



MANAGING LIFE-THREATENING

ALLERGIES IN STUDENTS

TABLE OF CONTENTS

OVERVIEW	1
ANAPHYLAXIS	2
COLLABORATIVE APPROACH	3
RESPONSIBILITIES OF STUDENTS WITH SEVERE ALLERGIES	4
THE ROLE OF THE PARENT(S)/GUARDIAN(S)/FAMILY MEMBERS OF A STUDENT WITH SEVERE ALLERGIES	5
RESPONSIBILITIES OF THE SUPERINTENDENT OR DESIGNEE	7
RESPONSIBILITIES OF BUILDING ADMINISTRATORS	8
RESPONSIBILITIES OF CLASSROOM/SPECIAL AREA TEACHERS	10
RESPONSIBILITIES OF THE TRANSPORTATION DEPARTMENT AND SCHOOL BUS DRIVERS	13
RESPONSIBILITIES OF CUSTODIANS	14
RESPONSIBILITIES OF THE FOOD SERVICE DIRECTOR	15
RESPONSIBILITIES OF LUNCH ROOM SUPERVISORS	16
RESPONSIBILITY OF COACHES, CLUB/TEAM LEADERS	17

FORMS:

FORM A:	PARENT INVITATION – SEVERE ALLERGY ASSISTANCE PLAN MEETING	A-1
FORM B:	LETTER TO PHYSICIAN	B-1
FORM C-1:	SEVERE ALLERGY ASSISTANCE PLAN	C-1
FORM C-2	MEETING PARTICIPANTS IN ATTENDANCE	C-2
FORM C-3/4	ANAPHYLAXIS EMERGENCY ACTION PLAN	C-3 & 4
FORM C-5	SCHOOL DISTRICT COMMITMENT	C-5
FORM D:	LETTER TO PARENTS FROM BUILDING ADMINISTRATION	D-1
FORM E:	RELEASE OF INFORMATION AUTHORIZATION	E-1
FORM F:	MEMO TO TEACHERS FROM BUILDING ADMINISTRATION	F-1
FORM G:	MEDICATION IN THE SCHOOL SETTING	G-1
FORM H:	CONSENT FOR DISCLOSURE OF PERSONALLY IDENTIFIABLE INFORMATION	H-1
FORM I:	MEDICATION ON FIELD TRIPS	I-1
FORM J:	SUBSTITUTES AND VOLUNTEER INFORMATION	J-1

OVERVIEW

As reflected in Board Policy 8520, the District is committed to offering a safe educational environment for all of its students, including those with life-threatening allergies. Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening situations. In the event that an exposure does occur, the intent of this Manual is to provide protocols that will assure a planned response, including emergency measures, where necessary.

The District recognizes that the medical and health-related needs of each child with a life-threatening allergy are unique. This Manual is designed to provide a set of consistent practices to be followed throughout the District. The intent is to ensure that the needs of students with life-threatening allergies are properly identified, considered and addressed by knowledgeable persons in a timely manner.

ANAPHYLAXIS

Definition

Anaphylaxis is an acute, systemic (whole body) type of allergic reaction which occurs when a person has become sensitized to a certain substance or allergen and is again exposed to the allergen. Anaphylaxis may be life-threatening if obstruction of the airway occurs, if blood pressure drops, or if heart arrhythmias occur.

Symptoms

Symptoms develop rapidly, often within seconds or minutes. They may include the following:

- Abdominal pain or cramping
- Abnormal (high-pitched) breathing sounds
- Anxiety
- Confusion
- Cough
- Diarrhea
- Difficulty breathing
- Fainting, light-headedness, dizziness
- Hives, itchiness
- Nasal congestion
- Nausea, vomiting
- Sensation of feeling the heart beat (palpitations)
- Skin redness
- Slurred speech, and
- Wheezing

COLLABORATIVE APPROACH

The needs of students with life-threatening allergies can only be effectively managed through a collaborative, team approach. This requires good communication and cooperation between the parent(s)/guardian(s) and the District, as well as input from outside medical professionals.

RESPONSIBILITIES OF STUDENTS WITH SEVERE ALLERGIES

Students who have severe allergies are an essential part of their own management team. Expectations and responsibilities may increase as the student matures and gains a better understanding of the allergy and how the condition can best be managed in school. Students with severe allergies should:

- Learn how to best avoid allergens and follow their Severe Allergy Assistance Plan to the extent appropriate to their age.
- Not trade or share food with other students or staff.
- Wash hands before and after eating.
- Be able to recognize the symptoms of an allergic reaction.
- Promptly inform an adult in the event that exposure to an allergen occurs or symptoms appear.
- Assist in identifying issues related to the management of their allergy in school.
- Never share an EpiPen[®]/Twinject[®] or other medications with other students.
- When riding a school bus, sit in the seat designated by the bus driver.
- Know where their medication is kept while in school and attempt to make sure that it (the medication) travels with them at all times.
- Be prepared to politely decline when offered food that did not come from their home.

