-3 hours
 - Tier 3**- Daily Support (Daily Support Staff) 1-3 hours in length
5. Ongoing Allergy/Anaphylaxis Management and Support

The checklist on Page 7 is the allergies and anaphylaxis specific Standard of Care tool that can be used to ensure that all steps are completed when providing care to students with Allergies and Anaphylaxis in schools.

Standard of Care to Support Students with Allergies and Anaphylaxis in School Checklist:

- Non-Emergent Health Need Identified- ***Student with allergies/anaphylaxis***
- If Emergency is suspected, Call 9-1-1 immediately**
- Parent Provides: ECP/MMP; includes routine/daily care and emergency action steps
- DSP/RN verifies forms are complete
- Student specific meeting with parent, administrator, teacher, DSP and RN/Trainer to provide input to the POC based on the ECP/AMP, MAA, and student needs (i.e., student's daily schedule)
- Building administrator identifies and designates school personnel to be trained
- DSP determines training needs and arrange skill-based training for SSH Team *
- SSH Team participates in skill-based training**
- STOP**: Verify all forms are appropriately signed and training is complete before DSP assume responsibility for provision of care
- DSP establishes student-specific health file and medication administration record.
- DSP distributes ECP/AMP to SSH Team members and other school staff per FERPA guidelines
- DSP provides care to student as outlined in ECP/AMP
- DSP documents in student health records all care (including student responses to care)
- In the event of non-urgent unexpected response or error, follow school procedure.
- Inform parent in a timely manner
- In the event of **suspected emergency, always call 9-1-1 first**, then call parent
- Follow ECP/AMP emergency plan
- Follow school policy for responding to emergencies (See sample Anaphylaxis/MERT protocol)
- DSP maintains regular communication with SSH Team. If appropriate, evaluate for eligibility for a Section 504 Academic Accommodations Plan
- DSP secures updated ECP/AMP/MAA, and training before the start of each school year or more frequently if student and/or school personnel needs dictate

| Key: | | | |
|---|---|--|------------------------------|
| DSP | Designated School Personnel | PA | Physician's Assistant |
| ECP/AMP | Anaphylaxis Emergency Care Plan/Allergy Management Plan | NP | Nurse Practitioner |
| | | RN | Registered Nurse |
| MAA | Medication Administration Authorization | SSH Team | Student-specific Health Team |
| MERT | Medical Emergency Response Team | *SSH Team includes: Parent(s), Student, Designated School Personnel AND Registered Nurse/Physician/Physician's Assistant/Nurse Practitioner | |
| POC | Plan of Care | | |
| <u>Please note:</u> Timely completion of each step is an expectation for all members of SSH Team | | ** Based on Michigan law and current best practices | |

Performance Standard 1: LEGAL CONSIDERATIONS

The [Michigan School Code](#) and [Public Health Code](#) (applicable for schools with school nurses) dictate the legal requirements for support provided in schools to students with health and medication needs. Three laws apply to students with allergies/anaphylaxis. The Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 require schools to provide accommodations for students if their health condition affects their education. Students with allergies/anaphylaxis may qualify for reasonable accommodations in the school setting so they are successfully supported, and their schooling is not adversely affected by their disability or perceived disability.

Performance Standard 2: COORDINATION OF CARE

Collaboration and cooperation are key elements in creating a circle of support for planning and implementing successful support for students with allergies/anaphylaxis at school. To work collaboratively, a school health team should be assembled to include people who are knowledgeable about allergies/anaphylaxis, the school environment, federal, state, education and nursing laws. The school health team is distinct from the student’s personal health care team.

The school health team members work together to implement the medical orders in the Anaphylaxis Emergency Care Plan/Allergy Management Plan (ECP/AMP) developed by the student’s personal health care team, using the strategies outlined by the school nurse in the Individualized Health Care Plan (IHP).

In addition, the school health team should be part of the group that develops and implements the student’s Section 504 Plan, if there is a need for one.

| School Health Team | Personal Health Care Team |
|--|---|
| Student with Allergies/Anaphylaxis | Student with Allergies/Anaphylaxis |
| Parent/guardian | Parent/guardian |
| School nurse or other qualified personnel | Medical Provider |
| Other school health care personnel | Nurse |
| Trained Allergy/Anaphylaxis personnel | Registered Dietician (if available) |
| Principal and other administrators | Allergy/Anaphylaxis Educator (if available) |
| 504/IEP Coordinator | Clinic Social Worker (if available) |
| Office Staff | |
| Teacher(s) | |
| Guidance counselor | |
| Coach(es) and other school staff members responsible for the student | |

Performance Standard 3: STUDENT HEALTH PLANS

► **AMP /Allergy Management Plan**

Information in the AMP may include:

- Date of diagnosis; what type(s) of allergic response the student has, typical signs and symptoms, date of last reaction
- Contact information (parents/guardians and student's health care provider)
- Specific medical orders for avoiding allergy triggers, administering epinephrine rescue medications
- Assessment of student's self-care skills for identifying allergic warning signs and symptoms
- Assessment of student's self-care skills for self-administration of epinephrine auto-Injector
- When and how to administer rescue medications, post-administration actions
- How to document allergic response and side effects and share this information with medical providers and parents
- Activity Restrictions.
- 72-hour disaster, lockdown, or emergency plan

► **Anaphylaxis Emergency Care Plan (ECP)** Provides explicit steps for how to respond to anaphylaxis.

