



# LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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**TITLE:** Management of Food/Other Severe Allergies and Epinephrine Auto-Injector Use

**NUMBER:** BUL-5628.1

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Executive Director  
Student Health and Human Services

**DATE:** August 16, 2021

**POLICY:** The purpose of this Bulletin is to inform schools that food allergy management requires a team approach, with parents, students and school staff working to reduce the risk of students ingesting an allergen and to establish procedures to recognize and treat allergic reactions and anaphylaxis.

**MAJOR CHANGES:** This Bulletin is an updated version of the Bulletin of the same name dated October 17, 2011. The Parent Consent and Health Care Provider Authorization Form for Emergency Treatment of Anaphylaxis: Epinephrine Auto-Injector form has been added as Attachment A. Attachment B has been updated to reflect the 2021 revision of Emergency Treatment of Anaphylaxis Epinephrine Auto-Injector Protocol. Attachment C has been updated to reflect the most recent request for special diets form. Language in template letter for parents of students with allergies (Attachment D) has been updated to reflect current documentation requirements for parents of students with allergies. Field trip notification period has been increased from 2 weeks to 4 weeks in compliance with “Field Trips Handbook and Revised Procedures” [Reference Guide 2111.1](#).

**GUIDELINES:** The following guidelines apply:

## I. Background

School food allergy management requires a team approach, with parents, students and school staff working to reduce the risk of students ingesting an allergen. In addition, procedures to recognize and treat allergic reactions and anaphylaxis must be followed. Schools shall accept emergency medication orders, have trained staff to provide treatment for anaphylaxis, develop written care plans to reduce the risk of anaphylaxis, and implement emergency treatment plans in the event of an allergic reaction. No school can be completely allergen-free (e.g., “peanut-free”), but schools can partner with parents and medical providers to be prepared in appropriate management of and care for students with severe allergies.

## ROUTING

All Employees  
All Locations



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The prevalence of food allergies is increasing in the U.S., affecting about 4 out of every 100 children. Eight types of food account for almost all allergic food reactions:

- |              |              |
|--------------|--------------|
| 1. Peanut    | 5. Shellfish |
| 2. Tree nuts | 6. Egg       |
| 3. Milk      | 7. Soy       |
| 4. Fish      | 8. Wheat     |

Allergic reactions to food range from a tingling sensation around the mouth and hives, to vomiting, difficulty breathing, and a drop in blood pressure (shock). Anaphylaxis refers to a severe, systemic, potentially life-threatening allergic reaction affecting multiple body systems. Food allergy is the most common cause of anaphylaxis, however other causes may include, but are not limited to: stinging insects, food, air inhalants, medications, latex, chemicals, exercise and idiopathic causes. Children with food allergy are more likely to have other allergic conditions and asthma. Schools can play an important role in helping to manage and care for students with food and other severe allergies, and this will be described in the following guidelines.

## II. Procedure

### A. General Guidance

1. Planning for students with severe allergies should commence as soon as the school is notified by the parent/guardian that the child has a potential life-threatening allergic reaction.
2. Identify a core team that can include, but is not limited to, parent/guardian, school nurse, teacher, principal, office manager, cafeteria manager and student to work on the management and response to severe allergies in the school setting.
3. Diagnosis of a life-threatening allergy is usually made by, or in consultation with, a pediatric allergist. LAUSD accepts medication orders from the following licensed healthcare providers: California-licensed physicians, osteopathic physicians, nurse practitioners (with furnishing license) and physician assistants.
4. Students with life-threatening allergies should have the following on file at the school:
  - a. Individualized Health Care Plan
  - b. "Request for Medication During School Hours" for Epinephrine Auto-Injector



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- c. Parent Consent and Health Care Provider Authorization Form for Emergency Treatment of Anaphylaxis: Epinephrine Auto-Injector (Attachment A)
  - d. “Emergency Care Plan for Student for Anaphylaxis or Extreme Allergy” (Form 33.07)
  - e. “Medical Statement to Request Special Meals” (Attachment D) (See LAUSD Medical Statement to Request Special Meals, dated March 19, 2021)
5. “Emergency Treatment of Anaphylaxis—Epinephrine Auto-Injector Protocol” (Attachment B) should be used to guide the school nurse or trained unlicensed personnel to administer epinephrine in an emergency.