THE ROLE OF THE PARENT(S) / GUARDIAN(S) / FAMILY MEMBERS OF A STUDENT WITH SEVERE ALLERGIES

Parent(s)/guardian(s) and other family members of a student with severe allergies play an integral part in the management of the student's allergies while in school. The following are ways in which such families may provide important assistance:

- Inform the school administration of a student with severe allergies.
- Review and follow the requirements of Birmingham Public Schools' Policy 5330 and Regulation 5330-R, "*Use of Medications.*"
- Participate in the development of the student's Severe Allergy Assistance Plan.
- Provide the school with twenty (2) small face pictures of your child.
- Provide the school with a way to reach you (cell phone, beeper, etc.) and maintain updated emergency contact numbers and medication information.
- Provide a list of foods and ingredients that your child must avoid.
- Provide a medical alert bracelet or necklace for your child.
- Provide the school with at least two (2) up-to-date epinephrine auto injectors.
- Provide the school with updates on your student's allergy status as conditions warrant, but at least annually.
- Sign a release of information so that the school can exchange information and consult with the student's primary healthcare provider.
- Work collaboratively with school personnel to educate the school community with respect to allergies and the potentially life-threatening nature of such allergies. This may include co-writing a letter with the classroom teacher to classroom families.
- Work collaboratively with the school to develop a proactive prevention plan that promotes increasing age-appropriate independence as the student grows and matures.
- Provide "safe snacks" for your student to keep in the classroom so there is always something your child can select should there be an unplanned special event, which includes food provided by others.
- Consider participating on your student's field trips, if possible and if requested.

Family Members May Also Assist the Student in Learning to:

- Recognize the first symptoms of an allergic/anaphylactic reaction.
- Identify where the EpiPen[®]/Twinject[®] auto injector is kept while at school and who has access to the EpiPen[®]/Twinject[®] while at school.
- Not share snacks, lunches, or drinks with other students or staff.
- Understand the importance of hand-washing before and after eating with greater personal responsibility.
- Report teasing, bullying and threats to an adult authority.
- Not show or share their EpiPen[®]/Twinject[®] with other students.
- Accept age-appropriate responsibility for his/her safety as possible.
- Politely decline when offered food that does not come from home.

RESPONSIBILITY OF SUPERINTENDENT OR DESIGNEE

The Superintendent or designee is responsible for the implementation of Board Policy 8520. Among the specific responsibilities in this regard are:

- Providing guidance on District-wide severe allergy issues.
- Considering ways in which to educate the school community about severe allergy issues.
- Arranging education and training for staff regarding:
 - Allergies to foods, insect stings, latex, medications, and other allergens
 - Risk reduction procedures
 - Emergency procedures, and
 - Administering an epinephrine auto-injector
- Arranging special training for food service personnel
- Periodically reviewing this Manual and causing necessary revisions to be made, as necessary

RESPONSIBILITIES OF BUILDING ADMINISTRATORS

Each building administrator is responsible for overseeing the management of life-threatening allergies of students in their particular school building in accordance with Board Policy 8520 and the directives of the Superintendent or designee. To fulfill this obligation, the administrator is expected to:

- Support a collaborative process between parent(s)/guardian(s) and the school in order to complete and implement a Severe Allergy Assistance Plan for each student with a life-threatening allergy.
- Work together with the Superintendent or designee to coordinate and monitor training and education for staff regarding:
 - Allergies in foods, insect stings, medications, latex and other allergens.
 - Risk reduction procedures; and
 - Emergency procedures to be followed.
- Promote an inclusive, sensitive, and responsive school climate when responding to students with life-threatening allergies.
- Coordinate communication among school staff to assure necessary knowledge of each student's Severe Allergy Assistance Plan, including specific emergency measures to be followed.
- Have an emergency communication plan in place.
- Assure accessible emergency communication between classroom-office, playground-office, field trips-office (e.g. walkie talkies, cell phones.)
- Immediately inform parent(s)/guardian(s)/family if the student experiences an allergic reaction at school.
- Develop a contingency plan to provide necessary information to a substitute teacher, or other substitute or temporary staff member, which includes:
 - Where practicable, arranging a face-to-face meeting to introduce the child to the substitute.
 - Reinforce that teachers, when requesting that a substitute be assigned, specifically report that a student with life-threatening allergies is a member of the classroom.
- Ensure that the classroom teacher and other staff, as appropriate, are trained to administer an EpiPen[®]/Twinject[®]. (This includes teachers in all special area classrooms, the cafeteria staff, those involved in before and after school child care and lunch staff.)
- Assure that common signage is posted around the building as may be indicated in the students' Severe Allergy Assistance Plans.

- Monitor, and reinforce with staff, that NO food is to be intentionally taken to common areas such as the media centers, multipurpose rooms, and/or playground.
- Review and complete all overnight field trip permission requests to reflect allergy concerns.
- Strongly discourage all parent(s)/guardian(s) and staff from bringing family pets into the building.
- Limit unscheduled/unplanned, classroom celebrations that involve food, as well as food rewards.

RESPONSIBILITIES OF CLASSROOM/SPECIAL AREA TEACHERS

The classroom teacher is the point person in terms of management of the student's Severe Allergy Assistance Plan. He/she should:

- Review and be conversant with Form F, the memo from the building administration concerning Students Who Have Severe Allergies.
- Review, be familiar with and have immediately accessible the Severe Allergy Assistance Plan for any student(s) in the classroom who have life-threatening allergies.
- Participate in all team meetings related to the implementation of a Severe Allergy Assistance Plan for any of their students.
- Participate in training, to be offered by or through the District, to include:
 - Identifying allergens that cause life-threatening allergies (foods, insect stings, medications, latex, etc.)
 - Steps to take to prevent life-threatening reactions and accidental exposures to allergens.
 - How to recognize symptoms of a student's life-threatening allergic reaction.
 - Steps to follow in case of an emergency.
 - How to administer emergency medications.
 - How to administer EpiPen[®]/Twinject[®]
- Work with building administration to ensure accessible communication between the classroom and office, as well as while on field trips, the playground and in special area classrooms (e.g., cell phones, walkie talkies, beeper.)
- Arrange for supervision of students with life-threatening allergies while on field trips and participating in outdoor activities and assemblies.
- Keep the student's Severe Allergy Assistance Plan, which includes the student's photo, in a well-organized, accessible format and location for substitutes.
- When calling in a personal absence, clearly state that a student with life-threatening allergies is a member of their class.
- Be sure that all volunteers, student teachers, etc. are informed of the student's allergies, on a need to know basis, and are advised of preventative and emergency safeguards.
- Collaborate with the parent(s)/guardian(s)/family of the student with life-threatening allergies on providing instruction about allergies for the class and discuss anaphylaxis in age-appropriate terms.

Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with allergies. Be aware of how the student with allergies is being treated by others. It is important that students with allergies not feel alienated by the steps that are being taken to protect them.

- Where required by a student's Severe Allergy Assistance Plan, enlist the help of all classroom parent(s)/guardian(s) in keeping foods and other substances that may cause anaphylaxis out of the classroom.
- Avoid all classroom snacks with the exception of fruits and vegetables for the first two (2) weeks of school or until there has been an opportunity to review all school-based Severe Allergy Assistance Plans.
- Never question or hesitate to act if a student reports signs of an allergic reaction.
- Limit unscheduled/unplanned classroom celebrations involving food and/or food rewards.
- Enlist the help of the parent(s)/guardian(s) of the particular child who may be of concern, when determining what foods are "safe" for classroom consumption.
- If necessary, designate and maintain separate computers and other classroom equipment for allergic students according to the accommodations outlined in their individual Severe Allergy Assistance Plan.

Snacks and Lunchtime

- Determine whether the student's lunch brought from home needs to be kept separate from other students' lunchboxes.
- In the classroom, establish procedures to ensure that the student with life-threatening food allergies eats only what s/he brings from home.
- Prohibit students from sharing or trading snacks and/or lunches.
- Have available for students with severe allergies a supply of "safe snacks," provided by their parent(s)/guardian(s) to be used in the event of an activity or event where food is supplied for other children by their parent(s)/guardian(s).
- If required by the student's Severe Allergy Assistance Plan, work with building administration to establish an eating area in the lunchroom that is restricted from food to which the student is allergic.
- Reinforce general practice of hand-washing before and after eating.

Classroom Activities

- Welcome parental involvement in organizing class parties and special events. Encourage non-food treats for all classroom celebrations.
- If the classroom has a pet, monitor that food pellets and bedding do not contain products that may cause an allergic response (e.g. nut products or byproducts.)
- Check all ingredients of soap and lotion products used in the classroom and determine through discussion with building administration whether any should be removed.

Field Trips

- Review and be conversant with Board Policies 5330, *Use of Medications*, 2340, *Field Trips* and the implementing regulations (5330-R and 2340-R), as well as Form I, “*Medication on Field Trips.*”
- Ensure that a trained staff person is assigned to chaperone the student with severe allergies.
- Confirm that emergency medications and the emergency portion of the Severe Allergy Assistance Plan are taken on field trips and kept by the supervising trained staff member.
- Ensure that communication with the office/emergency responders is accessible.
- Try to avoid trips to locations that present a high risk of exposure to known allergens.
- As a part of pre-trip planning, consider where and what foods students will eat while away from school and home.
- Completely review and fill out field trip permission forms.
- When leaving the immediate area of the school, identify, in advance, the closest medical facility.
- Invite parent(s)/guardian(s) of a student with a severe allergy who is at risk for anaphylaxis to accompany their child on school trips. **Note, however, that the student’s participation must not be conditioned on the parent(s)/guardian(s)’s presence on the trip.**
- Consider ways for student to wash their hands before and after eating. (e.g., hand wipes)

RESPONSIBILITIES OF THE TRANSPORTATION DEPARTMENT AND SCHOOL BUS DRIVERS

As part of the team for students with severe allergies, bus drivers will, with parent(s)/guardian(s)' permission, be provided with a copy of the relevant portions of the Severe Allergy Assistance Plan. The Plan should reflect any "wipe-down" guidelines in preparation for all bus runs, including field trips. This document should be kept in a safe place and shared with drivers who may substitute for the primary driver.

Bus drivers will receive training on managing life threatening allergies and responding to emergency situations. Drivers are expected to adhere to the following:

- Maintain a no-eating practice on the bus. (Note: The Transportation Department will provide notice to all families that food is not allowed to be consumed on Birmingham Public Schools' buses.
- Not hand out food treats, even on special occasions.
- Ensure that the bus is equipped with 2-way communication and routinely check to see that the system is operational.
- Know the exact location and route to the closest, local emergency medical facilities when transporting students on a field trip or to/from home.
- Personally introduce themselves to students with severe allergies and be aware where the students are seated.
- Make sure that the student and/or responsible adult has been specifically advised to carry emergency medications at all times, and emphasize that the bus drivers do not carry emergency medications.

RESPONSIBILITIES OF CUSTODIANS

Cafeteria Cleaning Protocols

- ❑ Custodians with responsibilities for the cafeteria are expected to review, be conversant with and follow the general cafeteria cleaning protocol. The Building Administrator will advise if any special cleaning practices are necessary.