► **Medication Administration Authorization (MAA)** Provides the health care provider's orders that allow for medication to be on school property and to be administered to students according to Physician's, Physician's Assistant's (PA) or Nurse Practitioner's (NP) instructions and written parent/guardian permission.

► **IHP Individualized Health Care Plan (Prepared by the School Nurse)** sometimes called the nursing care plan, is based on the medical orders in the student's ECP/AMP and MAA and incorporates an assessment of the school environment as well as student-specific information (e.g., familial, psychosocial, and developmental information).

Information in the IHP may include:

- Plan for supporting the student daily (including avoidance of known allergens/ triggers, adhering to the student's meal plan, and promoting physical activity)
- Supplies needed and where they will be kept
- Participation in all school-sponsored activities and field trips, with coverage provided by the school nurse or trained anaphylaxis personnel
- Guidelines for communicating with the family and the student's personal health care team
- List of trained anaphylaxis personnel
- Plan and timeline for training and supervising trained anaphylaxis personnel and other school personnel
- Timeframe for ongoing review of student outcomes
- Strategies to ensure the student is not subject to inappropriate penalties for health care appointments and to provide accommodations during the school day
- Maintenance of confidentiality and the student's right to privacy

Performance Standard 4: TRAINING

Allergy/Anaphylaxis care must be carried out as specified in the student's Anaphylaxis Emergency Care Plan/Allergy Management Plan (ECP/AMP).

Nonmedical school personnel, called "designated school personnel" can be trained and supervised to safely support students with allergies/anaphylaxis in the school setting. In addition to learning how to perform general allergies/anaphylaxis care tasks, trained allergies/anaphylaxis personnel should receive student-specific training and be supervised by the school nurse.

The school nurse has a critical role in training and supervising trained allergies/anaphylaxis personnel to ensure the health and safety of students with allergies/anaphylaxis. In addition, a student's health care provider or allergy/anaphylaxis specialty nurse may assist in training nonmedical personnel in allergies/anaphylaxis care. Given the rapid changes in technology, therapies, and evidence-based practice, the school nurse who provides care to students with allergies/anaphylaxis and facilitates training for school personnel has a professional responsibility to acquire, maintain knowledge and competency related to allergies/anaphylaxis.

All school personnel should be given training about allergies/anaphylaxis. According to the [ADDENDUM TO THE 2002 MODEL POLICY AND GUIDELINES FOR ADMINISTERING MEDICATIONS TO PUPILS AT SCHOOL: GUIDELINES FOR RESPONDING TO AN ANAPHYLAXIS EMERGENCY AT SCHOOL](#), training should be broken down into different levels depending on the responsibility of each staff member towards the student with allergies/anaphylaxis. The training should be administered by a school nurse or qualified medical provider.

Training should take place at the beginning of each school year and should be repeated when a current student is newly diagnosed with allergies/anaphylaxis or when a student with allergies/anaphylaxis enrolls in the school. Refresher training is to be done as the needs of the student change. Refresher training for staff may also be beneficial after holiday breaks, before field trips and/or as needed by staff. The trainer shall document the training.

► **Allergies/anaphylaxis Training Documentation should include student specific training.**

Tier 1 training outline

Tier 1 training is administered to all school personnel at the beginning of the year. The training should be facilitated by the school nurse or another licensed healthcare professional that works with the school. Tier 1 provides basic information for school personnel about the signs and symptoms of allergy/anaphylaxis that could indicate the student is experiencing a medical emergency, and who to contact for help while appropriate basic or immediate care is provided.

This training may be provided at a staff meeting and could consist of viewing online training resources or providing the Tier 1 Power Point Presentation.

Tier 1 training content options:

1. FARE [Keeping Students Safe and Included](#)
Allergyhome.org/Michigan [Allergy and Anaphylaxis Staff Training Module](#) 30:00 minutes
 2. PowerPoint
 - Understand your role as school staff (example: know where stock Epinephrine Auto Injector (EAI) is kept, how to assist with directing classmates or relaying information and know your school emergency protocol)
 - Be aware of the roles and names of key personnel in the school (example: Principal Jones is head of the crisis team at your school, Lead Teacher Smith is responsible for administration of stock EAI and Office Professional Sam will call 911)
 - Anaphylaxis: definition, causes and symptoms (show Anaphylaxis Emergency Care Plan-ECP that will be used in your district)
 - Prevention of anaphylaxis (example: reading food labels, tables wiped with soap and water between students to avoid peanut oil residue on surface, noting of stinging insects on the playground and avoidance of open dumpsters)
 - Treatment of anaphylaxis (refer to Anaphylaxis Emergency Care Plan [ECP])
 - Use of EAI (practice with EAI trainers), know to document times of actions
 - Call 911, report anaphylaxis and stay on the line. Know your location in the building and/or the closest outside door with identification
 - Stay with the student, and calm them
 - Completion of district incident report(s)
 - Bullying: Students with chronic health conditions like food allergy are at risk for bullying from staff and other students. Enforce school bullying prevention policy. (bullying examples: an allergic student being singled out as the reason a classroom is not allowed to have a certain food item; or a teacher eye rolling when referring to a student with a food allergy; fellow student tries to force feed a known allergen to a student with food allergy; shaming of student with food allergy)
Know that all EAI use is to be reported to the State of Michigan using the MDE reporting system.
- Handouts
- Anaphylaxis Know the Signs
 - Anaphylaxis Emergency Care Plan

Tier 2 training outline

Tier 2: building on Tier 1, provides additional allergy/anaphylaxis information that may be:

- Student-specific for school personnel responsible for the student throughout the school day (e.g., teachers, lunch staff, coaches, bus drivers) who may need to assist the student with known allergies who is experiencing an anaphylaxis emergency.
- Focused on students with unknown allergies that may experience their first episode of anaphylaxis at school. In this case the recommendation is that two or more (ideally four) school staff members designated as trained allergies/anaphylaxis personnel who will perform or assist the student with allergies/anaphylaxis emergencies tasks.

