

Anaphylaxis Management and Prevention Administrative Procedures and Toolkit

INTRODUCTION: ALLERGIES AND ANAPHYLAXIS

- a. **What is an allergy?** An allergy occurs when a person's immune system reacts to a substance that is harmless for most people. These usually harmless substances are called allergens. Common allergens include dust mites, pollens, animals, insects, foods, medications and latex. In an “IgE mediated” allergy, the immune system over reacts and produces substances (antibodies) that “fight” the intruder (allergen). Those antibodies cause the body to release chemicals, including histamine, causing an allergic reaction.
- b. **What are symptoms of an allergic reaction?** An allergic reaction can range from very mild to life threatening. Seasonal allergies, often called hay fever, may cause a runny nose or itchy eyes. Life threatening reactions are called anaphylaxis (pronounced an-a-fi-LAK-sis). Anaphylaxis can occur from stinging or biting insects, medication, foods or latex. Allergy to foods are increasing; the American Academy of Asthma, Allergy and Immunology (AAAAI, 2014) report that it is currently estimated that 8-9% of school age children have at least one food allergy.
- c. **Symptoms of anaphylaxis can include the following:**
 - **Mouth:** Itchy, swelling of tongue and/or lips
 - **Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing
 - **Skin:** Itchy, hives, redness, swelling, red watery eyes
 - **Gut:** Nausea, vomiting, cramps, diarrhea
 - **Lung:** Short of breath, wheeze, repetitive cough
 - **Heart:** Pale or blue skin color, dizzy/faint, weak pulse
 - **Neurological:** Sense of “impending doom,” irritability, change in alertness, mood change, confusion
 - **Other:** Itchy, red, watery eyes
- d. **What foods can cause anaphylaxis?** The Food Allergy Research and Education Organization (FARE, 2014) reports that “although nearly any food can cause an allergic reaction, 90 percent of all food-allergic reactions are caused by one of eight foods in the United States. These foods are: **peanuts, tree nuts, milk, egg, wheat, soy, fish and shellfish**” In school age children, Portnoy and Shroba (2014) state that “the most common foods that cause reaction in school age children include milk, egg, soy, wheat and peanut.”
- e. **How are Life Threatening Allergies treated?** While some people “grow out” of certain allergies, many do not. Some allergies may be treated by giving “de-sensitizing shots” which over time decrease the allergic reaction to that allergen. However, sensitizing shots are not currently available for many kinds of allergies. It is important to prevent allergic reactions by avoiding the allergen. Because this is often more difficult than it may seem, it is important that anaphylaxis, if it occurs, is recognized and treated quickly. Epinephrine is the “first-line” medication used to treat anaphylaxis.
- f. **What is food intolerance?** Food intolerance doesn’t involve an immune system response and is typically caused by a lack of a digestive enzyme. An example of this is lactose intolerance. The symptoms of food intolerances are not life threatening but cause physical symptoms such as bloating, abdominal pain or

headaches. (National School Board Association, Safe at School and Ready to Learn, 2012)

- g. **Procedures and Toolkit Purpose:** This toolkit is part of Missoula County Public Schools administrative procedures. It is developed to support the following goals of allergy management:
- To maintain the health and protect the safety of children who have life threatening allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
 - To ensure that interventions and accommodations outlined in individual health care plans and accommodation plans are based on medically accurate information and evidence based practices.
 - To define a formal process for identifying, managing and ensuring continuity of care for students with life-threatening allergies across all transitions. (PK-12)

ANAPHYLAXIS MANAGEMENT AND PREVENTION PLAN

A. Identification of students with food allergies:

- a. The district will elicit, collect and review health information provided by the parent/guardian for each student upon school enrollment and periodically thereafter. Information will include what the allergen is, symptoms of previous reactions and history of epinephrine prescription.
- b. The district will communicate with the parents/guardians of students with a Life Threatening Allergy (LTA) history to:
 - Clarify and obtain additional health information including parental consent for the *Authorization for Release of Information* from the student's health care provider.
 - The district will request annual parental permission for medication administration and maintain records when obtained.
 - The district will sufficiently maintain and update student health records to identify life threatening allergies. (LTA).

