Wilmot Union High School
Allergy Management Plan

Policy:
Wilmot Union High School cannot guarantee an allergy-free environment for our students. However, the district will make every reasonable effort to reduce exposure to any allergen (insect, food, latex, etc.) that the parents indicate as a concern. An allergy is an abnormal response to something triggered by the body’s immune system. That allergy can be mild (hives, itchy mouth, localized swelling, upset stomach) and treated with oral antihistamines, or it can cause anaphylaxis, a potentially life-threatening reaction. Since each student’s allergy and situation is different, an Individual Health Care Plan and Emergency Care Plan may be created for those students whose allergy has the potential to be life threatening. This information will be shared with the school staff who need to be aware of the student’s health condition.

Rationale:
As the number of students with severe allergies increases, so does the potential for a severe reaction to occur at school. Therefore a plan for avoidance of allergens and the preparedness for the treatment of acute reactions is necessary.

Responsibility:
Principal, School Nurse, Teacher, Food Service, and Transportation

Implementation:
1. The parent/guardian must provide the school with written documentation of allergy.
2. For allergies that are potentially life threatening, the parent will complete an Individualized Health Plan (Appendix A) for their child. This will include the severity of the allergy, symptoms of typical reaction, instructions for care, current medication used for the allergy and under what circumstances it is to be used.
3. The school nurse will utilize the information obtained from the Individualize Health Plan, the parents, and the health care provider to prepare an Emergency Care Plan for the student. This plan will be distributed to all staff who have contact with the student, and updated as needed if the situation changes.
4. The school nurse will provide the necessary training which may include prevention measures and emergency procedures.
5. Parents will provide all medication for their student for the treatment of allergic reactions and complete the Request for Medication Administration (Appendix B) form in accordance with the Wilmot Union High School Medication Policy (Appendix C).
6. Parents are responsible for providing a supply of safe food/objects for their child with the allergy.
7. Common allergens such as peanuts/peanut butter shall be avoided in lesson plans and projects.
8. Every effort will be made by Wilmot Union High School to purchase allergy-free items: balloons, gloves, balls, classroom equipment, etc.
9. A “no-food trading” rule will be encouraged.
10. Students must take an active role in assessing and assuring their environment is not contaminated with an allergen and report suspicions to staff.

11. Field trips should be discussed with the family to decide on appropriate strategies for the management of the student’s allergy. If at all possible, a parent/guardian will be encouraged to accompany his/her child. If this is not possible, a trained staff member will be assigned to monitor their student’s welfare and respond appropriately to an emergency.

12. In accordance with Wisconsin Statute 118 (Appendix D) and Wilmot Union High School’s Staff Administration of Non-Student Specific Epinephrine Policy and Procedure (Appendix E), may use an epinephrine auto-injector to administer epinephrine to any pupil who appears to be experiencing a severe allergic reaction. Stock epinephrine will be accessible at Wilmot Union High School during all school sponsored activities. It will not accompany students on events out of the building.
Wilmot Union High School – Individualized Health Plan

Health Condition

Name: ___________________________ Grad yr: ______ DOB: ______
Address: ___________________________ Phone: ______
Parent/Guardian: ___________________________ Physician: ______

Onset of Illness: ___________________________

Symptoms: ___________________________

Treatment:
☐ Medication: ___________________________
☐ Other: ___________________________

Notes:
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Signature: ___________________________ Date: ______
Nurse’s Signature: ___________________________ Date: ______
Reviewed by Parent (Signature): ___________________________ Date: ______
Reviewed by Parent (Signature): ___________________________ Date: ______
Reviewed by Parent (Signature): ___________________________ Date: ______
Criteria for Dispensing Medication

Medications are **encouraged** to be given outside the school hours but if this cannot be avoided, the following guidelines must be followed:

1. **Complete the "Request For Medication To Be Administered During School Hours",** signed by the physician/practitioner and parent/guardian if a prescription medication is to be given, or the parent/guardian if it is a non-prescription medication. School personnel will then see that medication is given to the student as prescribed. All medication authorization forms must be renewed annually.

2. **All medication must be supplied in the original prescription bottle.** Non-prescription medication must be in the original container with the directions on the container including pupil's name. **The medication shall be kept in a locked area at school.** Taking the medication shall be supervised by the school nurse or other designated school personnel. **It is the responsibility of the student to get his/her medication at a designated time.**

3. It is important that an accurate and confidential system of record keeping be established for each pupil receiving medication. The physician's request for medication to be administered during school hours shall be kept on file. This should include the type of medication, the dose, and the time to be given. The parents must notify the school when the drug is discontinued, or the dosage or time is changed. An updated medication authorization form is required for **ALL** changes in medication.