The content of Tier 2 training is consistent with the requirements of PAs 186 & 187 as well as the Michigan State Board of Education Addendum to the 2002 Model Policy and Guidelines for Administering Medications to Pupils at School: Guidelines for Responding to an Anaphylaxis Emergency at School.

- Tier 2 training content:
 - Content from Tier 1 with specific instructions for how to activate emergency medical services and the school's medical emergency response team, often called a "MERT" (Medical Emergency Response Team)
 - Roles and responsibilities of individual staff members
 - Life skills that staff might use outside of school and long term (example: learning to read a food label and administering an EAI)
 - Understand your role in recognition of anaphylaxis and treatment (example: know who the students are in your charge that have a diagnosis of a severe allergy and how to implement their emergency medical plan for treatment)
 - Be aware of the roles and names of key personnel in the school that are trained to recognize anaphylaxis and use stock EAI to treat anaphylaxis (example: know the staff that have been designated to play a key role in the treatment of anaphylaxis with stock epinephrine and know your school emergency protocol. In most cases, this will be the MERT Team)
 - Anaphylaxis: definition, causes, symptoms and recognition (example: know the student specific individual emergency medical plan of care and review the district ECP)
 - Epinephrine standing order protocol
 - Treatment of anaphylaxis (note time of symptoms starting)
 - Recognition of anaphylaxis as determined by an ECP
 - Use of EAI (note time given)
 - **Call 911:** report anaphylaxis, address of school and location of individual experiencing anaphylaxis while sending an adult to meet EMT (*Schools should inquire if local 911 responders are prepared to treat and monitor anaphylaxis prior to needing this service in an emergency*)
 - Stay with the student (the student should lay down if not vomiting or having a problem with breathing, avoid sudden standing)
 - Bullying staff and/or peers (help staff and classmates understand student's restrictions, the potential seriousness of exposure and how to help the student feel safe and accepted)

- Documentation (*see sample form provided in this tool kit*)
 - Record time event started
 - Record time(s) EAI was given
 - Take notes as the event occurs that may be helpful later
 - Send a copy of the documentation of event, plan of care and emergency contacts with EMT
 - Complete district incident report
- Epinephrine auto-injector (EAI) specifics
 - Storage and location: EAIs are typically unlocked in the office, clinic, classroom, or cafeteria (some families will want EAIs in several locations) and some students may self-carry. EAIs should be easily accessible and stored at room temperature.
 - Procedure(s) for injection depend on the age of a student. Discuss safe restraining holds and special instructions for different brands of EAIs.
 - Expiration date: check for need to replace during the current school year
 - Clarity of medication: look in EAI window, should be clear with no sediment or color
 - Dose is weight related and ordered by the prescriber for the individual student in their anaphylaxis action plan
 - EAI self-carry may be permitted as determined by the provider and parent, but the student may NOT necessarily have the ability to self-administer during an episode of anaphylaxis
- 504 determination to be made by designated school team upon parental request and medical provider's updated documentation
- FERPA/HIPAA (privacy laws) as they apply to the student
- MERT
- Impact of allergies/anaphylaxis on behavior, learning, and other activities
- ► Anaphylaxis Emergency Care Plan (ECP) or Allergy Management Plan (AMP) and how to activate Emergency Medical Services in case of an anaphylaxis emergency
- Tips and planning needed for the classroom and for special events (e.g. know student-specific strategies to minimize risk of anaphylaxis)
- What to do during a schoolwide emergency (e.g., lockdown or evacuation)
- Overview of the legal rights of students with allergies/anaphylaxis in the school setting
- ► Anaphylaxis Emergency Response Protocol

Anaphylaxis Emergency Response Protocol/MERT

Be Prepared

Know which students have anaphylaxis and where their medicine is kept. Treating symptoms promptly is best practice. Common symptoms of anaphylaxis include:

- Repetitive coughing/Wheezing
- Difficulty/discomfort when breathing/swallowing
- Many hives or redness
- Pale or bluish skin color
- Shortness of breath
- Swelling of tongue/lips
- Repetitive vomiting/diarrhea
- Impending sense of doom
- Combination of symptoms from different body systems

Call 911 if:

- ❖ Student is struggling to breathe, talk, stay awake, has blue lips, or asks for an ambulance.
- ❖ Student is given epinephrine auto injector.
- ❖ No epinephrine auto-injector is available, the student's symptoms have not improved spontaneously, and nurse/designee or parent/guardian is not available.
- ❖ You are unsure what to do.

When logical and possible, initiate actions simultaneously.