B. Individual Written Plans

- a. The district will utilize a standard *Anaphylaxis Action Plan*.
 - b. The *Anaphylaxis Action Plan* will be consistent with national standards of anaphylaxis treatment. The district will use either a form provided by a recognized professional source or a district developed form. The district may develop an *Anaphylaxis Action Plan* by incorporating national standards, state laws, district needs and in consultation with local medical professionals.
 - c. The *Anaphylaxis Action Plan* will serve as the Emergency Care Plan.
 - d. The *Anaphylaxis Action Plan* will be individualized and completed by the health care provider annually.
- C. The district may maintain stock epinephrine at each school site as per district policy. See *Policy 3416 Administration of Medication*. If the district is maintaining stock epinephrine the *Stock Epinephrine Protocol* is in effect for all students if there is not a current *Anaphylaxis Action Plan* for an individual student.
- D. The district will follow Section 504 procedures. See *Policy 2162P Section 504 of the Rehabilitation Act of 1973*. For students with a Life Threatening Allergy this entails:
- Requesting parental permission for Section 504 evaluation.
 - Completing the evaluation when parental permission is obtained. Information used for an evaluation may include information from the parent, student, health care provider and/or health

- care records.
- Meeting to determine eligibility. A team of knowledgeable people will determine if the student is eligible. If the student is determined to be eligible and there are medically needed accommodations, a 504 plan will be developed.
 - The 504 plan may list the needed accommodations or refer to the Individual Healthcare Plan (IHP) that incorporates a listing of the accommodations.
- E. The district will follow applicable special education procedures for those students with an Individual Education Plan (IEP) and a life-threatening allergy by specifying needed accommodations in the Individual Education Plan (IEP) or Individualized Healthcare Plan (IHP). (See *Policy 2161 Special Education and Accommodations.*)
- F. The Registered (School) Nurse will develop an Individualized Healthcare Plan (IHP) for students who have a life-threatening allergy when the parent/guardian has consented to an evaluation and when the student has been determined to be eligible for an accommodation plan.
- Components of an Individualized Healthcare Plan (IHP) for life threatening allergies may include or be based on student identification information, allergens, summary of pertinent medical history, *Food Substitution Medical Statement*, day to day management of the allergy, developmental levels, and self-care and self-advocacy ability and goals. Addendums include the *Anaphylaxis Action Plan* and may include a transportation plan and any other related items as needed.
 - The Individualized Healthcare Plan (IHP) may incorporate a listing of the medically needed accommodations. Alternatively, accommodations may be listed directly in the Section 504 plan form or Individual Education Plan (IEP).
 - The Individualized Healthcare Plan (IHP) may be housed in the Section 504 or Special education file.
- G. The district will designate individuals in each school who are responsible for establishing and monitoring successful implementation of the *Anaphylaxis Action Plan*, Individual Healthcare Plan (IHP) and Section 504 Plan as applicable.
- H. The district will utilize an *Anaphylaxis Action Plan* for all known incidences of anaphylaxis with or without epinephrine administration.
- I. Revision of plans will be considered when any degree of allergic reaction occurs in school for a student with life threatening allergy.

MEDICATION: STORAGE, ACCESS AND ADMINISTRATION SPECIFIC TO LIFE THREATENING ALLERGIES

Also see *Policy 3416 Administration of Medication* and Administrative Procedures

1. The district will receive and retain annual treatment orders from licensed healthcare providers for students with life threatening allergies.
 - a. The treatment order must be in the format of an *Anaphylaxis Action Plan* and will specify what medications are used for what allergic symptoms.
 - b. Any staff member may activate the individual *Anaphylaxis Action Plan* or the *Stock Epinephrine Protocol* for suspected anaphylaxis as per state law and district policy. Principals will direct all staff to complete annual anaphylaxis training.
2. Emergency medications will be stored in the school office health area unless otherwise specified in one or more of the plans (*Anaphylaxis Action Plan*, Individual Healthcare Plan (IHP), Individual Education Plan

(IEP) or Section 504 plans).

