Purpose and Scope

The Nash-Rocky Mount Public School district believes that safety and well-being of students at risk for anaphylaxis is a community responsibility. The district further believes that a comprehensive plan to include emergency action plans for students, reasonable environmental accommodations, staff training, and collaborative efforts among all stakeholders is essential for a successful school experience for students with life-threatening allergies.

The district is committed to:

- Providing a safe and healthy school environment.
- Raising awareness about allergies and anaphylaxis among the school community and children in attendance.
- Ensuring each staff member, cafeteria worker, bus driver, and substitute teacher has adequate knowledge for anaphylaxis and emergency protocols.
- Facilitating communication between all staff, students, and families to ensure the well-being of individuals at risk for anaphylaxis.
- Ensuring each school has a minimum of two principal-designated first responders with:
  - Current certification in Cardio-Pulmonary Resuscitation (CPR), Automatic External Defibrillation (AED), and First-Aid; and,
  - School nurse training for recognizing signs/symptoms of anaphylaxis and emergency response including use of an epinephrine auto-injector.
- Ensuring each school is supplied with a minimum of two (2) auto-injectors designated as stock or unassigned epinephrine.
- Ensuring the stock epinephrine is stored in a secure and unlocked location, easily accessible to staff trained in anaphylaxis emergency response, and inaccessible to students.

This anaphylaxis protocol applies:

- When a student is diagnosed as being at risk for anaphylaxis and is enrolled in school;
- When an individual over 33 pounds is not diagnosed as being at risk for anaphylaxis and has an anaphylactic reaction on school grounds; and,
- To all school staff, parents/legal guardians, and students.

Overview

Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. In the case of anaphylaxis, the immune system (the body’s natural defense against illness and infection) overreacts to a harmless substance and releases a number of different chemicals, such as histamine, to deal with the mistaken threat.

An allergic food reaction begins with a predisposed individual ingesting a food by eating, inhaling, or through contact with mucous membranes, causing the body to produce an antibody that initially attaches to the surfaces of cells. This initial process yields no symptoms and will go unnoticed. However, the next time the food is ingested; the proteins in the food attach to these antibodies and cause the cells to primarily release histamine which leads to the allergic reaction. A reaction can occur
within minutes to hours after ingestion. Symptoms can be mild to life-threatening. The specific symptoms that the individual will experience depend on the location in the body in which the histamine is released.

Anaphylaxis typically begins within minutes or even seconds of exposure; however, an anaphylactic reaction can occur up to one to two hours after exposure to the allergen. Initial emergency treatment is the administration of injectable epinephrine, followed by an immediate 911 call making the dispatcher aware that epinephrine was administered. Emergency Management Services (EMS) will respond and must transport the individual for medical evaluation, regardless of improvement in symptoms.

**Most Common Triggers**

- **Food**
  Any food can cause a severe reaction. Food allergies are the leading cause for anaphylaxis outside of the hospital setting. Currently there is no cure for food allergies and strict avoidance is the only way to prevent a reaction. Peanuts are the leading cause of food-related anaphylaxis, accounting for more than half of all cases. Examples of other food-related allergens include various types of nuts, such as walnuts, cashew nuts, almonds, brazil nuts and hazel nuts; milk; fish; seafood; shellfish; eggs; soy; wheat; and some types of fruit, such as bananas, grapes and strawberries.

  Food allergy patterns in children often differ from those in adults. The most common foods to cause allergies in children are eggs, milk, peanuts, tree nuts such as walnuts, and wheat. Foods for adults are more likely to be shellfish such as shrimp, crayfish, lobster, and crab; fish such as salmon, peanuts, and tree nuts. Children, unlike adults, typically outgrow their allergies to milk, eggs, soy and wheat, while allergies to peanuts, tree nuts, fish and shrimp usually are not outgrown.

- **Insect Stings**
  Stings most often occur from yellow jackets, paper wasps, and hornets. Most people experience complications of only pain and redness at the bite site; some have true allergy to insect stings that can lead to anaphylaxis. In these cases, immediate identification of the insect and epinephrine medication administration assures proper management of the reaction. Insect avoidance is advised for individuals at risk for anaphylaxis. Precautionary measures for schools include restricting eating areas to inside school buildings for individuals at risk for anaphylaxis; storing garbage in well-covered containers; and removal of insect nests on/near school property by maintenance/custodial staff.