Symptoms of anaphylaxis present:

- ❖ Administer stock epinephrine or student specific epinephrine according EAP
- ❖ Call 9-1-1 immediately:
 - Make call from location of incident, if possible.
 - Use speaker mode on phone, if possible.
 - Be prepared to provide EMS Dispatcher with location name and address and the entrance door number nearest to the emergency.
 - Don't hang up the phone until instructed to do so by the EMS Dispatcher.
- ❖ Notify front office of medical emergency
- ❖ **Announcement** (□ OVER-HEAD; □ WALKIE-TALKIE) to alert trained Medical Emergency Response Team (MERT) members:

"Attention Staff and Students We are now going into Lock-in (Verbiage for all to stay in place) for a medical emergency in Room _____. MERT team please respond."

- ❖ Available MERT members immediately carry out assigned tasks.
 - Take AED, student medication, stock epinephrine auto-injector and any emergency medical supplies and medication to location.
 - Contact parents. Meet them in the parking lot.
 - Meet the ambulance and direct traffic
 - Unlock the gate/door/ direct traffic
 - Copy the medical records of the student. Provide to EMS.
 - Control the scene. Clear the area by directing uninvolved students to alternate location
 - Document emergency and response on Emergency Response/Incident Report form
 - Inform Central Administration of Emergency
 - Conduct debriefing session of incident and response following the event.
- ❖ MERT members immediately initiate the student's specific Anaphylaxis Emergency Care Plan (ECP) – if no ECP on file, employ Basic First Aid/CPR/AED training.
- NEVER LEAVE A STUDENT ALONE.
- Help the student be calm and in a comfortable position.
- Help the student locate and take his/her prescribed epinephrine auto-injector.
- If student does not have an epinephrine auto-injector, administer stock epinephrine auto-injector.
- Repeat epinephrine auto-injector in 5 minutes if student is still having trouble breathing.
- ❖ **If breathing stops or becomes ineffective, start CPR, and use AED**
- **Ensure that 9-1-1 has been called.**

Tier 3 training

Tier 3: building on Tiers 1 and 2, instruction on student-specific nursing care tasks for school personnel who will perform care tasks or assist the student. These designated school personnel (classroom teacher, physical education, music, art, library as well as other personnel such as lunchroom, coaches, and bus drivers) will be chosen, trained, and supervised by the school nurse. This training requires the expertise of a nurse or healthcare professional and must follow the appropriate steps of nursing delegation and other state laws regarding care of students in schools.

Tier 3 training content:

Tier 3 Daily Support [FARE Keeping Students Safe and Included](#) (1-3 hours)

- Content from Tier 1 and Tier 2+
- Understand your role in prevention of allergen exposure, anaphylaxis, and treatment
 - Prevention of anaphylaxis
 - ► FARE Understanding Food Labels
 - ► Alternatives to food for class parties and rewards
 - Be aware of high-risk students and behavior that might increase a student's chances for anaphylaxis (examples: asthmatic, history of allergies, exposure to stinging insects; students that show risky behavior [often middle or high school level students] or students that are developmentally immature)
- Be aware of the roles and names of key personnel in the school that are also trained in anaphylaxis recognition and stock epinephrine administration (MERT Team)
- Overview of anaphylaxis:
 - Definition, causes, symptoms and recognition
 - Risk factors for anaphylaxis
 - ► How a child might describe their symptoms
 - ► Emergency Anaphylaxis Plan for Stock Epinephrine
- Food allergies as trigger for anaphylaxis
- Medical Identification
- Michigan 2013 Public Act 186 & 187 Pertinent contents of law
 - How requirements apply to audience
 - Legal immunity/protection
- MI Department of Education Addendum to the 2002 Model Policy & Guidelines for Adminstrating Medications to Pupils in School: Guidelines for Responding to an Anaphylaxis Emergency at School
- Epinephrine standing order protocol
- Prevalence of students at risk for food-induced anaphylaxis in schools
- District Policies
- How to obtain free EAls in Michigan schools
- Annual reporting per law requiring schools to keep records of the following three uses of EAls:
 - Number of instances of administration of an epinephrine auto-injector to a pupil at school in a school year. This number includes **both** students who supplied an EAI and students without an EAI who were given stock EAls.

- Number of pupils who were administered an epinephrine auto-injector at school who were not previously known to be severely allergic. This number will reflect only students without a known history of severe allergy).
- Number of pupils who were administered an epinephrine auto-injector at school using the school's stock epinephrine auto-injectors.
- Staff protection in the medication law
- Stock EAs in Michigan schools
- Availability/Accessibility – NEVER LOCK
- Storage/Stocking
- Expiration Check & Disposal
- Checking clarity of medication using window
- 2 doses - based on weight
- Field Trips -stock epinephrine only for use at school during school hours. Student specific EAs should be transported on all field trips
- Summer vacation
- Demonstration on how to use an EAI with trainer device
- Procedure steps/Tips
- Methods to safely hold a child during administration
- Practice time using EAI trainer device
- Case scenarios for the nurse educator to lead discussion
- MERT
- Follow-Up & Documentation
- District incident report and/or epinephrine specific report
- Report use of EAI to state using MDE reporting system
- Follow up with parent/guardian
- Step-by-step instruction on how to perform the task using the student's equipment and supplies
- How to document all care tasks provided
- Plan for ongoing evaluation

All supplies for treatment, including the materials necessary to administer rescue medications, are provided by the parent/guardian.