4. It is the responsibility of the parent/guardian to provide and deliver to the school all authorized medication and replace expired medication. Any special circumstances regarding delivering medication to school must be sanctioned by the school principal. All unclaimed medication at the end of the school year will be disposed per policy after written notification to parent/guardian.

5. **School personnel will under no circumstances provide any medication to students without meeting the criteria in 1 to 4 above.** Diagnosis and treatment of illness and the prescribing of medication are never responsibilities of a school and should not be practiced by any school personnel.

6. If the student uses an epinephrine auto-injector or an inhaler, the school highly recommends that it be available at school (on the person or in the locker). Please have your physician indicate that on the "Request For Medication Form".

7. It is the responsibility of the parent/guardian to notify school personnel of pertinent medical information regarding their child. Pupils with a potential life threatening health problem may be excluded from school until required medication and staff training are in place at school.
WILMOT UNION HIGH SCHOOL
REQUEST FOR MEDICATION ADMINISTRATION

** ONE MEDICATION PER FORM **
** ALL medication must be provided in the original container **
** Prescription medications require BOTH parent AND physician/practitioner signatures **
** Medication will ONLY be given in accordance with the dosages on the original container **

Student Name: ___________________________ DOB: ___________ Gr: ______
Medication: _______________________________________________________
Dosage/Procedure: ________________________________________________
Route (how to be given): ___________________________________________
Time(s) Administered: _____________________________________________
Dates to be administered: Start: ___________ End: ___________
Reason for Medication: ____________________________________________
Side Effects: ________________________
Student may carry for Emergency Purposes (Epi-Pen & Inhalers only): ☐ Yes ☐ No ☐ N/A
Give medication on: ☐ Full stomach ☐ Empty stomach ☐ N/A
Additional directions/symptoms (storage/sterility): ____________________

Parental Consent:
I hereby give permission to school employees designated by school officials to give my child the medication above according to the directions indicated above.

I further give permission to school authorities to contact my physician/practitioner and exchange information regarding the administration of this medication

I have read the "Criteria for Dispensing Medication at School" on the back of this page and agree to meet these criteria to include coordinating the delivery of the medication to school.

Parent Signature: ___________________________________________ Date: ___________

Physician/Practitioner Authorization:
I authorize that the above medication is to be administered as prescribed by the designated school employee.
Physician/Practitioner Signature: ___________________________ Date: ___________
Physician/Practitioner Name (please print): ___________________________
Address: _______________________________________________________
Phone: ___________________________ Fax: ___________________________
5330 - ADMINISTRATION OF MEDICATION/EMERGENCY CARE

The Board of Education shall not be responsible for the diagnosis and treatment of student illness. The administration of medication to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, the student would not be able to attend school if the medication were not administered during school hours, or the child is disabled and requires medication to benefit from his/her educational program.

For purposes of this policy, "practitioner" shall include any physician, dentist, podiatrist, optometrist, physician assistant, and advanced practice nurse prescriber who is licensed in any state. "Medication" shall include all drugs including those prescribed by a practitioner and any nonprescription drug products. "Administer" means the direct application of a nonprescription drug product or prescription drug, whether by injection, ingestion, or other means, to the human body. "Nonprescription drug product" means any nonnarcotic drug product which may be sold without a prescription order and which is prepackaged for use by consumers and labeled in accordance with the requirements of State and Federal law.

Before any prescribed medication may be administered to any student during school hours, the Board shall require the written instructions from the child's practitioner accompanied by the written authorization of the parent.

Nonprescription drug products may be administered to any student during school hours only with the prior written consent of the parent. Substances, which are not FDA approved (i.e. natural products, food supplements), will require the written instruction of a practitioner and the written consent of the parent. Only those nonprescription drugs that are provided by the parent or guardian in the original manufacturer's package which lists the ingredients and dosage in a legible format may be administered.

The document authorizing the administration of both prescribed medication and nonprescription drug products shall be kept on file in the administrative offices.

Only medication in its original container; labeled with the date, if a prescription; the student's name; and the exact dosage will be administered. Parents, or students authorized in writing by their practitioner and parents, may administer medication.

No student is allowed to provide or sell any type of medication to another student. Violations of this rule will be considered violations of Policy 5530 - Drug Prevention and of the Student Code of Conduct.

Medications will be administered and the instruction and consent forms will be maintained in accordance with the District Administrator's guidelines.

Any bus driver, staff member or volunteer, authorized in writing by the District Administrator or a principal, is immune from liability for his/her acts or omissions in administering medication including, but not limited to glucagon and epinephrine, unless the act or omission constitutes a high degree of negligence. Such immunity does not apply to health-care professionals.