- a. Parents will be asked to provide two epinephrine auto injectors.
 - b. The medications will be secure but accessible during usual school hours by storing in an unlocked but supervised area that is not readily accessed by students or non-staff.
 - c. The district will monitor expiration dates and notify parent if the medication is expired.
 - i. In the event of anaphylaxis, expired student specific epinephrine should only be administered if the stock epinephrine is unavailable and if the medication appears clear in medication window (if window available) unless the criteria below is met.
 - ii. Epinephrine auto-injectors that have passed the expire date listed on the auto-injector but the medication appears clear in medication window (if available), will be considered not expired when accompanied by health care provider documentation noting length of time after printed expiration date medication may be used.
 - d. *Anaphylaxis Action Plans* and student specific medication that was supplied by the parent to the (health) office will be taken with on off campus activities.
 - i. Immediate treatment of anaphylaxis with epinephrine will not be possible on off campus activities if the parent has not supplied the school with medication and the student does not carry their own medication. **Staff will call 911 for all anaphylaxis.**
 - ii. Students who participate in school sponsored activities after usual school hours will be encouraged to carry their medications with them as per state law and/or accommodation plans.
 - iii. Alternative medication placement or access will be determined on a case-by-case basis.
3. The district will allow students to carry and/or self-administer allergy medication in accordance with state law and district policy. See *Policy 3416 Administration of Medication* and MCA 20-5-420. Self-administration or possession of asthma, severe allergy, or anaphylaxis medication.
- a. Students, who have healthcare provider and parental permission to carry with intent to self-medicate, will be initially assessed by the school nurse for developmental appropriateness and knowledge of the treatment plan (*Anaphylaxis Action Plan.*)
 - i. The outcome of this assessment will be communicated to the parent.
 - ii. Significant concerns will be communicated to the healthcare provider.
 - b. Parents will be encouraged to provide a secondary supply of medications to the school. That supply of medication is typically kept in the school office health area.
4. **911 will be called immediately in all cases of epinephrine administration.**
- a. Parent/guardian notification will occur after epinephrine administration.
 - b. Documentation of medication administration will be placed into student file (electronic or written).
5. The district may maintain stock epinephrine at each school site as per district policy. See *Policy 3416 Administration of Medication*. If the district is maintaining stock epinephrine, then:
- a. The district will coordinate “standing orders” named “*Stock Epinephrine Protocol*” with local healthcare provider(s) who have expertise in anaphylaxis treatment.
 - b. Stock epinephrine (2 auto injectors) will not be taken off the school campus unless the entire student population is also taken to the same location.
 - c. Stock epinephrine is not intended to replace individual student prescribed epinephrine that the parent/guardians are expected to supply.

HEALTHY SCHOOL ENVIRONMENTS: COMPREHENSIVE AND COORDINATED APPROACH

View information about healthy school environments.