TRAINING: Content and Resources

Understanding Allergies & Anaphylaxis

Allergies/Anaphylaxis Overview [FARE Keeping Students Safe and Included](#)

Anaphylaxis is an acute, life-threatening allergic reaction which can involve multiple mechanisms, triggers, signs/symptoms and severity (Shaker et al., 2020). Anaphylaxis typically begins suddenly and it is difficult to predict how worse it will become, although it can progress quickly. Common triggering culprits for anaphylaxis are foods, insect stings, medications, allergen immunotherapy, diagnostic testing substances, exercise and latex (ACAAI, 2018; FDA, 2017). Idiopathic anaphylaxis refers to a form of anaphylaxis in which the trigger has not been verified despite medical testing and evaluation. In children and adolescents, food and venom from stinging insects (e.g. wasps; fire ants) are common triggers for anaphylaxis while in adults, medications and stinging insect venom are leading causes (Shaker et al., 2020). Although any food can cause an allergic reaction, U.S. federal law designates 8 foods as the major food allergens most commonly associated with allergic reactions which are peanuts, tree nuts (e.g. walnuts; almonds; cashews), cow's milk, eggs, fish (e.g. salmon; tuna), crustacean shellfish (e.g. shrimp; crab), wheat and soy (FARE, 2021). Through federal legislation known as the Food Allergen Safety, Treatment, Education and Research (FASTER) Act of 2021, sesame is designated as the 9th major food allergen in the U.S effective January 1, 2023 when manufacturers will have to list it in accordance with existing requirements for food allergen labeling on packaged foods (Congress.gov, 2021; FDA, 2021).

Prevalence and Incidence

- The prevalence of anaphylaxis has been estimated at 1.6% to 5.1% (AAN, 2020; Shaker et al., 2020).
- Food allergy, a leading risk factor for anaphylaxis, has increased in prevalence over time and currently affects up to 10% of the population (Sicherer & Sampson, 2018; Lopes & Sicherer, 2020).
- Those at risk for drug-induced anaphylaxis include one-tenth of the general population and up to 20% of all hospitalized patients (Shaker et al., 2020).
- It is estimated that 2% to 3% of adults and up to 1% of children have had a systemic anaphylactic reaction to an insect sting (Shaker et al.,)

Risk Factors for Anaphylaxis

The presence of asthma, cardiovascular disease, older age, mast cell disorders, and/or use of beta-blockers or angiotensin-converting enzyme inhibitor medications are leading risk factors for severe or fatal anaphylaxis (Shaker et al., 2020). Individuals with atopy are at risk of being allergy prone as their immune system develops an exaggerated response to seemingly harmless triggers. Those with atopy are at risk for anaphylaxis particularly if they are allergic to food, medications, insect stings, exercise, latex or other allergens (AAFA, 2017; Shaker et al., 2020). Those with a medical history of anaphylaxis are at risk for future episodes of anaphylaxis which could occur at a different level of severity (ACAAI, 2018).

What Happens During Anaphylaxis?

Anaphylaxis occurs when an individual's immune system overreacts and releases inflammatory chemicals upon exposure to an allergen (AAAAI, 2021; ACAAI, 2018). The surge of chemicals and inflammation results in anaphylaxis symptoms which commonly affects more than one part of the body at the same time (AAAAI, 2021). Anaphylaxis is always a life-threatening medical emergency.

Common Symptoms of Anaphylaxis

Anaphylaxis is the severest form of an allergic reaction which can affect multiple organs in the body and therefore may include a variety of signs/symptoms. Multiple individuals can experience anaphylaxis but have different types of symptoms. Typically, symptoms of anaphylaxis occur within minutes to a few hours after exposure to a trigger and symptoms can progress and worsen very quickly (Shaker et al., 2020). For example, some individuals may begin anaphylaxis with mild symptoms like localized hives and abdominal cramping which quickly progresses to wheezing, difficulty breathing and fainting. Common symptoms of anaphylaxis include but are not limited to (AAAAI, 2021; ACAAI, 2018; AAN, 2020; FDA, 2017; Shaker et al., 2020):

- **Skin:** itching, hives, swelling, redness/flushing
- **Respiratory:** cough, wheezing, chest tightness, shortness of breath, stridor, throat swelling or tightness, tongue swelling, uvula swelling, hoarseness
- **Gastrointestinal:** abdominal cramping, nausea, vomiting, diarrhea, mouth itching
- **Genitourinary:** uterine cramping; incontinence
- **Circulatory:** dizziness, fainting; low blood pressure; rapid heart rate; cardiac arrest
- **Other:** sense of impending doom; metallic taste

A second anaphylactic reaction can occur within one hour or up to several days after the initial episode of anaphylaxis and is known as a bi-phasic reaction (Shaker et al., 2020). Risk factors for having a bi-phasic reaction include severe anaphylaxis or the need for repeated doses of epinephrine to treat the initial anaphylactic episode (Shaker et al., 2020).

Be aware that just because a student is old enough to self-carry their EAI, it does not mean they will be able to independently self-inject the epinephrine while experiencing anaphylaxis symptoms. For example, someone experiencing swollen eye lids will not be able to see. Many of the symptoms associated with anaphylaxis means individuals of any age will require a rescuer to administer the epinephrine and activate emergency medical services.