- **Medication**
  Antibiotics, particularly penicillin; general anesthetic medications; codeine; and non-steroidal anti-inflammatory drugs (NSAIDs), such as aspirin and ibuprofen are examples.

- **Contrast Agents**
  Contrast agents are injectable dyes used for diagnostic reasons and clarity in medical tests such as x-rays, scans, and imaging. If allergic, anaphylaxis occurs immediately after injection.
Latex

Latex products are a source of allergic-type reactions, most commonly contact dermatitis and immediate allergic reactions. Contact dermatitis can occur within twelve (12) to thirty-six (36) hours on any part of the body having latex contact. The most serious allergic reactions can occur immediately after latex exposure leading to anaphylaxis, depending on the amount of latex allergen exposure and the individual’s degree of sensitivity.

Signs and Symptoms

- Difficulty in/absence of breathing
- Wheezing or coughing
- Throat tightness or closing
- Difficulty swallowing
- Swelling of lips, eyes, face, tongue, Throat or elsewhere
- Drop in blood pressure
- Changes in heart beat, rapid or decreased
- Change of skin color, flushing or pale
- Burning sensation, especially face or chest
- Itching with or without hives
- Raised red rash, any area
- Hives
- Tingling sensation in the mouth
- Dizziness
- Sweating
- Anxiety
- Blueness around/inside lips, eyelids
- Loss of bowel or bladder control
- Loss of consciousness
- Red, watery eyes
- Runny nose
- Sneezing
- Nausea
- Abdominal cramps
- Vomiting
- Diarrhea
- Hoarseness
- Sense of doom

Anaphylaxis can affect almost any part of the body and cause various symptoms. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock. Multiple symptoms are typically seen in anaphylactic reactions and reactions vary. Symptoms usually appear within minutes and can occur within two hours after exposure to the food allergen. The individual can also face a rebound effect of the symptoms in which symptoms initially abate upon treatment but return within hours (biphasic reaction); thus the importance of close observation after allergen exposure. Individuals at risk for severe allergic reactions who have asthma may experience a more severe reaction to the allergen.

Diagnosis

Obtaining the student’s full medical history is crucial. The diagnosis of severe allergy with a risk assessment for anaphylaxis should be made by an appropriately trained healthcare provider on the basis of the family and student’s history. Appropriate skin and/or blood tests should be done by a specialist, such as an allergist.

Management in Schools

A strong collaboration among the healthcare community, school nurses, first responders, administrators, school staff, parents/legal guardians, students, and the community at large is crucial to establish and abide by the anaphylaxis policy and protocol and to maintain a safe school learning environment. Successful management of students with a life threatening health issue requires a team approach with involvement of parents/legal guardians, school nurses and designated school staff, healthcare providers, and students. The identification and management process begins by following Allergy/Anaphylaxis Management Algorithm I – Planning Phase (Attachment A) and Algorithm II – Provision of Care and Post Exposure Phases (Attachment B). Steps in Algorithm III (Attachment C) will be followed to manage
anaphylaxis in individuals not previously known to have severe allergy/risk for anaphylaxis who experience an anaphylactic event on school grounds.

Staff and parents/legal guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any school that is open to the general community. Parents and staff should not have a false sense of security that an allergen has been totally eliminated from the environment. The school recognizes the need to adopt a range of procedures and risk minimization strategies to reduce the risk for a child having an anaphylactic reaction, including strategies to minimize the presence of the allergen in the school.

Successful management of anaphylaxis in schools also requires having epinephrine auto-injectors available for immediate access in situations of severe allergic reaction to unknown allergens. Non-patient specific epinephrine auto-injectors will be stocked and readily accessible in all schools. First responders and other identified staff will be trained by school nurses to recognize the signs and symptoms of anaphylaxis and administer epinephrine via auto-injection.

**Allergen Safety**

Avoidance of exposure to allergens is the key to preventing a reaction and protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. The risk for exposure to allergens for a student is reduced when the school personnel, healthcare provider, and parent/legal guardian work together to develop a management plan for the student. Staff training and educating the entire school community about life-threatening allergies and anaphylaxis are important elements in keeping students safe. Research-based, reliable, and up-to-date allergy/anaphylaxis resources are utilized in the school setting to promote safety. Reasonable measures are implemented within the school district to protect students at risk for anaphylaxis; e.g., parent notification letters, posters for classroom entrances, main offices, and cafeterias, and emergency medical alerts in PowerSchool and on permanent health records.