Classroom Cleaning Protocols

- ❑ Custodians with responsibilities for cleaning classrooms are expected to review, be conversant with and follow the general classroom cleaning protocol.
- ❑ If Severe Allergy Assistance Plans require more frequent than normal cleaning of tabletops, chairs and desks, or special cleaning practices, the Building Administrator will advise the custodians.

RESPONSIBILITIES OF THE FOOD SERVICE DIRECTOR

- Be prepared to discuss with parents and the student's Severe Allergy Assistance Plan team items such as menus (breakfast and lunch), a la carte items, food products and ingredients, food handling procedures, cleaning and sanitation practices, and job responsibilities of staff involved in the food preparation, distribution, and serving processes.
- Establish communications and training consistent with the building protocol for all food service staff and related personnel at the particular student's school.
- Ensure that all food service servers participate in building training and maintain a list of trained staff.
- Be prepared to make available to parents the food ingredient lists used in food preparation and service. This should include contact information for vendors and purveyors from whoever bulk food products are purchased in order to access food content information.
- Maintain contact information for manufacturers of food products (Consumer Hotline.)
- Publish advance copies of the weekly hot lunch menu.
- Post in consultation with the building administration, the following statement concerning nuts or nut products used in preparation and/or made available for purchase of food products:

The nutritional information and ingredients posted here are for general reference only. Changes in ingredients, formulas, nutritional information and labeling regulations may cause the posted information to vary from the actual product. Moreover, manufacturers' labels may not list allergens present at the manufacturing facility. Those with severe allergies to certain materials or food products should not rely on the information provided. While Birmingham Public Schools will make every effort to update changes in ingredients, formulas, and nutritional information, as they become available, the School District takes no responsibility for the accuracy of the information contained herein. Users assume full responsibility for any use of the posted information.

RESPONSIBILITIES OF LUNCH ROOM SUPERVISORS

- Attend food allergy training and become familiar with the students' severe Allergy Assistance Plans.
- Reinforce no food sharing, no food trading rule.
- Reinforce no food on the playground rule.

RESPONSIBILITIES OF COACHES, CLUB/TEAM LEADERS

The Athletic Director is responsible for notifying all coaches if a student with life-threatening allergies is participating in a certain sport. The building administration is responsible for notifying all club sponsors and leaders if a student with life-threatening allergies is participating in the activity.

The coach/leader should:

- Review, be familiar with, and have immediately accessible the Severe Allergy assistance Plan for any student(s) on the team/group who have life-threatening allergies.
- Know the location of the student's medication and ensure it is in an area easily accessible if needed. For older students who carry an inhaler, EpiPen[®]/Twinject[®] make a clear plan with the student and parent(s) on where the medication will be located if the activity precludes the student having it on his/her person.
- Participate in all team meetings related to the implementation of a Severe Allergy Assistance Plan for any student(s) on the team/group.
 - Identifying allergens that cause life-threatening allergies (foods, insect stings, medications, latex, etc.)
 - Steps to take to prevent life-threatening reactions and accidental exposures to allergens.
 - How to recognize symptoms of a student's life-threatening allergic reaction.
 - Steps to follow in case of an emergency.
 - How to administer emergency medications.
 - How to administer EpiPen[®]/Twinject[®].
- Work with building administration to ensure accessible communication between the team/group and office while on athletic fields, field trips, and in special area classrooms (e.g. cell phones, walkie talkies, beeper.)
- Arrange for supervision of students with life-threatening allergies while on athletic fields, field trips, and in special area classrooms.
- Keep the student's Severe Allergy assistance Plan, which includes the student's photo, in a well-organized, accessible format and location for all adults who supervise the team/group, including substitutes.
- Be sure that all volunteers, student teachers, etc. are informed of the student's allergies, on a need to know basis, and are advised of preventative and emergency safeguards.

Collaborate with the parent/guardian/family of the student with life-threatening allergies on providing instruction about allergies for the team/group and discuss anaphylaxis in age-appropriate terms.

- Educate teams/groups to avoid endangering, isolating, stigmatizing or harassing students with allergies. Be aware of how the student with allergies is being treated by others. It is important that students with allergies not feel alienated by the steps that are being taken to protect them.
- Where required by a student's Severe Allergy assistance Plan, enlist the help of all team/group parent/guardian in keeping foods and other substances that may cause anaphylaxis out of the area.
- Avoid all snacks with the exception of fruits and vegetables for the first two (2) weeks of the activity or until there has been an opportunity to review all school-based Severe Allergy assistance Plans.
- Inform parent/guardian of any team/group events where food will be served.
- Never question or hesitate to act if a student reports signs of an allergic reaction.
- Eliminate unscheduled/unplanned celebrations involving food and/or food rewards.
- Enlist the help of the parent/guardian of the particular student who may be of concern, when determining what foods are "safe" for consumption.
- If necessary, designate and maintain separate equipment for allergic students according to the accommodations outlined in their individual severe Allergy Assistance Plan.

Snacks and Other Meals

- Determine whether the student's food brought from home (where applicable) needs to be kept separate from other students' food.
- Establish procedures to ensure that the student with life-threatening food allergies eats only what s/he brings from home.
- Prohibit students from sharing or trading food.
- If required by the student's Severe Allergy assistance Plan, work with building administration to establish an eating area that is restricted from food to which the student is allergic.
- Reinforce general practice of hand washing before and after eating.

Activities

- Welcome parental involvement in organizing team/group parties and special events. Encourage non-food treats for all celebrations.
- Check all ingredients of soap and lotion products used and determine through discussion with building administration whether any should be removed.

