

# Policy

BOARD OF EDUCATION  
HORTONVILLE AREA SCHOOL DISTRICT

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## CARE OF STUDENTS WITH CHRONIC HEALTH CONDITIONS (ALLERGIES)

Students with chronic health conditions will be provided with a free appropriate public education. If their impairment does not require specially designed instruction for them to benefit educationally, they will be eligible for accommodations/modifications/interventions of the regular classroom, curriculum, or activity (i.e. the school setting) with every effort made to provide them with the same access to an education as student's without disabilities.

Chronic health conditions, for the purposes of this policy, shall include, but not limited to:

1. "peanut" and other food allergies;
2. allergies;
3. asthma;
4. diabetes;
5. seizure disorder
6. neuro-muscular disorder.

The Hortonville Area School District (HASD) cannot guarantee an allergy-free environment for our students. The Hortonville Area School District Food Service Department is a "nut-free" environment. HASD will make every reasonable effort to reduce exposure to any allergen (insect, food or natural rubber latex) that a family indicates a concern. An allergy is an abnormal response to something triggered by the body's immune system. Since each student's allergy and situation is different, an individual Health Care Plan may be created for some students and this information shared with school staff that need to know about the student's health concern.

Designated staff that has responsibility for specialized services such as giving inhaler treatments or injections, or conducting glucose and/or ketone tests shall be provided training specific to the procedures, at least annually, by a licensed health professional.

The District nurse shall maintain a copy of training program and the records of training completed by school employees.

### **Implementation:**

1. The parent/guardian must provide the school with signed, written medical documentation from the health care provider of any allergy. This will include the severity of the allergy, symptoms of typical reaction; instructions as to care; current medication used for the allergy and under what circumstances it is to be used.
2. The school nurse, in conjunction with the student's parent/guardian and health care provider will prepare an individual emergency plan. This plan will be distributed to all staff that have daily contact with this student, and updated as needed if the situation changes.
3. The school nurse will provide the necessary training which may include prevention tactics and emergency procedures.

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4. Precautions in the classrooms and lunchroom will be recommended by the school nurse, in conjunction with the child's health care provider. Staff and parents will then be notified of the agreed to precautions.
5. At the elementary level, parents/guardians of the allergic student are responsible for providing a supply of safe food/objects for their child with the allergy.
6. Common allergens, such as peanut butter, shall be avoided in lesson plans and projects.
7. Every effort will be made by the Hortonville Area School District to purchase allergy-free items: balloons, gloves and other classroom equipment, etc.
8. A "no-food trading" rules will be encouraged.
9. Students must take an active role in assessing and assuring their environment is not contaminated with an allergen and report suspicions to a staff person.
10. Discuss field trips with the family to decide appropriate strategies for 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.
11. Procedures for students to have immediate access to medications are in accordance with Policy #5330 – School Medication that allow students to self-care and self-administer medications, inhalers, and epinephrine auto-injectors, as prescribed by a medical professional and approved by parents.

NEOLA 2021

# Policy

## HORTONVILLE AREA SCHOOL DISTRICT

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\_\_\_ Greenville Elementary 920-757-7160; (FAX) 920-757-6972  
\_\_\_ Greenville Middle School 920-757-7140; (FAX) 920-757-7141  
\_\_\_ North Greenville Elementary 920-757-7030; (FAX) 920-757-7031

\_\_\_ Hortonville Elementary 920-779-7911; (FAX) 779-7915  
\_\_\_ Hortonville Middle School 920-779-7922; (FAX) 779-7923  
\_\_\_ Hortonville High School 920-779-7933; (FAX) 779-7937

### Allergy Action Plan

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Mother's Home Phone: \_\_\_\_\_ Father's Home Phone: \_\_\_\_\_  
Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_  
Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_  
Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
This student has an allergy to: \_\_\_\_\_  
Symptoms of a minor reaction: \_\_\_\_\_  
Procedure for a minor reaction: \_\_\_\_\_  
Symptoms of a major reaction: \_\_\_\_\_  
Procedure for a major reaction: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
School Administrator/Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I am the parent of a Kindergarten – 4<sup>th</sup> grade student and I request that my child sit at an allergy free table at lunch.
- I am the parent of a Kindergarten – 4<sup>th</sup> grade student and I do not want my child to sit at an allergy free table at lunch.

- Please contact our district nurse at one of the numbers above if your child's health status changes during this school year.
- This information will be shared with the school personnel who are directly involved with your child.

Comments on Severity of Allergy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Doctor Signature  
Revised 10/15

\_\_\_\_\_  
Date



Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Allergy to: \_\_\_\_\_

Student  
Photo

Asthma:  **Yes (higher risk for severe reaction)**  **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE

**Extremely reactive to following allergen(s):** \_\_\_\_\_

THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY eaten**, for ANY symptoms

If checked, give epinephrine immediately if the allergen was **DEFINITELY eaten**, even if no symptoms are apparent.

### FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



#### LUNG

Shortness of breath, wheezing, repetitive cough



#### HEART

Pale or bluish skin, faintness, weak pulse, dizziness



#### THROAT

Tight or hoarse throat, trouble breathing or swallowing



#### MOUTH

Significant swelling of the tongue or lips



#### SKIN

Many hives over body, widespread redness



#### GUT

Repetitive vomiting, severe diarrhea



#### OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A  
COMBINATION  
of symptoms  
from different  
body areas.



- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

### MILD SYMPTOMS



#### NOSE

Itchy or runny nose, sneezing



#### MOUTH

Itchy mouth



#### SKIN

A few hives, mild itch



#### GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

### MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1mg IM :  0.15mg IM :  0.3mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other: (e.g. inhaler, -bronchodilator if wheezing): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescribing Practitioner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Prescribing Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This student has prescriber's permission to carry this emergency medication:  YES  NO

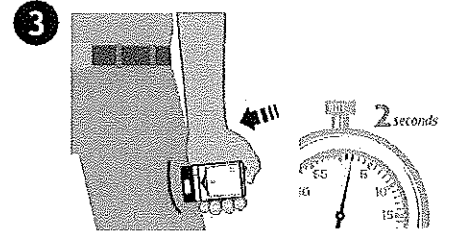
**MEDICATION AND EMERGENCY PLAN CONSENT:** I hereby give permission for school personnel to share this information, follow the care, and administer the medication as outlined in this plan during the school day and during any school sponsored activity of which school personnel are responsible for my child's supervision. I also hereby agree to give my permission for school personnel to contact the child's physician if needed. I hereby give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication. I assume full responsibility for providing the school with the medication described in this plan. I further agree to hold the Hortonville Area School District, and the HASD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school. I agree to notify the school in writing at the termination of this request or when any change in the above orders is necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



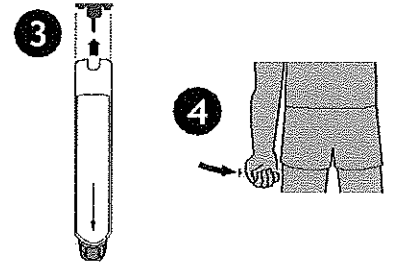
## HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



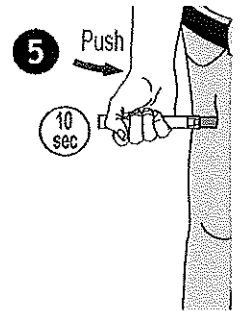
## HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS – CALL 911

RESCUE SQUAD: \_\_\_\_\_  
 DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 NAME/RELATIONSHIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_