**Students with Known Allergies**

- The provisions and requirements of the district’s medication administration policy (Board Policy 6125) regarding possession and self-administration of prescription medications also apply to epinephrine.
- All students who have had a prior anaphylactic reaction or have otherwise been identified as at-risk for having a severe allergic reaction should have this specifically addressed in an individualized health care plan (IHP) or emergency action plan (EAP) and the parent/legal guardian should provide the plan to the school.
- The parent/legal guardian is responsible for providing the IHP or EAP to the school.
- At the start of each school year or upon transfer to the school, the parent/legal guardian of a student with known allergies that may be severe enough to cause anaphylaxis is responsible for providing the school with written, student-specific medical orders, a medical management plan, epinephrine medication (2-dose dual pack recommended), and an asthma inhaler, if prescribed for use in an emergency.
- The school nurse plays a key role in a) developing and implementing the emergency action plan, b) serving as liaison for parent/legal guardian, healthcare provider, and school staff, c) student advocate, d) health educator, advisor, and trainer for staff, and, e) case manager with evaluation and follow-up.
- The school nurse or administrator will notify each of the student’s teachers and appropriate auxiliary staff when aware of severe allergies, location of student-specific emergency medications, and students in valid possession of an epinephrine auto-injector or asthma inhaler.
- Student-specific orders should be followed in the event of a medical emergency.

Storage, Access, and Maintenance of Student-Specific Epinephrine Auto-Injectors

Student-specific emergency medications shall be kept in a location that provides easy and immediate access and is never locked or accessible to other students. Medication storage shall be handled carefully, based on the student’s individualized medical needs as well as the physical layout of the school. Considerations for determining location and management of student-specific emergency medications include:
- Is the student mature and responsible enough to carry and self-administer his/her own emergency medication?
- Is there a plan in place in the event that the student does not have the medication with him/her?
- Is the student health office centrally located to facilitate a quick response in the event of an allergic episode?
- What is the best plan of action for this student in all locations within the school?
- What arrangements will be made for field trips, sports, after school activities, etc.?
- What healthcare provisions will be made when the school nurse is away from the school?
- What notifications have been made to all school personnel for identifying and locating site-based first responders?

Students with Undiagnosed Allergies and Unknown Risk for Anaphylaxis

- Each school will stock at least two (2) EpiPen® and two (2) EpiPen Jr® auto-injectors at all times regardless of whether or not any student/staff member has been diagnosed with allergies.
- These epinephrine auto-injectors (hereinafter called ‘stock epinephrine’) are designated for non-patient specific use in an event of an anaphylactic reaction on school property.
- The stock epinephrine auto-injectors are not intended, and cannot be used, as the sole supply for students known to have medical conditions requiring availability of an epinephrine auto-injector device.
- Each school principal will designate at least two (2) employees for training by the school nurse and authorization to administer an epinephrine auto-injector. Schools are encouraged to train and authorize more than the legally required minimum.
- Training for authorized personnel shall be conducted annually and refresher training as needed. Each school nurse shall maintain documentation of the training, including type/resources used, for each employee who is authorized to administer epinephrine.
- All school staff should have a basic awareness of the major signs of anaphylaxis and know whom to alert in case of an emergency and where the stock epinephrine auto-injectors are located.
- Only principal-designated personnel trained by the school nurse are authorized to administer the stock epinephrine medication to an individual believed to be suffering from an anaphylactic reaction on school property.
- Extra-curricular activities off school grounds, including transportation to and from school, field trips, and sporting events are not covered for stock epinephrine.
Storage, Access, and Maintenance of Stock Epinephrine Auto-Injectors