Games, Events, Field Trips

- Review and be conversant with Board policies 5330, *Use of Medications*, 2340, *Field Trips*, and the implementing regulations (5330-R and 2340-R) as well as Form I “*Medication on Field Trips*.”
- Ensure that a trained staff person is assigned to chaperone the student with severe allergies.
- Confirm that emergency medications and the emergency portion of the Severe Allergy Assistance Plan are taken on field trips (games, competitions) and kept by the supervising trained staff member.
- Ensure that communication with the office/emergency responders is accessible.
- Try to avoid trips to locations that present a high risk of exposure to known allergens.
- As a part of pre-trip planning, consider where and what foods students will eat while away from school and home.
- Completely review and fill out field trip permission forms.
- When leaving the immediate area of the school, identify, in advance, the closest medical facility.
- Invite parent/guardian of a student with a severe allergy who is at risk for anaphylaxis to accompany their child to games, events and field trips. **Note, however, that the student’s participation must not be conditioned on the parent/guardian presence on the trip.**
- Consider ways for students to wash their hands before and after eating (e.g. hand wipes)

FORM A: PARENT INVITATION –
SEVERE ALLERGY ASSISTANCE PLAN MEETING

Student Name: _____

Student #: _____

School: _____

Grade: _____

(Insert Date)

Via Electronic & First Class Mail

(Insert Parent(s)/Guardian(s) Name)

(Insert Address Line 1)

(Insert Address Line 2)

Re: Severe Allergy Assistance Plan Meeting Invitation

Dear **(Insert Parent(s)/Guardian(s) Name):**

You are invited to attend a meeting to develop a Severe Allergy Assistance Plan for your child. You are encouraged to attend this meeting. The meeting has been scheduled to be held at:

Date: _____

Time: _____

Location: _____

The following school staff members have been asked to attend the meeting.

If you have any questions, please feel free to contact me.

Very truly yours,

(Insert Name), (Insert Title)



FORM B: LETTER TO PHYSICIAN (CARE PLAN)

Student Name: _____

Student #: _____

School: _____

Grade: _____

(Insert Date)

Via Electronic & First Class Mail

(Insert Physician's Name)

(Insert Address Line 1)

(Insert Address Line 2)

Re: (Insert Student's Name)

Dear **(Insert Physician's Name)**:

The Birmingham Public Schools has been provided with a copy of a communication from your office dated **(Insert Date of Physician's Letter)**, concerning the above-named student. A committee of School District staff members will be meeting with the student and his/her parent(s)/guardian(s) to develop a Severe Allergy Assistance Plan to address **(Insert Student's Name)**'s needs in the school setting.

In formulating the Plan, it is most important that we have your medical guidance, as **(Insert Student's Name)**'s treating physician. We ask for your assistance by answering the following specific questions:

(Examples):

1. Under what circumstances does the allergen pose a risk to **(Insert Student's Name)**?
 - a. Is it only with direct physical contact? Inhaling?
 - b. Is there a safe distance, within or outside of the classroom?
 - c. Is the risk eliminated once the allergen has been removed from the particular setting? If not, does it dissipate over time? If so, how long?
2. Is exposure to the allergen likely to result in anaphylaxis? If not, what other reactions might be expected?

(Insert Physician's Name)
(Insert Physician's Company Name)
(Insert Date)

3. What specific preventative measures do you believe are necessary in order to avoid putting the student in a potentially life-threatening situation?)

Please feel free to share any additional information that you believe would be helpful to our committee in meeting **(Insert Student's Name)**'s needs.

Thank you for your cooperation.

Very truly yours,

(Insert Name), (Insert Title)

FORM C: SEVERE ALLERGY ASSISTANCE PLAN (CARE PLAN)

STUDENT INFORMATION

Meeting Date	Previous Date	Date of Birth	Gender-Circle One	Building
			Male Female	
Student's Last Name, First Name, Middle Initial			SSN (if available)	Student No.
Student's Home Address, City, Zip Code				Home Phone
Parent(s)/Guardian(s) Last Name, First Name			Work Phone	Cell Phone
Parent(s)/Guardian(s) Address, City, Zip Code				Native Language

MEETING PURPOSE

Develop Plan

Review/Revise Plan

PARENT CONTACT

Professional personnel contacted the parent(s)/guardian(s) to ensure that they would have an opportunity to attend this meeting, and to explain the purpose of this meeting and the role of the participants.

MEETING PARTICIPANTS IN ATTENDANCE

Parent(s)/Guardian(s)

Administrator/Designee

Student

Student's Teacher

Additional School Staff

Additional School Staff

Additional School Staff

Additional School Staff

All information used must be documented in writing and attached to this report.

Identify the allergy: _____

Medical information reviewed: _____

AREA OF NEED	ACCOMMODATIONS	PERSON(S) RESPONSIBLE

ANAPHYLAXIS EMERGENCY ACTION PLAN¹

Student Name: _____ Age: _____

Allergy To: _____

Asthma: Yes (high risk for severe reaction) No

Other health problems besides anaphylaxis: _____

Concurrent medications, if any: _____

SYMPTOMS OF ANAPHYLAXIS INCLUDE:

- MOUTH: Itching, swelling of lips and/or tongue
- THROAT*: Itching, tightness/closure, hoarseness
- SKIN: Itching, hives, redness, swelling
- GUT: Vomiting, diarrhea, cramps
- LUNG*: Shortness of breath, cough, wheeze
- HEART*: Weak pulse, dizziness, passing out

Only a few symptoms may be present. Severity of symptoms can change quickly

*Some symptoms can be life-threatening! **ACT FAST!**

WHAT TO DO:

1. INJECT EPINEPHRINE IN THIGH USING (Check One):

- EpiPen[®] Jr (0.15 mg) / Twinject[®] (0.15 mg)
 EpiPen[®] (0.3 mg) / Twinject[®] (0.3 mg)

Other medication/dose/route: _____

IMPORTANT: ASTHMA PUFFERS AND/OR ANTIHISTAMINES CANNOT BE DEPENDED ON IN ANAPHYLAXIS!