The following guidance pertains to the specific responsibilities of different team members in the management of food allergies in schools:

### B. Family’s Responsibility

1. Notify the school of the child’s allergies, particularly in the case of life-threatening allergies.
2. Work with the school team to develop an individualized care plan that addresses the child’s needs throughout the school day.
3. Provide written medical documentation including:
  - a. “Request for Medication During School Hours” for Epinephrine Auto-Injector signed by the child’s licensed healthcare provider.
  - b. Parent Consent and Health Care Provider Authorization Form for Emergency Treatment of Anaphylaxis: Epinephrine Auto-Injector (Attachment A)
  - c. Emergency Treatment of Anaphylaxis Epinephrine Auto-Injector Protocol (Attachment B)
4. Provide properly labeled medication and replace medications after use or expiration.
5. Provide emergency contact information and review/sign “Emergency Care Plan for Student with Severe Allergies” created for the child.
6. Educate the child in the self-management of their food allergy including:



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- a. safe and unsafe foods
  - b. strategies for avoiding exposure to unsafe foods (e.g., do not share food with other children)
  - c. symptoms of allergic reactions
  - d. how and when to tell an adult they may be having an allergy-related problem
7. Assist the teacher with special events/classroom parties.
8. Provide safe/alternative snack supply.

Attachment C is a template letter describing some of these responsibilities, which can be given to the parent/guardian; a meeting with the core team may be scheduled to help develop an individualized health care plan.

### C. School's Responsibility

1. Review the health records submitted by parent/guardian and licensed health care provider.
2. Identify a core team to work with parent/guardian and student (if age appropriate) to develop an individualized health care plan, emergency care plan, and appropriate medication orders needed in case of emergency.
3. The plans should be included in students' Individualized Education Plan (IEP) or Section 504 plan, if applicable.
4. School administrator to designate school personnel to be trained to administer medications in accordance with District policy and state laws governing the administration of emergency medications.
5. Be prepared to handle a reaction and ensure that there is a staff member available who is trained to administer medications during the school day, regardless of time or location.
6. Know and follow applicable federal laws including the Americans with Disabilities Act (ADA), Individuals with Disabilities Education Act (IDEA), Section 504, and Family Educational Rights and Privacy Act (FERPA) and any state laws or district policies that apply. (See BUL-4692 Section 504 and Students/Other Individuals with Disabilities.) Specifically adhere to the following:



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- a) The school must take all reasonable steps to ensure that a student with a food allergy who meets the criteria as a student with a disability is provided with an equal opportunity to participate in and benefit from an educational program as effective as that provided to non-disabled students.
- b) A school cannot exclude a child from a program, class or activity such as a field trip, in which they would be exposed to allergens without first determining whether it can accommodate the student.
- c) When school personnel have reason to suspect a student with food allergies has a substantial impairment that limits a major activity (such as breathing, etc.) the student must be referred for a Section 504 evaluation.
- d) Section 504 accommodations for a student with allergies should be based on clearly documented information about the nature and severity of the allergy (e.g., is the reaction from ingestion, physical contact, or inhaling?)

7. Bullying or harassment against a student with severe allergic reactions should be taken seriously and schools must take swift action where students are targets of bullying or harassment.

- a) Schools should educate students about food allergies. The more students know about food allergies, the more likely they are to be supportive of their classmates who need accommodations (See Food Allergy Network, School Food Allergy Program under Resources)
- b) Schools will provide allergy awareness information to staff

### D. School Nurse Responsibility

- 1. Coordinate with the family and the licensed healthcare provider to receive the following documents completed and signed:
  - a) “Request for Medication During School Hours” for Epinephrine Auto-Injector signed by the child’s licensed healthcare provider
  - b) Parent Consent and Health Care Provider Authorization Form for Emergency Treatment of Anaphylaxis: Epinephrine Auto-Injector (Attachment A)
  - c) Emergency Treatment of Anaphylaxis Epinephrine Auto-Injector Protocol (Attachment B)
- 2. Keep medications easily accessible in a secure location central to designated school personnel.



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3. Recommend that students who are authorized to carry their own epinephrine auto-injector have an additional epinephrine auto-injector available in the designated medication storage area.
4. Train designated school personnel on the administration of emergency medications annually, using “Emergency Treatment of Anaphylaxis—Epinephrine Auto-Injector Protocol” (Attachment B). Refer to Guidelines for School Nurse Training for Epinephrine Auto-Injector (04/2021, posted on District Nursing Services website.)
5. Complete “Emergency Care Plan for Student with Severe Allergies” (Form 33.07) and have parent/guardian review and sign the Emergency Care Plan. A copy of the plan should be provided to the staff trained to administer the emergency medication.
6. Complete “Confidential Health Information for a Student with Severe Allergies” (Form 33.05); circulate and distribute to appropriate school staff, as instructed on the form.
7. Complete “Treatment Plan” for Anaphylaxis in Welligent (an individualized health care plan) and ensure that staff in-services are completed in a timely manner.
8. Maintain an up-to-date list of students with severe allergies and review this list with the school principal and cafeteria manager at least once a year.