All prescription medication shall be kept in a locked storage case in the school office.
The Board shall permit the administration by staff of any medication requiring a delivery method other than oral ingestion when both the medication and the procedure are prescribed by a practitioner and the delivery is under the supervision of a licensed nurse, provided that the staff member has completed any necessary training and that staff member voluntarily agrees to deliver the medication. No staff member, other than a health care professional, shall be required to administer medications that are administered by means other than oral ingestion.

Students who may require administration of a drug on an emergency basis may have such medication in their possession with written authorization of their parent.

Any staff member or volunteer who, in good faith, renders emergency care to a student is immune from civil liability for his/her acts or omissions in rendering such emergency care.

Any district administrator or principal who authorizes an employee or volunteer to administer a nonprescription drug product or prescription drug to a student is immune from civil liability for the act of authorization unless it constitutes a high degree of negligence or the administrator or principal authorizes a person who has not received the required Department of Public Instruction training to administer the nonprescription drug product or prescription drug to a student. School nurses, as district employees, are regulated by the Wisconsin Nurse Practice Act and are therefore not necessarily immune from civil liability.

The school nurse providing services or consultation on the District’s Emergency Nursing Services Plan has provided assistance in the development of this policy and will also provide a periodic review of the written instructions and consent forms and the Medications Administration Daily Log(s).

The District Administrator shall prepare administrative guidelines to ensure the proper implementation of the requirements of this policy.

118.29, 118.291, 121.02 Wis. Stats.
PI 8.01(2)(g)
Wis. Admin. Code N 6.03
2009 Wisconsin Act 160

Revised 9/23/03
Revised 1/26/11
Revised 3/28/12

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118.2925  Life-threatening allergies in schools; use of epinephrine auto-injectors.

(1) DEFINITIONS. In this section:

(a) "Administer" means the direct application of an epinephrine auto-injector to a person's body.

(b) "Advanced practice nurse prescriber" means an advanced practice nurse who is certified under s. 441.16.

(c) "Designated school personnel" means an employee, agent, or volunteer of a school, designated by the governing body of the school, who has completed the training specified in the plan adopted by the governing body of the school in sub. (2) (a).

(d) "Epinephrine auto-injector" means a device used for the automatic injection of epinephrine into the human body to prevent or treat a life-threatening allergic reaction.

(e) "Physician" means a person licensed to practice medicine and surgery under ch. 448.

(f) "Physician assistant" means a person licensed under s. 448.04 (1) (f).

(g) "School" means a public, private, or tribal school.

(h) "Self-administer" means to administer an epinephrine auto-injector to one's own body.

(2) SCHOOL PLAN.

(a) The governing body of a school may adopt a plan for the management of pupils attending the school who have life-threatening allergies. If the governing body of a school does so, it shall specify in the plan the training necessary to perform the activities under sub. (4). The governing body of a school may not adopt a plan unless it has been approved by a physician.

(b) The governing body of a school that has adopted a plan under par. (a) shall make the plan available on the governing body's Internet site or the Internet site of each school under its jurisdiction or, if an Internet site does not exist, give a copy of the plan to any person upon request.

(3) PRESCRIPTIONS FOR SCHOOLS. A physician, an advanced practice nurse prescriber, or a physician assistant may prescribe epinephrine auto-injectors in the name of a school that has adopted a plan under sub. (2) (a), to be maintained by the school for use under sub. (4).

(4) USE OF EPINEPHRINE AUTO-INJECTORS. The governing body of a school that has adopted a plan under sub. (2) (a) may authorize a school nurse or designated school personnel to do any of the following on school premises or at a school-sponsored activity:

(a) Provide an epinephrine auto-injector to a pupil to self-administer the epinephrine auto-injector in accordance with a prescription specific to the pupil that is on file with the school.

(b) Administer an epinephrine auto-injector to a pupil in accordance with a prescription specific to the pupil that is on file with the school.

(c) Administer an epinephrine auto-injector to a pupil or other person who the school nurse or designated school personnel in good faith believes is experiencing anaphylaxis in accordance with a standing protocol from a physician, an advanced practice nurse prescriber, or a physician assistant, regardless of whether the pupil or other person has a prescription for an epinephrine auto-injector. If the pupil or other person does not have a prescription for an epinephrine auto-injector, or the person who administers the epinephrine auto-injector does not know whether the pupil or other person has a prescription for an epinephrine auto-injector, the person who administers the epinephrine auto-injector shall, as soon as practicable, report the administration by dialing the telephone number "911" or, in an
area in which the telephone number "911" is not available, the telephone number for an emergency medical service provider.