1. Classroom and Academic Environment

- a. The following measures will be taken to reduce allergens in all schools.
 - i. Peanut butter and any nut butter or spreads may not be used in projects that are manipulated i.e. touched by any students. An example of a manipulated project is making bird seed hangers with peanut butter.
 - ii. All students will be asked to wash their hands after projects that involve manipulation (touching) of any food substance. Examples may include flour based “plaster” projects.
 - iii. Schools will discourage the use of foods as an incentive or reward.
 - iv. Staff will not distribute candy or other food including at holidays to ANY student unless they are the classroom teacher for that student or if a student’s medical plan allows. This does not include food served by school food programs or food sold for fundraising that students purchase for themselves.
- b. 504 accommodation/Individual Education Plan (IEP) teams may implement accommodations to further reduce allergens in the school setting for an individual student when a need is determined. The team considers environmental, developmental and medical needs to make this determination.
 - i. Parents/Guardians will be encouraged to sign an *Authorization for Release of Information* to allow the school to receive records and/or communicate with the student’s health care provider. This facilitates the evaluation of accommodation needs.
 - ii. School settings include the student’s classroom(s), cafeteria, recess, field trip, bus and extracurricular activities.
 - iii. The following addendums should be utilized when applicable: *Accommodation Template, Classroom Restriction of Allergen Letter Template, and Allergen Sensitive Zone Signs.*
- c. The district will promote the school community’s knowledge of life threatening allergies by use of informational posters, letters, newsletters, web postings or curriculum incorporation.
- d. The district will communicate rules and expectations about bullying related to food allergies, including appropriate conduct, consequences and related disciplinary actions. (See *Policy 3225 Harassment, Intimidation, and Bullying Prevention*)
- e. Principals will direct all staff to complete annual anaphylaxis training.
 - i. Classroom teachers will be encouraged to complete additional training in basic prevention and risk reduction procedures including food handling to prevent cross contact, reading product labels and identifying hidden allergens. (*30 minute on line food allergy training with completion quiz and certificate*)
- f. Schools will allow students to wash hands before and after food is eaten.

1. Food service and cafeteria:

- a. The district will ensure a process of reviewing menu items to identify potential allergens and make appropriate accommodations as outlined in *Food Substitution Medical Statement* received from a healthcare provider for meals served to students with life threatening allergies.
- b. The district will ensure that procedures are in place to identify students with life threatening food allergies in the cafeteria setting. Photos may be posted in area visible to food service staff but not to students.
- c. The district will make available specific areas/tables that are allergen sensitive by utilizing the *Allergen Sensitive Table Procedures* when needed by in an accommodation plan.
- d. Food service will encourage hand washing before and after meals.
- e. Food service will enforce a no sharing of food rule or sharing utensil rule for all students.
- f. Food service will be aware of “food bullying”. Prompt and effective response action is required. Food service staff will report to school administrator or designees. (See *Policy 3225 Harassment, Intimidation, and Bullying Prevention*)
- g. Food Service staff will complete annual training in prevention of cross contact of allergens, reading labels for the presence of allergens, how to identify hidden allergens, how to deal with food related bullying, anaphylaxis recognition and implementing emergency procedures.
- h. Cafeterias will have a phone or two-way radio devices to call for assistance in the case of an emergency.

2. Buses

- a. The District will direct the transport company staff to enforce a no-eating policy for the daily transport back and forth between school and home. Exceptions will be made for other students with accommodation need (example: medical necessity for diabetes)
- b. The District will direct that all school buses will have two-way communication devices.
- c. The District will offer the contracted transportation company annual training in allergy awareness, basic prevention/risk reduction procedures, recognition of allergic reaction, and treatment of an allergic reaction and implementation of bus emergency response procedures.

3. Extracurricular activities, before- and after-school activities, field trips, and community use of facilities

- a. Field trips:
 - i. The district will ensure the Anaphylaxis Management and Prevention procedures and any student specific accommodations plans are in effect for field trips.
 - ii. Student specific medication and *Anaphylaxis Action Plans* will be taken with on off campus activities.
 - iii. Staff will be encouraged to bring a cell phone with on field trips
 - iv. Staff will consider allergies and student specific accommodations when planning off campus activities.
 - v. Staff will discourage trading of food and sharing of utensils.
 - vi. Staff will allow hand washing practices before and after eating.
 - vii. The district will encourage and permit but not require parents of students with allergies to attend field trips/activities.

- a. Before and After School Activities:
- b. The district shall make available anaphylaxis training for entities receiving substantial assistance from the school district.

4. **Communication and Confidentiality**

- a. The district will comply with state and federal privacy and confidentiality laws in all communications.
- b. The district will ensure notification to staff directly responsible for students with a Life Threatening Allergy of that student's individual *Anaphylaxis Action Plan*.
- c. The district will inform parents of students with life threatening allergies of the district procedures and of their due process rights. (Section 504)
- d. The district will enhance general awareness of life threatening allergies with signs, newsletter or web postings.
- e. The district will inform staff of their responsibilities in implementing these procedures.

