

Loudoun County Public Schools
Allergy Action Plan

Place
Student's
Picture
Here

Location of
Auto-injector _____

Name: _____ D.O.B: ____/____/____

Allergy to: _____

Weight: _____ lbs. Asthma: ____ Yes (higher risk for a severe reaction) ____ No Grade _____

Extremely reactive to the following food: _____
THEREFORE:
____ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
____ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Many hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Vomiting, diarrhea, cramping pain



1. INJECT EPINEPHRINE IMMEDIATELY
 2. Call 911
 3. Begin monitoring (see box below)
 4. Give additional medications:*
 - Antihistamine
 - Inhaler (bronchodilator) if asthma
- *Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort



1. GIVE ANTHISTAMINE
2. Stay with student: alert healthcare professionals first, then parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring

Medications/Doses

Epinephrine dose: _____

Antihistamine (brand and dose): _____

A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur.

It is my professional opinion that this student SHOULD/SHOULD NOT carry his/her epinephrine auto-injector.

Parent/Guardian Signature _____ Date _____ Physician/Healthcare Provider Signature _____ Date _____

Parent signature gives permission for principal's designee to follow this plan, administer prescribed medicine, and contact physician, if necessary.

Physician's Printed Name /Address _____ Fax Number _____ Phone Number _____

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Allergy Action Plan

Information about Epinephrine Procedures:

- Please notify the teacher/sponsor about your child's allergy when your child will be staying for any school-sponsored after school activities.
- The clinic is closed after dismissal and the nurse/health clinic specialist is not in the building. It is strongly suggested that middle and high schools students carry their own auto-injector for quick access to epinephrine.

Parent/Guardian Signature Required

Date

Parent/Student Agreement for Permission to Self-Administer and/or Carry Epinephrine

PARENT:

- I give my consent for my child to self-administer and/or carry his/her auto-injector of epinephrine.
- I understand that the school board or its employees cannot be held responsible for negative outcomes resulting from self-administration of epinephrine.
- This permission to self-administer and/or possess epinephrine may be revoked by the principal if it is determined that your child is not safely and effectively self-administering the medication.
- A new Physician Order/Care Plan for Severe Allergy and Parent/Student Agreement for Permission to Carry Epinephrine must be submitted each school year.

Parent/Guardian's Signature Required

Date

STUDENT:

- If I am to self-administer, I have demonstrated the correct use of an auto-injector of epinephrine to the school nurse/health clinic specialist.
- I agree never to share my epinephrine with another person or use it in an unsafe manner.
- I agree that if I inject epinephrine, I will immediately report to the school nurse/health clinic specialist or another appropriate adult if the nurse/health clinic specialist is not available so that EMS is called.

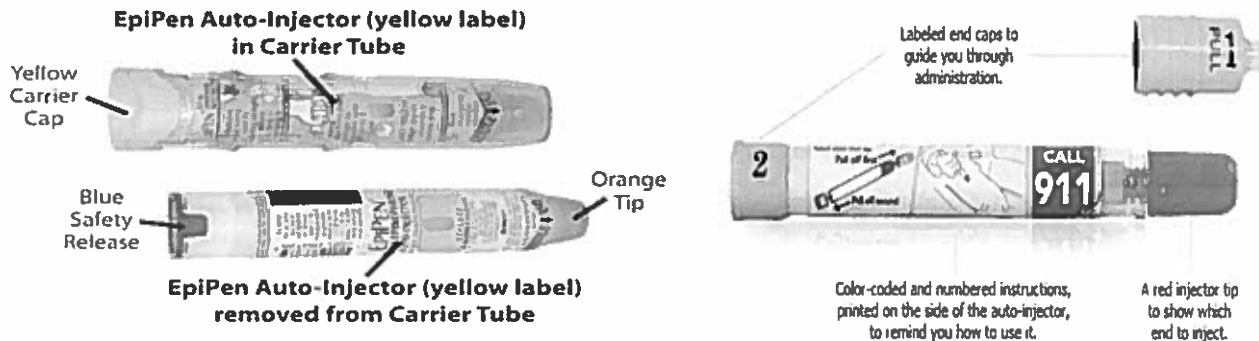
Student's Signature

Date

Monitoring

Stay with student; alert healthcare professionals and then the parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. **DO NOT MOVE STUDENT.**

3-Step Easy Follow to Instructions:



1. Prepare the Auto-Injector Injection
2. Administer the Auto-Injector
3. Call 911

Contacts

Doctor: _____

Phone (____) ____ - ____

Parents/Guardian: _____

Phone(____) ____ - ____

Other Emergency Contacts

Name/Relationship: _____

Phone(____) ____ - ____

Name/Relationship: _____

Phone(____) ____ - ____

Number of epinephrine auto-injectors received: 1 ____ 2 ____ 3 ____ 4 ____ Expiration Date: _____

Signature of clinic staff/Date: _____

Number of epinephrine auto-injectors returned: 1 ____ 2 ____ 3 ____ 4 ____

Signature of Parent/Date: _____

Loudoun County Public Schools
Severe Allergy Individual Health Care Plan (IHCP)

Place
Student's
Picture
Here

Student's Name _____ Grade _____
Teacher's Name _____ Lunch Time _____
Known Allergen _____ Symptoms _____
Date of last anaphylactic reaction? _____ Was epinephrine given? ___ Yes ___ No
Location of Epinephrine auto-injector _____

To address any risk of allergen exposure:

- LCPS guidelines, "Supporting Students with Food Allergies", will be followed.
- LCPS staff members will be trained in recognition of allergy symptoms and administration of the epinephrine auto-injector.

Classroom

- Any food given to student must be approved by parent.
- LCPS staff will not read labels to determine safety.
- Alternative food/water/supplies will be provided by parent/guardian as needed.
- Parent/guardian should be advised of any planned parties/special activities in advance.

Bus

- Transportation will be alerted to student's allergy/allergies.
- Student has a physician's order to carry epinephrine on bus. ___ YES ___ NO
If carrying Epinephrine, it is located _____
- Designated Seating ___ NO ___ YES – Location: _____

Field Trip Procedures

- Parent should be notified early in the planning process.
- Epinephrine should accompany student during any off-campus activity.
- The elementary student should remain with the teacher during the entire field trip, unless parent attends.
- Middle school/high school student should remain with the teacher during the entire field trip. ___ Yes ___ No

Cafeteria

- Cafeteria manager and attendant will be alerted to the student's allergy.
- All cafeteria tables are cleaned per cafeteria guidelines.
- Cafeteria menus and list of ingredients are available online through the LCPS website.
- If the student is purchasing food from the LCPS menu, parents must approve food choices.

CHOOSE 1:

_____ There are NO restrictions where student may sit in the cafeteria.

Or,

_____ Student will sit at a specified allergy table in the cafeteria.

_____ Student will sit with their class at a specified location.

Parent's Signature

Date

Clinic Staff/RN Signature

Date