2. **CALL 911 OR RESCUE SQUAD (BEFORE CALLING CONTACTS)!**

3. Emergency Contact #1: Home: (____) ____-____ Work: (____) ____-____ Cell: (____) ____

Emergency Contact #2: Home: (____) ____-____ Work: (____) ____-____ Cell: (____) ____

Emergency Contact #3: Home: (____) ____-____ Work: (____) ____-____ Cell: (____) ____

¹Permission to use pages C-3 and C-4 has been requested from the Food & Anaphylaxis Network.



DO NOT HESITATE TO GIVE EPINEPHRINE:

COMMENTS: _____

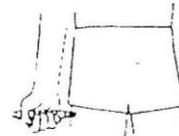
 Physician's Signature and Date

 Parent's Signature (If Student is under 18) and Date

TRAINED STAFF MEMBERS

1. _____
2. _____
3. _____

- Room: _____
 Room: _____
 Room: _____

<p>EpiPen® and EpiPen® Jr. Directions</p> <ul style="list-style-type: none"> ▪ Pull off gray activation cap.  <ul style="list-style-type: none"> ▪ Hold black tip near outer thigh (always apply to thigh).  <ul style="list-style-type: none"> ▪ Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds. 	<p>Twinject® 0.3 mg and Twinject® 0.15 mg Directions</p>  <ul style="list-style-type: none"> ▪ Remove caps labeled "1" and "2." ▪ Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.  <p>SECOND DOSE ADMINISTRATION: If symptoms don't improve after 10 minutes, administer second dose:</p> <ul style="list-style-type: none"> ▪ Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base. ▪ Slide yellow collar off plunger. ▪ Put needle into thigh through skin, push plunger down all the way, and remove. 
--	--

Once EpiPen[®]/Twinject[®] is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

SCHOOL DISTRICT COMMITMENT

Signature of Building Principal will indicate intent to implement Severe Allergy Assistance Plan as written.

Dated: _____
Building Principal

Parent signature indicates agreement with the Severe Allergy Assistance Plan

Dated: _____
Parent(s)/Guardian(s)



FORM D: LETTER TO PARENTS FROM
BUILDING ADMINISTRATION
(Insert Date)

Via Electronic & First Class Mail

(Insert Parent(s)/Guardian(s) Name)
(Insert Address Line 1)
(Insert Address Line 2)

Re: (Insert Student's Name)

Dear **(Insert Parent(s)/Guardian(s) Name):**

We will be meeting soon (or recently met) to develop a Severe Allergy Assistance Plan for your child. As we work together to prepare to address your child's needs, I offer the following:

1. Please review the attached document, "*Medication in the School Setting.*"
2. Each student for whom an EpiPen[®]/Twinject[®] is prescribed must provide an EpiPen[®]/Twinject[®] to be kept in the office. Your child's plan may or may not include carrying an EpiPen[®]/Twinject[®], on their person, or keeping one at other locations in the school. However, each student must have an EpiPen[®]/Twinject[®] in the office as a backup. **PLEASE NOTE:** An expired EpiPen[®]/Twinject[®] cannot be used in the event of an emergency. Please prepare reminders for yourself to ensure that we have current EpiPen[®]/Twinject[®].
3. You may choose to send in "safe snacks" for your student to keep in the classrooms so there is always something your child can select should there be an unplanned special event, which includes food. Teachers will not be responsible for making decisions regarding the suitability of alternative snacks, apart from what is specifically provided for in your child's Severe Allergy Assistance Plan.
4. If, under your child's Severe Allergy Assistance Plan, a particular allergen is not allowed in his/her classroom, we ask that you provide us with a list of snacks that would be safe for other students to bring into the classroom.
5. Please, if possible, touch base with the teachers before school starts to see if they have any questions about addressing your child's needs.
6. If your child rides a bus, personally introduce your child to their bus driver on the first day and identify your child as having a severe allergy with an EpiPen[®]/Twinject[®] in their backpack or fanny pack. The bus driver should already have this information, but it is always good to double check.
7. Please keep emergency contact information updated with the school office. Because the school may need to contact you in an emergency, please consider carrying a cell phone or pager so we may immediately get in touch with you.

Very truly yours,

(Insert Name), (Insert Title)

FORM E: RELEASE OF INFORMATION AUTHORIZATION

Birmingham Public Schools has my permission to notify the people indicated below of my child's life-threatening allergy:

Please Initial Before Each Line To Give Approval

_____ All school staff, on a need to know basis
included

_____ The name of my child may be

_____ Classmates
included

_____ The name of my child may be

_____ Families of classmates
included

_____ The name of my child may be

Signature of Parent(s)/Guardian(s)

Date



FORM F: MEMO TO TEACHERS FROM BUILDING ADMINISTRATION

TO: Teachers
FROM: **(Insert Administrator's Name), (Insert Administrator's Title)**
DATE: **(Insert Date)**
SUBJECT: Students Who Have Severe Allergies

This year you have in your class a student(s) who has a severe allergy and requires some accommodations. Thank you for your care and concern for those students. This handout is to provide you with some basic information. Please contact me with any questions or concerns you may have.