- Stock epinephrine auto-injectors should be stored according to the manufacturer’s directions to maintain effectiveness in a clearly labeled, unlocked, easily accessible cabinet at room temperature (between 59-86 degrees F), in a location that is safe, accessible and monitored by staff, and inaccessible to students.
- The auto-injectors must be protected from exposure to heat, moisture, cold, and freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures.
- Expiration dates on epinephrine auto-injectors should be monitored and documented. The shelf-life of an epinephrine auto-injector is approximately 12-18 months.
- The contents should be inspected through the clear window of the auto-injector. The solution should be clear and colorless. Discard if the fluid has turned brown or is cloudy.
- Additional materials associated with responding to suspected anaphylaxis should be stored in the cabinet with the epinephrine auto-injectors (e.g., copy of the emergency anaphylaxis response plan, copy of Algorithm III that has step-by-step instructions, and names/contact numbers of employees authorized to administer stock epinephrine).
- Each school should maintain documentation that stock epinephrine has been checked on a monthly basis to ensure proper storage, expiration date, and medication stability.
- Auto-injectors that are expired or those with discolored solution or solid particles should not be used and must be replaced. Discard expired or unusable/damaged auto-injectors in a sharps container.

Epinephrine Auto-Injectors

Epinephrine and antihistamines are medications used to avert the anaphylactic reaction. Treatment for anaphylaxis is centered on treating the rapidly progressing effects of the histamine release in the body. Epinephrine is a chemical that narrows blood vessels and opens airways in the lungs, the effects of which can reverse severe low blood pressure, wheezing, severe skin itching, hives, and other symptoms of an allergic reaction.

Epinephrine must be immediately administered at the first sign of anaphylaxis. Delay can result in death. Administering epinephrine when in doubt and immediately calling 9-1-1 for transport can save a life.

Epinephrine should only be injected into the outer thigh, never into the buttock or other area on body. Epinephrine may be administered along with an oral antihistamine and asthma inhaler. Examples of epinephrine auto-injectors include: EpiPen® and EpiPen Jr® (www.epipen.com), Auvi-Q™ (www.auvi-q.com), and Adrenaclick® (www.adrenaclick.com).

Although epinephrine injection helps to treat anaphylaxis, it does not take the place of medical treatment. The individual must be transported by emergency medical services, even if symptoms improve or resolve after the first dose of epinephrine. The effects of epinephrine may wear off after 10 or 20 minutes.
Emergency Response for Suspected Anaphylaxis without Specific Orders

Epinephrine may only be administered by a trained staff member. These steps are also illustrated in Attachment III.

1. Based on symptoms, determine that an anaphylactic reaction is occurring.
2. Act quickly! This is a life and death decision. It’s safer to give epinephrine than to delay treatment.
3. Activate the emergency response plan and secure the following at the scene:
   a) Stock Epipens® and staff member trained in administration of epinephrine; and,
   b) AED and staff member certified in CPR.
4. Determine the proper dose of epinephrine, based on following criteria:
   c) Epipen Jr® (0.15 mg): 33-66 pounds; less than 4 ft. (49”); Pre-K/K; or age 3-6.
   d) Epipen® (0.30 mg): 66 lbs. or more; 4 ft. (49”) or greater; 1st grade or above; age 7-adult;
5. Administer the epinephrine auto-injector.

6. Note time epinephrine was administered.
7. Direct someone to call 911 and request medical assistance.
8. Advise the 911 operator/dispatcher that epinephrine has been given.
9. Stay with the person until Emergency Medical Services (EMS) arrives, monitor breathing airway, reassure and calm as needed.
10. Advise or direct someone to advise school administrator/nurse of situation.
12. If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine 5-15 minutes after the initial injection. Note the time.
13. Administer CPR if needed.
14. EMS shall transport to the Emergency Room (ER). Document individual’s name, date, and time the epinephrine was administered on the used auto-injector(s) and give to EMS to accompany individual to the ER.

Post-Event Actions

- Once epinephrine is administered, local EMS should be contacted and the student transported to the emergency room for medical evaluation and care.
- In some anaphylactic reactions, the symptoms go away, only to return one to three hours later. This is called a “biphasic reaction.” Often these second-phase symptoms occur in the respiratory
tract and may be more severe than the first-phase symptoms. Therefore, follow-up care with a healthcare provider is necessary.