Rescue Medication/Treatment of Anaphylaxis

The first line of treatment for anaphylaxis is immediate intramuscular injection of epinephrine into the outer mid-thigh muscle followed promptly by transfer of the individual to the nearest emergency department via ambulance for further evaluation (AAAAI, 2021; ACAAI, 2018; Bingemann et al., 2021; Shaker et al., 2020). Epinephrine works by relaxing smooth muscle in the airway, stomach, intestines, uterus and bladder while tightening blood vessels which therefore reduces airway swelling and raises low blood pressure (FDA, 2017; Medline Plus, 2021). Studies consistently show that delay in administration of epinephrine is associated with increased risk for hypoxia and fatality from anaphylaxis (Brown et al., 2020; Shaker et al., 2020). Secondary medications like antihistamines and corticosteroids take much longer to begin acting in the body and are far less effective than epinephrine to treat anaphylaxis and therefore should not be used as initial treatment of

anaphylaxis (Bingemann et al., 2021; Shaker et al., 2020). Antihistamines do not reverse airway swelling or raise low blood pressure and are therefore not a substitute for epinephrine since antihistamines will not reverse anaphylaxis (ACAAI, 2018b). Examples of available epinephrine delivery devices are listed below. Most of the epinephrine delivery devices are available in two doses (0.15 mg and 0.3 mg) and the Auvi-q brand also has a 0.1 mg dose for infants (Bingemann et al., 2021; Shaker et al., 2020). Dosing is based on the weight of the individual. Epinephrine is metabolized rapidly and a second dose can be given 5 to 15 minutes after the initial dose if needed while awaiting an ambulance (Bingemann et al., 2021; Shaker et al., 2020)

EpiPen [<https://www.epipen.com>]

HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN 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. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

Auvi-Q [<https://www.auvi-q.com>]

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

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

Amneal/Impax Adrenaclick® (epinephrine injection, USP auto-injector)

HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

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

TEVA [<https://www.tevaepinephrine.com>]

HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the “twist arrow” to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it ‘clicks’. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

Symjepi [<https://www.symjepi.com>]

HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.

Additional Safety Information

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. Seek assistance from another person to help hold the leg firmly in place if needed.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection for prompt transfer of the individual to the nearest emergency department via ambulance for further medical evaluation and treatment.

How Long Does Epinephrine Take to Work?

Epinephrine given intramuscularly works quickly within 3 to 5 minutes but typically only lasts 10 to 20 minutes (Drugs.com, 2021; Shaker et al., 2020). Even if the individual rapidly improves after receiving epinephrine, symptoms may recur. Therefore, whenever an individual is administered epinephrine, 911 must be called for prompt transfer of the individual to the nearest emergency room for further evaluation and treatment (AAAAI, 2021; ACAAI, 2018; Shaker et al., 2020).

Common Side Effects of Epinephrine

Common side effects of epinephrine include apprehensiveness, pallor, jitteriness, anxiety, restlessness, weakness, dizziness, sweating, headache, nausea/vomiting, tremors, tachycardia/palpitations (e.g. faster/higher heart rate) and respiratory difficulties (Drugs.com, 2021; FDA, 2017; MedlinePlus, 2021). Side effects of epinephrine typically subside quickly especially if the individual has rest, quiet and is recumbent (FDA, 2017). However, if an individual is vomiting or having trouble breathing, they should rest while lying on their side (AAP, 2019).

Performance Standard 5: ONGOING ALLERGIES/ANAPHYLAXIS MANAGEMENT AND SUPPORT

Is Special Monitoring Needed?

All individuals, no matter their age, who have experienced anaphylaxis and been administered epinephrine, should not be left alone. These individuals should be kept under observation in a setting capable of managing anaphylaxis until symptoms have fully resolved (Shaker et al., 2020). Therefore, such individuals should never be left alone while awaiting arrival of an ambulance for prompt transfer of the individual to the nearest emergency department for further evaluation and treatment (Shaker et al., 2020).

Impact on Daily Life

There is a significant daily burden of chronic disease management for individuals at risk for anaphylaxis. For example, those at risk for food-induced anaphylaxis commonly experience a negative impact on finances, social relationships and their self-perception of health (Shaker et al., 2020). A diagnosis of food allergy requires medically related dietary restrictions which can impair quality of life (Shaker et al., 2017). Additionally, there are higher levels of stress and anxiety associated with the potential for food-induced anaphylaxis and a sense of diminished ability to fully control triggers and risks (Shaker et al., 2020). Many studies have reported that children and adolescents at risk of food-induced anaphylaxis also experience higher rates of bullying from peers and school staff including shaming and forced contact with their known food allergen (Fong et al., 2017). Individuals at risk for insect sting induced anaphylaxis often feel fear, stress or anxiety regarding risk for life-threatening anaphylaxis when they are outdoors and feel burdened by having to ensure injectable epinephrine is always accessible (Shaker et al., 2020). It takes time for individuals and their families to learn how to effectively adapt and manage risk for anaphylaxis which often involves time-consuming risk mitigation strategies and additional expenses.

Allergies/Anaphylaxis and School Performance

Allergic disease may prevent affected students from achieving their academic potential because of school absences related to illness and medical appointments (Von Kobyletzki et al., 2017). Students with poor allergic disease related quality of life; those with poor allergic disease control; students with allergic disease related anxiety or depression; students with suboptimal allergic disease self-management ability; those with access barriers to quality healthcare and medications; and those lacking optimal family support face additional challenges that could affect academic performance (Vazquez-Ortiz et al., 2020).