5. **Emergency Response**

Response to an emergency is one of four parts of emergency management. The other areas are prevention/mitigation, preparedness and recovery which are addressed in other sections of these procedures. This section is about the response required to an anaphylaxis emergency. (Also see *Policy 3431 Emergency Treatment*)

- a. Individual emergency care plans (*Anaphylaxis Action Plans*) outline recognition of the emergency and what action is required. For students without a known life-threatening allergy or for students who do not have a current *Anaphylaxis Action Plan*, the *Stock Epinephrine Protocol* will be used if in effect.
- b. As per the above plans, school policy and state law **emergency services (911) will be called for all suspected anaphylaxis and for all instances of epinephrine administration**. It is expected that transport of the student to the hospital will occur. If parents are present, they will be encouraged to allow the student's transport to the hospital.
- c. The following actions need to occur in an anaphylaxis emergency:
 - i. Recognition of potential anaphylaxis.
 - ii. Retrieval of the Individual *Anaphylaxis Action Plan* and student specific epinephrine. If either isn't available, school stock epinephrine and/or *Stock Epinephrine Protocol* will be used. If none are available (example on a field trip if no individual student plan and medication then proceed to calling 911)
 - iii. Administration of epinephrine. Note time.
- d. Calling 911. This should be either a simultaneous step with "b" above or immediately after epinephrine administration. Tell 911 operator that this is an episode of anaphylaxis
- e. Monitoring of the student. Stay with the student. Remain calm. Reassure the student. Have the student lay down. Turn student onto their side if nausea or vomiting are present. If difficulty breathing, student may need to sit (if tolerated) for improved lung expansion.
- f. Contacting the student's parent/guardian.
- g. Managing "crowd control". Reassure and attend to other students as applicable.
- h. Meeting EMS at the school entrance.
- i. Accompanying student to emergency care facility unless parent is present.
- j. Notifying school administration.

- k. Notifying the school nurse who will facilitate:
 - Completion of *Anaphylaxis Reporting Form*.
 - Review of event for “debrief” to provide feedback to staff and identify areas for improvement.
 - Documentation in student record.
 - Discussion of incident with parent and if needed, the school team and health care provider to evaluate need for additional prevention strategies.

6. Professional Development and Training for School Personnel

- a. The district will provide annual anaphylaxis training to district personnel who have student supervisory responsibility.
- b. The district will provide additional skill instruction and practice for those specifically assigned to administer epinephrine including office and administrative staff.
- c. The district will encourage continuing professional education in allergies and anaphylaxis to the health services staff.
- d. The district will encourage staff to complete additional training in basic prevention and risk reduction procedures including food handling to prevent cross contact, reading product labels and identifying hidden allergens. (*30 minute on-line food allergy training with completion quiz and certificate*)

7. Awareness Education for Students

- a. The district will foster allergy awareness for all students. Awareness may emphasize:
 - i. Support for classmates with chronic health conditions, such as food allergy, to maximize inclusion and minimize harassment, discrimination, isolation, and endangerment.
 - ii. Bullying prevention, including reporting any harassment, hazing (e.g., forced consumption of the known allergen), or bullying to appropriate school personnel. The school’s response to bullying should be made clear at the outset, should be enforced, and should be both therapeutic and punitive, when appropriate.
 - iii. Knowledge of potential allergens and the signs, symptoms, and potential of a life-threatening reaction.
 - iv. Differences between life-threatening food allergy and food intolerance.
 - v. Actions needed to respond to emergency situations that might result from a life-threatening food allergy reaction.
 - vi. Developmentally-appropriate self-management of food allergy.
 - vii. Importance of following district procedures or specific directions regarding hand washing, food-sharing, allergen-safe zones, and student conduct.
- b. Students who have healthcare provider and parental permission to carry with intent to self-medicate will be assessed by the school nurse for developmental appropriateness and knowledge of the treatment plan (*Anaphylaxis Action Plan*.)