- The student will not be allowed to remain at school or return to school on the day epinephrine is administered.
- Document the incident and complete Report of Epinephrine Administration Form.
- Replace epinephrine stock medication immediately.
- If a student receives an epinephrine injection at school, the school nurses shall follow-up with the parent/legal guardian to request and obtain an emergency action plan.
- The school principal, administrative staff, nurse, and personnel involved in the incident shall assess the emergency response and outcome.
- The school principal should conduct a debriefing meeting to determine confidence in the emergency management protocol, making revisions as indicated.

Staff Training on Severe Allergies, Anaphylaxis, and Emergency Response

All school employees in the district should receive annual training by the school nurse (licensed RN) in severe allergies, sign/symptoms of anaphylaxis, emergency response to anaphylaxis, and epinephrine auto-injectors. Documentation of the training competency assessment shall be maintained by the school nurse, demonstrating that the employee was adequately trained.

A minimum of two (2) principal-designated employees shall receive and maintain certification in CPR, AED, and First-Aid and one-on-one training by the school nurse regarding emergency action plans and administration of emergency medication, including epinephrine auto-injectors. School employees having responsibility for students with known allergy/anaphylaxis, emergency action plans, and student-specific medications receive additional training by the school nurse with skills-check. Only personnel who have been trained and approved by the school nurse should administer epinephrine to an individual believed to be having an anaphylactic reaction.

Training for staff designated to administer epinephrine auto-injectors shall include:

- Instruction on the provisions of state laws and the district’s policy and protocols regarding the emergency use of epinephrine on school property for a suspected life-threatening anaphylaxis reaction;
- Instruction on the district’s medication administration policies and procedures;
- Orientation to the causes, signs, symptoms, and treatment of anaphylaxis and the anticipated effects and possible adverse effects of epinephrine;
- Demonstration and instruction using an auto-injector trainer device, followed by skill-based practice;
- Instruction on implementation of the anaphylaxis emergency response plan;
- Instruction on the procedures for informing emergency contacts, completing a school incident report, and notifying parent/guardian of a student to whom an epinephrine auto-injector has been administered; and,
- Instruction on the procedure regarding epinephrine acquisition, expiration date monitoring, maintenance, and storage requirements.

Resources for staff training include:
- http://allergyready.com/
Immunity/Liability

- According to state law, authorized school personnel who use an epinephrine auto-injector are immune from criminal charges or civil damages unless an act or failure to act was due to gross negligence or willful and wanton misconduct.

Roles and Responsibilities

- **Parent/Legal Guardians of Students with Known Allergy/Anaphylaxis**
  
  - Notify the school of the child’s known allergies.
  - Work with the school team to develop a health and emergency action plan that accommodates the child’s needs throughout the school environment including the classroom, cafeteria, after-care programs, school-sponsored activities, and on the school bus.
  - Provide the school with written documentation, instructions in providing care, diet modification plan, and medications as directed by a licensed healthcare provider using the district’s emergency action plan as a guide.
  - Provide properly labeled medications and replace medications after use or upon expiration.
  - Educate child in age-appropriate self-management of his/her allergies including:
    - Safe and unsafe foods and/or products;
    - Strategies for avoiding known allergen exposure;
    - Symptoms of allergic reactions; and,
    - How and when to alert an adult he/she may be having an allergy-related problem.
  - Review and follow the school district’s student health policies and protocols and guidelines in the student handbook.
  - Provide current emergency contact information to the school, updating when applicable.

- **Students with Known Allergies and Anaphylaxis Risk**
  
  - Be proactive in the care and management of known allergies, based upon developmental level.
  - Avoid known allergens.
  - Avoid sharing and trading food with others.
  - Avoid eating anything with unknown ingredients or known to contain any allergen.
  - Notify an adult immediately if something containing the allergen is ingested, touched, and/or inhaled.
  - Observe safety precautions and follow medication administration guidelines, if self-carry and self-administration is approved.
### School Principal