Experiencing allergic symptoms at school; feeling stigmatized due to visible signs and symptoms; medication requirements and side effects; and need for medically restricted

diets can contribute to reduced educational attainment (Von Kobyletzki et al., 2017). There are approximately 2 million days of school missed to allergies (Kids Health Nemours, 2016). Missing school for any reason, even just two days a month of school, can be a problem for students in a number of ways. Chronically ill children absent in kindergarten and first grade are less likely to read on grade level by the third grade. In older students, chronic absenteeism is strongly associated with failing at school—even more than low grades or test scores. When absences add up, these students are more likely to be suspended and drop-out of high school. Chronic absenteeism is also linked with teen substance use, as well as poor health as adults (AAP, 2019).

Dietary Consideration Information for School Nurses

- **Daily Strict Avoidance of Known Food Allergens:** Daily management of food allergy requires strict avoidance of the known food allergen(s) as a means to prevent anaphylaxis. Even a very tiny amount of a food allergen could cause an allergic reaction in someone at risk. This means a student with food allergies should not drink or eat anything unless all ingredients are known to be free of food allergens they must medically avoid. When in doubt of ingredients, an individual with food allergy should not consume the food or beverage. Such dietary medical restrictions create risk for nutritional deficits in children and adolescents which is compounded when a student has multiple known food allergies. Evaluation and counsel by a registered dietician or school nutritionist may assist in preventing nutritional deficits that could affect a student's health and growth. More information on dietary considerations in children with food allergy: http://taeg.ca/wp-content/uploads/2018/02/Dietitian_Eating-with-Allergies.pdf
- **Scrutinize Ingredient Labels:** For individuals with food allergies and those assisting them, reading ingredient labels of foods and beverages is imperative prior to their consumption of such products. Food manufactures may change ingredients at any time (FDA, 2021b). Therefore, ingredient labels must be checked every time a product is purchased (FDA, 2021b). Individuals with food allergies and those assisting them must also know all the ways a food allergen may be described on an ingredient label. For example, egg may be described on a label as albumin or ovomucoid (FARE, 2021). Ways that major food allergens can be described on an ingredient label are listed here: <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-allergens>
- **Food Allergens Can Be Visible or Hidden in Products:** Food allergens may easily be seen or may be hidden in foods and beverages. Food allergens may also be contained in non-food products. For example, bath products, pet food, and craft materials may contain visible or hidden food allergens. Additionally, food allergens may be included in unexpected foods. For example, some tuna products may contain milk protein (FARE, 2021). Contacting a food manufacturer may provide clarity to determine if something can be safely consumed especially if ingredient labels are ambiguous, misleading, cause doubt, are difficult to understand, or are missing.

- **Cross Contact Causes Allergen Exposure Risk:** Strict avoidance of a known food allergen includes awareness of cross contact which involves mixing of allergenic food protein between food containing the allergen with food that does not. Cross contact of food allergens may also occur when it is present on a surface, object or in saliva (Sheehan et al., 2018). Cross contact can be a reason food allergens become hidden in products (Ortiz, 2018). Examples of ways cross contact of allergenic food proteins can easily occur include during baking; cooking; barbecuing; food presentation; food manufacturing, packaging, or shipping; use of bulk food bins; unclean and/or shared surfaces, objects, silverware, utensils, cookware, dishes, water bottles, straws, glasses and cups; unwashed hands; sharing musical instruments that go in the mouth; and human or pet saliva (FARE, 2021c; Sheehan et al., 2018). Exposure to a known food allergen due to cross contact is a common cause of allergic reactions (FARE, 2021c). School staff should follow their school's protocol for proper cleaning to prevent cross contact with food allergens. Additionally, students and staff should know hand sanitizers and plain water are not effective in removing food allergen residue (KFA, 2019). Recommended effective cleaning methods in schools are listed here:
<https://www.foodallergy.org/resources/cleaning-methods>
- **Federal Labeling Law:** The 2004 Food Allergen Labeling and Consumer Protection Act (FALCPA) requires that ingredient labels of most packaged foods marketed in the U.S. must list when a product contains a major food allergen (FDA, 2021b). Since 2004 the regulated 8 major food allergens in the U.S. are milk, eggs, fish, crustacean shellfish, soy, wheat, peanuts and tree nuts. Based on FALCPA regulations, manufacturers have three options to include these 8 food allergens on ingredient labels including listing its common name which identifies the allergen source (e.g. buttermilk); listing "contains" followed by the name of the regulated food allergen (e.g. contains peanut, egg); using parenthesis in the ingredient list when the ingredient is a less commonly known form of a regulated food allergen such as ovomucoid (egg) or whey (milk) (FARE, 2021d; FDA, 2021). Per FALCPA, manufacturers must delineate the specific type of tree nut (e.g. walnut), fish (e.g. tuna), or crustacean shellfish (e.g. shrimp) on an ingredient list (FARE, 2021d). Molluscan shellfish (e.g. oysters) are not required by FALCPA to be regulated as a major food allergen (FARE, 2021d). FALCPA regulations only apply to retail and food-service establishments that package, label and offer food products for human consumption (FDA, 2021). FALCPA currently does not regulate foods placed in a wrapper or container (e.g. sandwich wrapped in paper) after a customer's order at point of purchase (FDA, 2021). Effective January 1, 2023, sesame will be regulated as the 9th major food allergen in the U.S. in accordance with the federal FASTER Act of 2021 (Congress.gov, 2021; FDA, 2021). As of January 1, 2023, U.S. food manufacturers are required to list sesame as an allergen except when sesame is part of a natural flavoring or spice or when it is not in the common or usual name of a food (e.g., tahini, which is made from sesame seeds) (FDA, 2021).
- **Imported Foods:** Use caution with imported foods and beverages as labeling laws differ between countries. Imported products should adhere to domestic food allergy labeling regulations but may not. (FARE, 2021d).