8. Awareness Education and Resources for Parents/Guardians

The district will promote parent/guardian knowledge and understanding of the special needs of students with allergies and of school procedures.

1. Parent/caregiver (of students with allergies) education and resources will foster:

- a. Trusting and collaborative relationships among district/school personnel, families, and community

members, particularly licensed healthcare providers.

- b. Clear communication channels between parents/caregivers and the school system.
- c. Recognition and respect for the needs of both individuals and the larger student population.
- d. Parental/caregiver responsibility for educating their children about the seriousness of food allergies and how to be supportive of fellow students with food allergies.
- e. Realistic expectations and commitments about how food allergies can be managed in school settings.
- f. Knowledge of district/school policies, procedures, and plans for managing students with chronic health conditions (including food allergy and addressing their safety through all-hazard response plans and no bullying policies).

2. The district will inform all Parents/guardians on the following:

- a. Signs, symptoms, and risks associated with food allergy and life-threatening reactions (anaphylaxis).
- b. District/school policies, procedures, and plans for managing students with food allergies.
- c. Parental responsibility to provide pertinent medical information/materials and medications for their child.
- d. Access to informational resources on food allergy from credible sources
- e. Restrictions to reduce the presence of foods and non-food items (e.g., arts and craft materials) in classrooms that have a student who has a food allergy.

J. Monitoring and Evaluation

Anaphylaxis procedures will be periodically reviewed. Updates will be done when needed to:

- a. Collect and review data on when and where medication was used and the impact on the affected individual(s).
- b. Identify risks and modify policy or procedures if needed.
- c. Align with current science on food and other allergies.
- d. Comply with current state and federal legislation, recommendations, and/or procedures.

GLOSSARY OF TERMS

Allergen: (St. Louis Children’s Hospital) A substance that triggers an allergic reaction. (Food Allergy Managements and Education Program, FAME, 2014)

Allergen Sensitive Zone: An identified area that the school community is informed that a particular allergen is not allowed.

Anaphylaxis: (American Academy of Asthma, Allergy and Immunology, AAAAI) Anaphylaxis is a rare but severe allergic reaction. It occurs suddenly, can worsen quickly and can be deadly. Anaphylaxis happens after being exposed to a triggering agent. The agent leads to the release of normal body chemicals such as histamine that cause allergy symptoms. (Anaphylaxis Overview, 2014)

Anaphylaxis Action Plan: A plan that outlines anaphylaxis symptoms and the emergency treatment to be provided. This serves as an Emergency Care Plan specific to anaphylaxis and is completed by the healthcare

provider.

Bus Transport Plan: An emergency care plan developed by the school nurse as part of an Individualized Healthcare Plan that outlines what is a health emergency for a specific student and how to respond in the bus environment. For LTA, the transport plan would incorporate or be attached to the Anaphylaxis Action Plan. Accommodations specific to transportation are incorporated into the transport plan.

Celiac Disease: (AAAAI) Celiac disease, a digestive condition, is an inherited autoimmune disorder that can damage the small intestine. Individuals with Celiac disease experience an immune reaction when eating gluten containing products such as wheat, barley, rye and sometimes oats. Gluten can also be found in medicines, vitamins and lip balms. The immune reaction from gluten occurs in the small intestine damaging the villi and causing abdominal pain, bloating or diarrhea. The villi help the body absorb nutrients from food so as the condition progresses, malnourishment occurs. Diagnosing Celiac disease involves the measurement of several blood tests and may also require a small intestine biopsy through an endoscopy procedure. (Gluten Intolerance 2014, Celiac Disease, 2014) Symptoms are controlled with a gluten-free diet.