1. Each student with a life-threatening allergy has a Severe Allergy Assistance Plan specific to them. It may or may not look like other plans of students with the same allergies, depending on the severity of reaction, age of the student, etc. Please read it thoroughly. If you have any questions, please contact me. Please keep this where a substitute teacher would find it ("Sub Folder").
2. If any of your students have an EpiPen[®]/Twinject[®] for emergency situations, you will be expected to attend EpiPen[®]/Twinject[®] training.
3. Each student with an EpiPen[®]/Twinject[®] will also have an Emergency Action Plan as a part of their Severe Allergy Assistance Plan. This will be specific to them and signed by their physician and parent(s)/guardian(s), giving instructions on what to do if the student has an allergic reaction. You will be given a copy of this and an additional copy to keep in your sub folder with the student's picture attached.
4. If your student's Severe Allergy Assistance Plan indicates that an EpiPen[®]/Twinject[®] is to be kept in your classroom, keep it in an **unlocked**, easy to see place (i.e. so a sub teacher may easily spot it.) Not all plans for student with allergies will include keeping an EpiPen[®]/Twinject[®] in the class.
5. If particular food(s) will not be allowed in your classroom, I will assist you in sending a letter to be sent home alerting classroom parents what they may or may not send for snacks, birthday treats, etc.
6. Record information on the AESOP substitute system, which will notify anyone substituting for you that a student(s) in your classroom has life-threatening allergies. The message should remind the substitute to look for further information about this in your sub folder. Please ensure that your sub folder has precise information regarding each student's Severe Allergy Assistance Plan.
7. Establish a procedure for regular hand washing to prevent accidental contamination for adults and students alike.
8. Establish open communication with parent(s)/guardian(s) of students with allergies. If a particular food is not allowed in your classroom, the parent/guardian will be the best source to provide you with a list of safe snacks and treats which other non-allergic students may bring into the class. A parent/guardian of a student with allergies will most often be your best source of information. A mutually supportive partnership will be helpful to you and the student.

Memo to Teachers
(Insert Date)

9. During the first two weeks of the school year, only fruits and vegetables will be allowed in the classroom for snacks, or until a health concerns list for all students is developed and distributed.
10. With parental permission, introduce the food allergy student to all special areas and support staff as well as office staff and other regular school helpers.
11. On field trips, refer to the handout on “*When taking a student with medications on a field trip.*”
12. Classroom education about severe allergies is available. Monitor closely that bullying or teasing does not occur. Be supportive and inclusive towards students with food allergy.
13. When organizing class parties and special events, consider non-food treats. Use stickers, pencils or other non-food items as rewards instead of food.
14. If your class is planning a bake sale, please have some non-homemade items to sell. These would be prepackaged store-bought items with labeling which would allow a student to determine, with assistance, if it is safe for them to eat. Notify parent(s)/guardian(s) of students with allergies when your bake sale will be in case they wish to provide items safe for their child to purchase. The bake sale items should be restricted to a clearly identified area.
15. If your school has a computer labeled “no nuts allowed,” this computer is for use only by students with allergies to peanuts or nuts. If a student with a severe allergy from your class uses this computer, please see that the keyboard is wiped down after use, and replace any sign designating it as a computer with which contact with nuts is not allowed.
16. If your class goes to a playground, take a cell phone or walkie talkie with you to seek help in an emergency.
17. If your class has reading buddies or other visitors come to the room, please be sure that allergies are kept in mind when snacks are present. If your class is required to wash their hands after lunch before reentering your room, have the reading buddies wash their hands before entering your room.
18. If your student’s plan indicates that they will react to skin contact/touching their allergen, please encourage regular hand washing by all students in your class, especially after lunch.
19. If you keep a classroom pet and nuts are not allowed in your room, check carefully the contents of the pet’s food and bedding to be sure that it does not contain nuts.
20. All elementary classes will be notified that food is not to be taken onto the playground during school hours.

Thank you again for your support.

Very truly yours,

(Insert Name), (Insert Title)

FORM G: MEDICATION IN THE SCHOOL SETTING

Board policy 5330, “Use of Medications” and the implementing Regulation 5330-R, set forth the requirements concerning medications to be taken by students during the school day. The following summary is included for convenience, but in the event of a conflict, Policy 5330 and Regulation 5330-R control.

1. Any medicine should be taken at home if at all possible.
2. Medications needing to be given at school are to be brought to and from school by a parent/guardian.
3. Medications must be in their original container, labeled with:
 - (a) Name of student
 - (b) Name of medication
 - (c) Time of administration
 - (d) Dosage
 - (e) Route of administration, and
 - (f) Expiration date
4. Medications (prescription and over-the-counter) must be accompanied by written, signed instructions from a *physician* and signed authorization by a *parent(s)/guardian(s)*. Forms to be signed by the parent(s)/guardian(s) and physician may be obtained from the school office. These forms must be renewed at the beginning of each school year.
5. Physician written orders must match prescription instructions on the container’s label.
6. Tablets must be sized for proper dosage (e.g. cut in half, etc.) prior to bringing medication to school.
7. Students must provide their own measuring cup or spoon if needed.
8. Medications will be kept in the office area for the student to take with supervision or by administration of trained staff. Emergency medications will be kept unlocked in the office area and other locations as necessary.
9. Parent(s)/guardian(s) may request permission for a student to carry and self-administer their own emergency medications if a written request is presented and signed by the physician and parent(s)/guardian(s). The Deputy Superintendent for Educational Services, or designee, may grant permission after reviewing the circumstances with the building administrator.
10. It is the responsibility of the student to report to the office at the time the medicine is to be taken, unless prevented from doing so due to a disability or other reason.
11. Refill of prescriptions is the responsibility of the parent(s)/guardian(s).
12. Expired medications will not be administered.
13. Medicine will be discarded if not picked up on or before the last day of school.