- Follow applicable federal laws such as Individuals with Disabilities Education Act (IDEA), Family Educational Rights and Privacy Act (FERPA), Section 504 of the Rehabilitation Act, American’s with Disabilities Act (ADA); state statutes; local board policies; and student health protocols.
- Develop a site-based allergy/anaphylaxis management plan in consultation with the school nurse and communicate the plan to all staff.
  - Designate a minimum of two (2) staff members as first responders who shall maintain CPR certification, in addition to the school nurse.
  - Designate at least two (2) staff members, as part of the medical care program under G.S. 115C-375.1, to receive initial training and annual refresher training by the school nurse in anaphylaxis emergency response and administration of epinephrine auto-injector devices.
  - Notify staff members as to the names of individuals trained to administer the EpiPen® auto-injectors and first responders/other personnel with CPR certification in order to facilitate a prompt, organized emergency response.
  - Include allergy/anaphylaxis awareness and management training by the school nurse in the back-to-school sessions for all staff.
  - Coordinate with the school nurse to assure that all staff members with supervisory oversight of students with known allergy/anaphylaxis are aware of individualized health and emergency action plans.
  - Develop a plan for storage and accessibility/delivery of emergency medications for students with known allergy/anaphylaxis as well as stock epinephrine auto-injectors for individuals with unknown allergy/anaphylaxis.
  - Implement site-based safety plans that include allergy/anaphylaxis awareness and health-alert notifications.
  - Include school nurse in Individualized Educational Plan (IEP) and 504 planning for students with known allergy/anaphylaxis.

- Monitor school environment for student and staff’s compliance with the site’s emergency response plan, and safety measures, and the allergy/anaphylaxis protocol.
- Make reasonable accommodations for students with diagnosed allergies/risk for anaphylaxis on school property and school-sponsored activities, preventing exclusion solely based on allergy diagnosis.
- Allow responsible, self-directed, and knowledgeable students as approved by their healthcare provider and school nurse to carry life saving medication, according to board policy and student health protocols.
- Conduct debriefing session after an anaphylactic incident with involved staff, assess effectiveness of the emergency response plan, and revise plan if needed.
- Replace used, expired, and/or damaged stock epinephrine auto-injectors.

### School Nurse

- Review student health records and health information submitted by parents/legal guardians and healthcare providers.
o Work with parents and staff to develop individualized health and emergency action plans for students with known allergy and identified at risk for anaphylaxis.

o Communicate, distribute, and implement individualized health/emergency action plans to identified school staff having oversight responsibilities of students at risk for anaphylaxis.

o Place emergency health-alert notifications in PowerSchool and on the permanent health record of students with known allergy/risk for anaphylaxis.

o Follow medication administration and documentation policies and protocols, including periodic medication audits to assure that student safety measures are intact.

o Provide anaphylaxis refresher training to school staff in annual back-to-school sessions.

o Provide anaphylaxis and epinephrine auto-injector training to first responders, principal-designated staff to administer the stock epinephrine auto-injectors, and staff with responsibility/oversight for students with known allergy/anaphylaxis risk, individualized health/emergency action plans, and emergency medication at school.

o Assist school principal in:
  • Developing and monitoring site-based management/safety plan for allergy/anaphylaxis and participation in safety meetings addressing students’/staff’s health;
  • Site-based allergy/anaphylaxis awareness efforts;
  • Periodic monitoring of the stock epinephrine auto-injectors to assure date has not expired, medication solution is clear/not damaged, and storage guidelines are met;
  • Completion and/or review of Reports for Epinephrine Administration;
  • Conducting post-anaphylaxis event and emergency response assessment and debriefing; and,
  • Revising the emergency response plan, if needed.

o Establish effective communication channels with parents/legal guardians and school staff of students with known allergy/anaphylaxis.

o Serve as a liaison between parents/legal guardians, healthcare providers, and school administration/staff.

o Provide consultation and interpretation of medical and health-related information in the school setting, when warranted.

o Participate in IEP and 504 planning for students with known allergy/anaphylaxis and individualized health/emergency action plans.

o Upon approval of the healthcare provider and parent/legal guardian, assist in assessing knowledge, responsibility, and skill level and self-directedness of students with known allergy/anaphylaxis and emergency action plans/medications in safely carrying and/or self-administering life-saving medication.

o Maintain documentation of staff training, stock epinephrine monitoring, and allergy/anaphylaxis incidents.

● School Staff

  o Know and follow the school’s emergency medical response plan and protocols, including recognizing signs/symptoms for anaphylaxis, accessing stock and student-specific epinephrine auto-injectors in a suspected anaphylaxis event, and notifying school’s
designated first responders with CPR certification and staff trained to administer epinephrine auto-injectors.