### E. Student Responsibility

Communication and support for students to meet these expectations should be developmentally appropriate.

Students should:

1. not trade food with others.
2. not eat anything known to contain any allergen or with unknown ingredients.
3. notify an adult immediately if they have any symptoms or eat something they believe may contain the food to which they are allergic.



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### F. Food Services Responsibility:

1. Review list of students with severe food allergies with the school nurse.
2. Provide special diets for students with documented conditions requiring dietary modifications. Cafeteria managers are to provide the Medical Statement to Request Special Diets (see Attachment C) to families for completion by the child's treating physician.
3. Make substitutions prescribed by the student's physician when the physician's statement indicates that food allergies may result in severe life-threatening (anaphylactic) reactions or in some cases non-severe allergic reactions.
4. Refer parents with questions about the school meals served to the monthly [Food Services Menus](#) available online at Café LA.

### III. FIELD TRIPS

Principal, school nurse, teacher, field trip coordinator and other pertinent staff should consider the following as a part of overall planning for field trips:

1. Review plans for field trips. In accordance with the individual health care plan, consider how to handle eating situations and the possible need for parents/guardians to send lunch or snacks and a list of foods to avoid; consider sensitivities to insect stings and how to protect students from exposure (e.g., stay on designated pathways and wear plain clothing and appropriate footwear).
  - a. School nurse should be notified four (4) weeks prior to field trip to facilitate planning and training to support student needs.
  - b. Be sure trained designated personnel are on the trip and have the prescribed medication(s), unless the parent/guardian has volunteered to chaperone and assist their child.
  - c. Ensure access to emergency medical services is available.

### IV. OTHER ALLERGIES

#### A. School Ground Insect Avoidance

1. Insect nests should be removed when on school property.
2. Garbage should be stored and disposed of appropriately.



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3. A student with insect sting allergies should be allowed to eat in an area away from location(s) where these insects are known to be present.

B. Anaphylaxis caused by drug and latex allergies and associated with exercise is rare in the school setting. These should be dealt with on an individual basis. Please contact the school nurse, District Nursing Services at (213) 202-7580 or, if necessary, Student Medical Services at 213-202-7584.

**AUTHORITY:** This is a policy of the Los Angeles Unified School District.

**RELATED RESOURCES:** BUL-3878.3 “Assisting Students with Prescribed Medication at School,” dated 12/15/2020

BUL-4692.8 [“Section 504 of the Rehabilitation Act of 1973,”](#) dated 02/08/2021

Procedure for Requesting Special Diets, dated March 19, 2021

REF-2111.1 [“Field Trips Handbook and Revised Procedures”](#)

BUL-5212.2 [“Bullying and Hazing Policy \(Student-to-Student and Student-to-Adult\)”](#)

[District Nursing website for forms:](#)

“Request for Medication During School Hours”

“Emergency Care Plan for Student with Severe Allergies” (Form 33.07)

“Confidential Health Information for a Student with Severe Allergies” (Form 33.05)

**ASSISTANCE:** For assistance or further information please contact

For health-related questions, District Nursing Services at (213) 202-7580 or Student Medical Services at 213-202-7584.

For assistance with Section 504 questions, Educational Equity Compliance at (213) 241-7682

For questions related to the school menu, Food Services Division at (213) 241-6419

For general questions, Office of Environmental Health and Safety at (213) 241-3199





# LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

May 2017

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Student Health and Human Services, District Nursing Services

**Parent Consent and Healthcare Provider Authorization for  
EMERGENCY TREATMENT OF ANAPHYLAXIS: EPINEPHRINE AUTO INJECTOR at School and School-Sponsored Events**

<b>Student:</b>	<b>DOB:</b>	<b>Grade:</b>
<b>School:</b>	<b>Phone:</b>	<b>Fax:</b>

**PLEASE REVIEW AND CHECK THE APPROPRIATE BOX TO INDICATE AUTHORIZATION.  
NOTE: LAUSD SPECIALIZED PHYSICAL HEALTHCARE PROCEDURE FOR  
EMERGENCY TREATMENT OF ANAPHYLAXIS: EPINEPHRINE AUTO INJECTOR IS ATTACHED.**

**1. Check one:**

☐ I have reviewed and approved the attached standardized procedure as written.