- Voluntary Use of Precautionary Allergen Labeling & Advisory Warning**
Statements: Ingredient labels often include precautionary allergen information and advisory statements (e.g. may contain peanut; this product is made in a facility also using milk and egg; this product was made on shared equipment with walnuts) (FDA, 2021; Soon, 2017). Such statements are listed on a voluntary basis by manufacturers and are not required by law nor is the wording regulated (FARE, 2021d; FDA, 2021; Soon, 2017). Manufacturers may decide to voluntarily add such statements due to potential for cross contact of food allergens during use of shared equipment; from ineffective cleaning between production lines; or from dust and aerosols that may contain a food allergen during manufacturing (FDA, 2021). Such statements may or may not mean a major food allergen is contained in the product (FARE, 2021d). Conversely, absence of precautionary allergen labeling and advisory warnings on labels does not mean a product is safe from containing a major food allergen (FARE, 2021d). Inconsistent use of such labeling statements may cause confusion, frustration and put individuals at risk (Soon, 2017). Direct communication with food manufactures may provide confirmation of actual ingredients and risk associated with cross contact during manufacturing.
- Recalls by Food & Drug Administration (FDA) Due to Undeclared Food Allergens:** The FDA has regulations allowing the agency to take action if food products contain major food allergens that are not properly listed on an ingredient label per FALCPA (FDA, 2021). This includes products containing a regulated major food allergen from cross contact. Such products are considered misbranded and adulterated by the FDA and subject to recalls, import refusal and seizure (FDA, 2021). Updated lists of food products recalled for undeclared major food allergens are listed here: <https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts>
- Student-Specific Medical Needs:** Staff should be fully informed of known student-specific needs for daily food allergy management and medical dietary restrictions and implement necessary food allergen avoidance measures to prevent anaphylaxis. For example, due to developmental considerations, young children especially require additional risk mitigation strategies to avoid their known food allergens as they explore their environment with their hands and mouths (FARE, 2021b). Additionally, for many students with food allergies, curriculum activities involving hands-on activities (e.g. arts/crafts; science projects) should be scrutinized ahead of time to avoid using known food allergens for participating at-risk students.

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Resources

ANAPHYLAXIS EMERGENCY CARE PLAN TEMPLATES

- American Academy of Allergy, Asthma & Immunology Anaphylaxis Action Plan: <https://www.aaaai.org/aaaai/media/medialibrary/pdf%20documents/libraries/anaphylaxis-emergency-action-plan.pdf>
- American Academy of Pediatrics Anaphylaxis Emergency Plan: https://www.healthychildren.org/SiteCollectionDocuments/AAP_Allergy_and_Anaphylaxis_Emergency_Plan.pdf
- Food Allergy Research & Education Food Allergy & Anaphylaxis Emergency Care Plan: <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/food-allergy-anaphylaxis-emergency-care-plan>

CENTERS FOR DISEASE CONTROL

- Voluntary Guidelines for Managing Food Allergies in Schools & Early Care & Education Programs: <https://www.cdc.gov/healthyschools/foodallergies/index.htm>

FOOD ALLERGY & ANAPHYLAXIS GENERAL INFORMATION

- Allergy Home: Schools: <https://www.allergyhome.org/schools>
- American Academy of Pediatrics: Anaphylaxis: <https://services.aap.org/en/search/?content=all&k=anaphylaxis>
- Food Allergy Research & Education: Keeping Students Safe & Included: <https://www.foodallergy.org/keeping-students-safe-and-included>
- National Association of School Nurses: Allergies & Anaphylaxis: <https://www.nasn.org/nasn-resources/practice-topics/allergies-anaphylaxis>

NATIONAL ASSOCIATION OF SCHOOL NURSES – [Allergies & Anaphylaxis](#)

- **Sample Planning Checklist**
- **Sample Policy**
- **Sample Practice Forms**
- **School Personnel Training Resources**
- **Educational Resources**
- **National Guidelines**
- **Additional Resources**
- **Additional information:**
 - Avoid Food Allergen Cross Contact: <https://www.allergyhome.org/michigan/files/2014/07/Cross-Contact-One-Pager-v3.0-AFA-version.pdf>
 - Common Food Allergens: <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-allergens>
 - Food Allergen Avoidance Lists: <https://www.kidswithfoodallergies.org/top-food-allergens.aspx>
 - Managing Food Allergies in School: Role of School Nutrition Professionals: https://www.cdc.gov/healthyschools/foodallergies/pdf/nutrition_508_tagged.pdf
 - Replacing Lost Nutrients Due to Food Allergy: <https://www.kidswithfoodallergies.org/replacing-lost-nutrients.aspx>