Cross Contact/Cross Contamination: (St. Louis Children's Hospital) Occurs when the proteins from various foods mix, rendering „safe“ foods “unsafe.” This can occur in the cooking process by using contaminated utensils, pans, frying oils, grills, etc. (FAME, 2014)

Epinephrine: Epinephrine, also called adrenaline, is the primary and initial treatment for anaphylaxis. It is injectable and supplied for out of the hospital settings in a device called an auto-injector. Brand names include EpiPen® and Auvi-Q®.

Food allergy: (National School Boards Association, NSBA) Food allergy occurs when the immune system: 1) identifies a food protein as dangerous and creates antibodies against it; and 2) protects against the danger by releasing substances, such as histamine, tryptase, and other mediators, into our blood when that food is eaten. The release of these substances results in the symptoms of a food allergy reaction. (Safe at School and Ready to Learn, 2012)

Food bullying: (NSBA) Physically, verbally, or emotionally abusive behavior toward a person known to have a food allergy (e.g., smearing peanut butter on the face of a child who is allergic to peanuts). The bullying of children with food allergies takes on greater urgency due to the life-threatening nature of the condition. (Safe at School and Ready to Learn, 2012)

Food intolerance: (NSBA) An adverse reaction to food that does not involve the immune system and is not life-threatening. Lactose intolerance due to trouble digesting milk sugar lactose is a common example. Symptoms might include abdominal cramps, bloating, and diarrhea. (Safe at School and Ready to Learn, 2012)

Gluten Intolerance: (AAAAI) Gluten is a protein found primarily in wheat, barley and rye. If a person has gluten intolerance, this protein can cause digestive problems such as gassiness, abdominal pain or diarrhea. Gluten intolerance is sometimes confused with Celiac disease, or thought of as a food allergy. While avoiding particular foods is a treatment strategy for all three, these are not the same conditions. Food intolerances

such as gluten involve the digestive system. With a food allergy, the immune system overreacts to a particular food causing symptoms that are potentially serious or even life threatening. Celiac disease is an inherited autoimmune disorder that can damage the small intestine. (Gluten Intolerance, 2014)

Individual Healthcare Plan: A written plan that addresses how the student's health needs are met in the academic setting. It is developed by the registered nurse using the nursing process and incorporates healthcare provider orders for medications or treatments if applicable.

Life Threatening Allergy (LTA): Commonly understood as the medical diagnosis of having the potential for an anaphylactic allergic reaction for which an epinephrine auto-injector is then prescribed to have available in the event of anaphylaxis.

Oral food challenge (OFC): (FARE) A highly accurate diagnostic test for food allergy performed by an experienced allergist at a medical facility where the appropriate medications and equipment are available. They can be double blind (the gold standard for diagnosing food allergies), single blind or open. (Oral Food Challenge, 2014)

Prick Skin Test: (St. Louis Children's Hospital) A skin test in which an extract of the food is placed on the skin of the lower arm. The provider will then scratch this portion of the skin with a needle and look for swelling or redness, which would be a sign of a local allergic reaction. Skin tests are simple and relatively safe when performed in a physician's office. (FAME, 2014)

RAST (Radioallergosorbent Test): (St. Louis Children's Hospital) Measures the presence of food-specific IgE in the blood. (FAME, 2014)

Section 504: (NSBA) Part of the federal Rehabilitation Act of 1973, Section 504 prohibits discrimination based on disability in any program or activity receiving Federal financial assistance. An "individual with a disability" protected under Section 504 may include persons with food allergies. Under the Section 504 regulations, schools are required to evaluate students to determine if they are protected under the law and to provide any accommodations that may be necessary for the student to participate in the educational program. Often, schools develop "Section 504 plans" or Individual Healthcare Plans to describe how the food allergy will be accommodated. (Safe at School and Ready to Learn, 2012)

Stock Epinephrine Protocol: Stock epinephrine refers to a supply of epinephrine that the school may have available to be used in any person suspected of experiencing anaphylaxis. Protocol is the written procedures to identify anaphylaxis and to provide treatment. (See MCA 20-5-421. Emergency use of epinephrine in school setting)