☐ I have reviewed and approved the attached standardized procedure as written with the attached modifications.

☐ I **do not** approve of the standardized procedure.  
I have attached my alternative procedure and recommendations.

**2. Specific Allergens that cause anaphylaxis:** \_\_\_\_\_

**3. Common signs and symptoms:** \_\_\_\_\_

**4. Typical reaction time after exposure:** \_\_\_\_\_

**5. Special Instructions:** \_\_\_\_\_

**Authorized Healthcare Provider Authorization for  
EMERGENCY TREATMENT OF ANAPHYLAXIS: EPINEPHRINE AUTO-INJECTOR in School Setting**

My signature below provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with state laws and regulations. I understand that specialized physical healthcare procedures may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for a maximum of one year. If changes are indicated, I will provide the written authorization. Authorizations may be faxed.

**\*Authorized Healthcare Provider Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**\*Nurse Practitioner, Nurse Midwife, Physician Assistant: Furnishing Number** \_\_\_\_\_

**Parent Consent for Authorization for  
EMERGENCY TREATMENT OF ANAPHYLAXIS: EPINEPHRINE AUTO-INJECTOR in School Setting**

I, the undersigned, the parent/guardian of the above named student, request that the specialized physical healthcare procedure be administered to my child in accordance with state laws and regulations. I will :

1. provide the necessary supplies and equipment;
2. notify the school nurse if there is a change in child's health status, or attending healthcare provider; and
3. notify the school nurse immediately and provide new written consent/authorization for any changes in the above authorization;
4. provide new written consent/authorization yearly.

I give consent for the school nurse to communicate with the authorized healthcare provider when necessary.

**Parent/Guardian (Print Name):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_



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LOS ANGELES UNIFIED SCHOOL DISTRICT  
Student Health and Human Services, District Nursing Services  
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**\*Nurse Practitioner, Nurse Midwife, Physician Assistant: Furnishing Number** \_\_\_\_\_

**Autorización de los padres para TRATAMIENTO DE EMERGENCIA mediante AUTOINYECTOR de EPINEFRINA para CHOQUE ANAFILÁCTICO en el entorno escolar**

Yo, el abajo firmante, padre de familia/tutor (legal) del estudiante cuyo nombre aparece arriba, solicito que se aplique a mi hijo el procedimiento de atención médica especializada en conformidad con las leyes y reglamentos estatales. Me comprometo a:

1. Proporcionar los suministros y equipo necesario.
2. Avisarle a la enfermera escolar si hay un cambio en el estado de salud de mi hijo; o bien al proveedor de atención médica; y
3. Avisarle a la enfermera escolar inmediatamente y proporcionar una nueva autorización/consentimiento en caso de cualquier cambio en la autorización antes citada;
4. Anualmente proporcionar autorización/ consentimiento escrito.

Dar consentimiento a la enfermera escolar para comunicarse con el proveedor de servicios de salud cuando sea necesario.

**Padre de familia/tutor (letra de molde):** \_\_\_\_\_ **Firma:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

**Teléfono del hogar:** \_\_\_\_\_ **Tel. del trabajo:** \_\_\_\_\_ **Tel. del celular:** \_\_\_\_\_



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LOS ANGELES UNIFIED SCHOOL DISTRICT  
Student Health and Human Services Division  
District Nursing Services

## EMERGENCY TREATMENT OF ANAPHYLAXIS EPINEPHRINE AUTO-INJECTOR

### I. GENERAL GUIDELINES

#### A. PURPOSE

1. To counteract the adverse reaction to an allergen.
2. To provide immediate treatment and access to emergency medical care.