- Participate in annual anaphylaxis refresher training conducted by the school nurse.
- Be aware of students with known allergy/at risk for anaphylaxis.
- Assist students at risk for anaphylaxis with allergy awareness and allergen prevention efforts in the classroom and school environment.
- Communicate allergy/anaphylaxis and other health-related concerns to school nurse and/or administrator.
- If designated by principal to provide for students with known allergy/risk for anaphylaxis:
  - Participate in allergy/anaphylaxis and epinephrine auto-injector medication administration training conducted by the school nurse;
  - Follow steps in individualized health/emergency action plans; and,
  - Follow medication administration policies and protocols.

### Designated First-Responders

- Maintain up-to-date certification in Cardio-Pulmonary Resuscitation (CPR) and First-Aid.
- Work closely with school nurse and design a quick reference/response system for emergency action plans/access to medications of students with known allergy/anaphylaxis.
- Complete incident report and Report of Epinephrine Administration, when applicable.

### Child Nutrition Staff

Follow child nutrition departmental policies and protocols; diet modification orders; and food allergy health-alerts for students with known allergy/anaphylaxis.

### Bus Drivers

- Enforce the no eating policy on school buses with exceptions made only to accommodate identified students with special health needs.
- Follow communication protocol of the transportation department for emergency situations and response.

### Legislation in North Carolina

In 2005, the North Carolina Legislature in House Bill 496, Session Law 2005-22 created a new article 25A “Special Medical Needs of Students” in chapter 115C (Section 1, Subchapter 6). The article was amended in 2006 and 2014.

- Local school boards could authorize school staff to provide some medical care to students, including administration of medication prescribed by a doctor upon written request of the parents, to give emergency health care when reasonably apparent circumstances indicate that any delay would seriously worsen the physical condition or endanger the life of the pupil, and to perform any other first aid or lifesaving techniques in which the employee has been trained in a program approved by the State Board of Education (§ 115C-375.1 § 115C-375.1).
Local school boards also became required to adopt policies permitting students with asthma or students subject to anaphylactic reactions, or both, to possess and self-administer asthma medication, including epinephrine auto-injectors (§ 115C-375.2 § 115C-375.2).

Local boards of education must provide for a supply of emergency epinephrine auto-injectors on school property for use by trained school personnel to provide emergency medical aid to persons suffering from an anaphylactic reaction during the school day and at school-sponsored events on school property (§ 115C-375.2A § 115C-375.2A).

Civil protection is provided by North Carolina General Statutes (§ 115C-307 § 115C-307, § 115C-375.1 § 115C-375.1, and § 115C-375.2 § 115C-375.2) for employees of a school board who are appropriately designated and trained to administer medication and render care to students and individuals on school property.

To comply with state statutes, Nash-Rocky Mount Board of Education established Policy Code: 5024/6127/7266 and Policy Code: 6125.

Attachments

- Attachment A: Allergy/Anaphylaxis Management Algorithm I - Planning Phase
- Attachment B: Allergy/Anaphylaxis Management Algorithm II - Provision of Care and Post Exposure Phase
- Attachment C: Allergy/Anaphylaxis Management Algorithm III – Epinephrine auto-injection action plan for student with unknown allergy/anaphylaxis and no emergency action plan
- Attachment D: Student Report of Epinephrine Administration
- Attachment E: Non-Student Report of Epinephrine Administration

Sources

- North Carolina General Statutes
  - § 115C-307 § 115C-307 Duties of teachers.
  - § 115C-375.1 § 115C-375.1 To provide some medical care to students.
  - § 115C-375.2 § 115C-375.2 Possession and self-administration of asthma medication by students with asthma or students subject to anaphylactic reactions, or both.
  - § 115C-375.2A § 115C-375.2A School supply of epinephrine auto-injectors.

- Nash-Rocky Mount Board of Education Policies
  - Policy Code 6120: Student Health Services
  - Policy Code 6125: Administering Medicines to Students

- CDC's National Comprehensive Guidelines for Managing Food Allergies in Schools
  - Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs (Oct. 30, 2013)

- National School Boards Association

- National Association of School Nurses – Food Allergy and Anaphylaxis

- The Food Allergy & Anaphylaxis Network
  - The Food Allergy & Anaphylaxis Network

- Food Allergy & Research Education
  - Food Allergy & Research Education