

## **Standards of Care for Allergy and Anaphylaxis Management in the School Setting Utah 2017**

NOTE: School nurses should determine their individual scope of practice regarding new allergy treatment therapies and/or allergy care practices.

Anaphylaxis is a chronic condition affecting 5%-10% of the children in the United States. It can be serious and life-threatening, but it can also be controlled. Symptoms of allergies can be mild, severe, or fatal, regardless of previous reaction.

There are eight foods that account for 90% of all food-allergic reactions. These are: milk, eggs, peanuts, tree nuts (walnuts, cashews, etc.), fish, shellfish, soy, and wheat. Other common allergens include insect stings and latex.

### **Allergy and Anaphylaxis Emergency Action Plan**

Students with a history of anaphylaxis should have an Allergy and Anaphylaxis Action Plan on file with the school before they attend. This is signed by the healthcare provider and the parent, and is reviewed by the school nurse. This Emergency Action Plan should be reviewed at least annually, or when the student transfers to another school.

The Department of Health along with other stakeholders have developed a State form (IHP104.1) that is recommended for use in Utah. This form is required for any student carrying or carrying and self-administering epinephrine while at school.

### **Epinephrine Auto-Injector (EAI)**

Utah Code 26-41-101 allows students to carry or carry and self-administer an epinephrine auto-injector when the appropriate form (IHP104.1) has been completed and signed by a parent and healthcare provider, and returned to the school.

Self-care ability level should be determined by the school nurse and parent/guardian. All students with a history of anaphylaxis, regardless of age or expertise, should have an Emergency Action Plan on file with the school, and may need assistance when experiencing a severe anaphylactic episode.

### **Management**

The school nurse can assist the student who has allergies with managing their condition in the following ways:

- Encourage parents to provide an epinephrine auto-injector to be left at school in case of emergencies.
- Assist teachers in modifying the student's environment as needed to reduce triggers.

### **Self-Care Management**

- Self-care ability level should be determined by school nurse and parent/guardian.

- All students, regardless of age or expertise, should have an IHP or EAP, and may need assistance when having an allergic reaction.

### Allergen Free Schools or Classrooms

Declaring a classroom free of allergens should be discouraged. It is not always possible to prevent other students from bringing potential allergens to school. Instead, work to become an allergen ‘aware’ classroom or school. Sending notes to other parents in the class or school is appropriate asking for their support in not sending allergen-containing items, as long as confidentiality is maintained for the student with the allergen.

### REFERENCES

Virginia Department of Education. First aid guide for school emergencies. Retrieved from [http://www.doe.virginia.gov/support/health\\_medical/index.shtml](http://www.doe.virginia.gov/support/health_medical/index.shtml)