(4m) **INDEPENDENT AUTHORITY.**

(a) The authority to self-administer an epinephrine auto-injector under sub. (4) (a) is independent of the authorized possession and use of an epinephrine auto-injector under s. 118.292 (1r).

(b) The authority to administer an epinephrine auto-injector under sub. (4) (b) and (c) is independent of the authority to administer an epinephrine auto-injector under s. 118.29 (2) (a) 2. and 2m.

(5) **IMMUNITY FROM CIVIL LIABILITY; EXEMPTION FROM PRACTICE OF MEDICINE.** A school and its designated school personnel, and a physician, advanced practice nurse prescriber, or physician assistant who provides a prescription or standing protocol for school epinephrine auto-injectors, are not liable for any injury that results from the administration or self-administration of an epinephrine auto-injector under this section, regardless of whether authorization was given by the pupil's parent or guardian or by the pupil's physician, physician assistant, or advanced practice nurse prescriber, unless the injury is the result of an act or omission that constitutes gross negligence or willful or wanton misconduct. The immunity from liability provided under this subsection is in addition to and not in lieu of that provided under s. 895.48.

(6m) **HEALTH CARE PROFESSIONALS.** Nothing in this section prohibits a health care professional, as defined in s. 118.29 (1) (c), from acting within the scope of practice of the health care professional's license, certificate, permit, or registration.

_History:_ 2013 a. 239.
Wilmot Union High School
Staff Administration of Non-Student Specific Epinephrine
Policy and Procedure

Policy:
Any district employee may be authorized to administer epinephrine who
• Is willing to assume that responsibility
• Is authorized in writing by the school principal or his/her designee
• Has received Department of Public Instruction approved training, within four years, for the administration of epinephrine.
• Has been sufficiently instructed by the school district’s School Nurse:
  i. In recognizing the signs and symptoms of anaphylaxis
  ii. On the proper administration of epinephrine auto-injector
  iii. On proper follow-up procedures following administration of epinephrine auto-injector
• Has successfully completed an annual return demonstration of administration of epinephrine auto-injector and has been deemed competent by the district’s Professional Nurse.

Procedure:
Anaphylaxis is an allergic reaction that may be triggered by a food allergy, insect sting, or drug reaction. If a person with a known history of severe allergic reaction is exposed to a known allergen, activate emergency medical services as needed.

A. Observe the patient for symptoms of shock or respiratory distress.

1. Respirations: may be wheezy, labored, or absent

2. Pulse: may be rapid, weak, or difficult to detect

3. Color: may be pale, mottled, or cyanotic

4. Skin: may be cool, moist, or clammy; urticaria (hives) may be present; nail bed capillary refill time may exceed two seconds

5. Blood pressure: may be low or undetectable

6. Other: stupor, agitated, restless, vomiting, diarrhea, headache, unconsciousness

B. Monitor the airway, keeping it open. As needed, remove secretions/vomit and assist with ventilation.
C. If patient is in shock and/or respiratory distress and if no other specific physician order is available, administer epinephrine as follows:

<table>
<thead>
<tr>
<th>Weight</th>
<th>Administer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First dose:</td>
<td></td>
</tr>
<tr>
<td>33-66 lbs</td>
<td>EpiPen Jr. (0.15 mg epinephrine)</td>
</tr>
<tr>
<td>Over 66 lbs</td>
<td>EpiPen (0.3 mg epinephrine) -- give adult dose</td>
</tr>
<tr>
<td></td>
<td>generally for 2nd grade and above</td>
</tr>
</tbody>
</table>

*NOTE: If unsure about weight and there is no MD order, give the adult dose. In an allergy emergency, too much epinephrine would be far less dangerous than too little.*

**CALL 911**

2. **Second dose:** will be given by Salem Rescue Squad as needed, based on observed symptoms (Sections A, B, or C) above, generally 15-20 minutes after the first dose.

D. Supportive care

1. Lay patient flat, facing up (supine position); raise feet 8-12 inches.
2. Keep patient warm, but not overheated.
3. Do not administer any solid or fluid by mouth.
4. If bee stinger is noted in skin, remove by gently scraping at skin level.
5. Monitor patient closely, as sudden clinical deterioration can occur despite treatment.

*After epinephrine administrations:*

1. Complete appropriate paperwork (incident report, epinephrine administration report, medication administration form etc.).
2. Request permission from student’s parent/guardian to send a copy of paperwork (epinephrine administration report, medication administration form, etc.) to student’s healthcare provider.
3. Parents of student who suffered anaphylactic reaction and school staff involved in emergency response and those on the emergency response team should meet to debrief on the incident and make any necessary changes to policy or procedure or emergency action plan.

*References:*

