

Hampton School District Policy	Section: <u>J</u> Code: JLCEB Title: Anaphylaxis Policy Category: HSB Added Page: 1 of 2
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ANAPHYLAXIS POLICY

Definition:

Anaphylaxis refers to a collection of severe and potentially life-threatening symptoms experienced by a person in an extreme response to an offending allergen. The most serious of these symptoms is breathing difficulty when the respiratory tract is affected, but other major organs commonly affected are the skin and central nervous system, gastrointestinal system, and cardiovascular system.

Symptoms:

Symptoms may vary. A person may exhibit one or all of these symptoms:

- Flushing, hives, itching of face, eyes, lips, tongue, or throat
- Hoarse voice, tightness of throat, difficulty breathing, coughing, wheezing
- Apprehension, fear, impending doom
- Chills, a rapid heartbeat, change in skin color
- Nausea, vomiting, diarrhea
- Dizziness, fainting, collapse, seizure

Causes:

- Drugs: examples include penicillin, sulfa, pain medicines
- Insect bites or stings: examples include yellow jackets, honey bees, fire ants
- Foods: milk, egg, wheat, soy, fish, peanuts, and tree nut products commonly elicit allergic responses
- Latex: rubber
- Sometimes the causative agent of anaphylaxis remains unknown.

PROTOCOL:

Management

Based on the person’s history and confirmed by blood and/or skin tests by a personal physician, a diagnosis of allergy with potential anaphylaxis is made. The most important aspect in the management of potentially life-threatening allergies is to avoid substances and situations that trigger a severe allergic reaction. Avoiding exposure to allergens completely such as insects and some food products is impossible. A team effort among students, school staff, parents, and medical professionals is required. Avoidance measures (see below) are keys to successful management of potentially severe allergies for a student with a known life-threatening allergy.

Adopted:	DATE: August 8, 2006 / August 11, 2009, January 11, 2011
Reviewed:	March 10, 2009, October 2010, January 11, 2011
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ANAPHYLAXIS POLICY

continued

- Medical documentation of life-threatening allergy
- Allergy Action plan signed by the student’s doctor, parents and school staff
- Special meal prescription plan as identified as needed
- School nurses will annually provide staff a definition/explanation of cross-contamination
- Reading product labels at snack, lunch, and during class celebrations involving food
- Student will be instructed not to share or trade food in school
- School Nurses shall provide school personnel with annual training and support regarding recognition of anaphylaxis and the use of epinephrine auto injector but this does not infer delegation of epinephrine injection to school personnel
- A list of school personnel who have agreed to assume delegation responsibilities will be communicated to parents and staff. This list will be updated at least annually.
- Treatment of known insect nests on school grounds
- Latex free bandages and gloves available for use by staff and students as needed.

Medication:

Exposure to an offending allergen can occur despite avoidance measures. In case of emergency, treatment should be provided as soon as possible. Epinephrine is the drug of choice to manage anaphylaxis. There are no contraindications to the use of epinephrine in a life-threatening situation.

- Prescription orders for student medication will be on file at school.
- Medication will be stored at school.
- Ability and age permitting, student(s) will be permitted to carry epinephrine auto injector at all times. Documentation per school district medication policy is required.
- Emergency medication will be administered as soon as possible by the nurse, delegatee, or trained staff member to a student unable to inject himself/herself.
- Such authorization will be obtained in writing.
- EMS will be called whenever epinephrine is administered.

This policy was written in accordance with the NH State Dept. of Education recommendations for handling potential anaphylaxis cases in schools.

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