**FORM H: CONSENT FOR DISCLOSURE OF
 PERSONALLY IDENTIFIABLE INFORMATION**

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

I hereby give consent to the persons and/or organizations listed below to release and/or exchange oral and/or written information regarding the person named above to the following Birmingham Public Schools staff:

Name: _____ Role/Title _____

Name: _____ Agency: _____ Address: _____ _____ Phone: _____ Fax: _____	Name: _____ Agency: _____ Address: _____ _____ Phone: _____ Fax: _____
Name: _____ Agency: _____ Address: _____ _____ Phone: _____ Fax: _____	Name: _____ Agency: _____ Address: _____ _____ Phone: _____ Fax: _____
Name: _____ Agency: _____ Address: _____ _____ Phone: _____ Fax: _____	Name: _____ Agency: _____ Address: _____ _____ Phone: _____ Fax: _____
Name: _____	Name: _____

Agency: _____	Agency: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

**FORM H: CONSENT FOR DISCLOSURE OF
PERSONALLY IDENTIFIABLE INFORMATION – cont'd**

INFORMATION TO BE DISCLOSED

- | | | |
|--|---|---|
| <input type="checkbox"/> CA-60 File | <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Physical Therapy Reports |
| <input type="checkbox"/> IEPT Reports | <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Speech Therapy Reports |
| <input type="checkbox"/> MET Report/Reevaluation Reports | <input type="checkbox"/> Occupational Therapy Reports | <input type="checkbox"/> Teacher Reports |
| <input type="checkbox"/> Section 504 Plans | <input type="checkbox"/> Severe Allergy Assistance Plan | <input type="checkbox"/> Other (Specify) _____ |

PURPOSE OF DISCLOSURE

- Educational Planning Other: (Specify) _____

Consent is voluntary and may be withdrawn at any time. I do do not request a copy of the records being disclosed.

Signature of Parent(s)/Guardian(s)

Printed Name

Date

Relationship to student:

- Parent Guardian Surrogate Parent Eligible
Student

This permission is valid for only one school year and must be renewed annually.



FORM I: MEDICATION ON FIELD TRIP

1. Take a student's emergency medications (EpiPen[®]/Twinject[®], Benadryl, asthma inhalers, insulin, glucose tablets, etc.) with you on any field trip, including walking field trips. Also take scheduled medications with you, which will need to be given during the time period you will be out of the building.
 - a. Take the plastic zip lock bag from the office/clinic that has the student's medication and orders in it. You may need to carry a fanny or back pack to carry multiple medications.
2. The original container with all the medication in it must be taken on the trip. Individual pills may not be removed from the container prior to administration of the medication.
3. Medications should stay with the teacher or designated staff member at all times. Do not leave medications on a bus or in a car.
4. Students with medication or potential health needs must stay under the supervision of the teacher or other designated staff member during the field trip. If the parent/guardian of the student with medication comes on the field trip, the student may be under their own parent/guardian's supervision. In this case only, the parent/guardian may carry their own son's/daughter's medication and their medication only.
5. Administration of medication will be done by Birmingham Public Schools employees only, unless the parent(s)/guardian(s) of the student administer the medication. Giving medications to students may not be delegated to a non-Birmingham Public Schools employee (e.g. parent(s)/guardian(s) of another student.) Ask another employee to witness you administering the medication.
6. To administer medication, **CHECK TO MAKE SURE YOU HAVE THE:**
 - a. Correct **STUDENT**
 - b. Correct **MEDICATION**
 - c. Correct **DOSE**
 - d. Correct **ROUTE** (e.g., oral, topical cream, injection, etc) and
 - e. Correct **TIME**

Follow up by documenting on the student's paperwork that you gave the medication (document: medication, dose, time and initials of person who gave the medication.) Ask the witness to also initial the documentation.

7. Carry a cell phone on all field trips.
8. No eating is permitted on buses except when a plan has been developed for longer distances and/or in an extreme circumstance.

FORM J: SUBSTITUTES AND VOLUNTEER INFORMATION

*** * * IMPORTANT * * ***

Our building has several students who have severe, LIFE-THREATENING allergies. Upon your arrival at school, please immediately check with the office professionals or person to whom you report to learn about life-threatening allergies or students with other health concerns with whom you will work. If you are a substitute teacher, check the appropriate sub folder for further information. All health information is CONFIDENTIAL.

To help reduce the risk of exposure for students with severe food allergies, please:

1. Wash your hands after eating or touching any foods
2. Do not eat or bring any food items into classrooms or specials classrooms without first checking with the teacher of that room
3. Observe the signs posted outside ALL rooms or areas that indicate that no nuts or other allergens are allowed in those areas
4. Do not offer food to any student
5. Do not encourage sharing of food; and
6. Do not let students take food out to the playground.

Thank you for your cooperation in this important matter.