#### B. GENERAL INFORMATION

1. Anaphylaxis—A severe, systemic, potentially life-threatening allergic reaction affecting multiple body systems.
2. Anaphylactic reaction can occur immediately or be delayed up to two hours or more after exposure. In some cases, symptoms resolve, then recur 8 to 12 hours later (biphasic reaction) and can be more severe.
3. **Causes of Anaphylaxis** may include, but are not limited to:
  - a. Stinging insects—wasps, yellow jackets, hornets, bumble bees, honeybees.
  - b. Foods, especially high-protein foods—most common: seafood (shellfish, fish), nuts (especially peanuts), fruit, wheat, milk, eggs, soy and food additives.
  - c. Air inhalants—pollens, mold, animal dander or secretions, house dust mites.
  - d. Medications.
  - e. Latex—commonly found in occupational therapy elastic bands, balloons, rubber balls or toys, art supplies, science supplies (e.g. microscope eye pieces, pencil erasers, computer mousepads, gloves, tapes, elastic bandages).
  - f. Chemicals.
  - g. Exercise and idiopathic causes (unknown reason)
4. Signs and Symptoms of Anaphylaxis:
  - a. **Mouth:** Itching, tingling, or swelling of lips, tongue, or mouth.
  - b. **Skin:** Itching or burning, hives, rash, swelling of face or extremities, flushing.
  - c. **Stomach:** Nausea, abdominal cramps, vomiting, diarrhea.
  - d. **Throat:** Tightening of throat, hoarseness or change of voice, hacking or repetitive coughs.
  - e. **Lung:** Shortness of breath, wheezing, chest pain/tightness, nasal flaring or complaints of not being able to “catch my breath”.
  - f. **Heart:** Weak or thready pulse, low blood pressure, paleness, blueness, general body weakness, dizziness, fainting/unconsciousness.
  - g. **Other:** Localized or general body swelling apprehension, anxiety, red/itchy/watery eyes, excessive sneezing, nasal congestion.
5. Allergic reactions may also be delayed and present as joint pain, aches and/or localized inflammation days after exposure. In these cases, the student should be referred to their licensed healthcare provider.
6. Epinephrine is the most effective treatment of anaphylaxis. A common side effect is an increased heart rate and slight tremor.
7. There are no contraindications to the use of epinephrine for life-threatening allergic reactions. An antihistamine, corticosteroid or bronchodilator may be prescribed to further reduce symptoms after emergency treatment.
8. Epinephrine cartridge window should be examined periodically to ensure that the solution is colorless, contains no floating particles or are expired and must be replaced.



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## 9. Call 911 for all individuals who receive Emergency Epinephrine.

10. The school nurse in collaboration with the healthcare provider, the school staff, parents, and student develop an emergency care plan.

### C. PERSONNEL

1. School nurse.
2. Designated and trained school personnel under indirect supervision of school nurse.

### D. EQUIPMENT

1. Provided by parent/guardian:
  - a. Epinephrine Auto-Injector(s) - i.e. EpiPen and EpiPen Jr. Auto-Injector(s)
  - b. Other prescribed medications.
  - c. Antiseptic wipes if ordered (e.g., alcohol wipes)
2. Provided by the school:
  - a. Disposable non-latex gloves
  - b. Sharps container

## II. PROCEDURE

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
1. Determine whether the student has signs or symptoms of anaphylaxis	Stay with the student. Remain calm and reassure student. Calming reduces distribution of allergen in the body.  Student is not to be moved unless in immediate danger. Lay student down if tolerated, with lower extremities elevated.
2. <b>Ask for HELP</b>  Direct other adult to call 911 emergency services immediately.	<u>Obtain medication from storage location</u> if student does not carry the medication. Notify school administrator and school nurse. School nurse or school administrator will notify the parent/guardian.
3. If able, wash hands and put on disposable gloves.	Gloves are not required if not immediately available. Hand sanitizer may be used if water is not available.
4. Administer Epinephrine Auto-Injector <ol style="list-style-type: none"><li>a. Open and remove the EpiPen from the carrier tube.</li><li>b. Tip and slide the Auto-Injector from the carrier tube.</li><li>c. Grasp EpiPen with fist around unit with the orange tip facing downward.</li><li>d. Pull off the BLUE Safety Release Cap without bending or twisting it.</li><li>e. Firmly push the orange tip against the middle outer thigh (90 degree angle) until it clicks.</li><li>f. HOLD firmly in place against the thigh for 10 seconds to deliver the medicine.</li></ol>	Epinephrine acts immediately, but the effects last only 15-20 minutes. Student may feel heart pounding. This is normal. Do NOT remove safety cap release until ready to use auto-injector. EpiPen can be injected through clothing. Never put thumb, fingers, or hand over the tip of auto-injector. The orange tip will extend to cover the needle. <ol style="list-style-type: none"><li>a. Patient should respond within 5-10 minutes. Alert patient to expected response to epinephrine (anxiety, headache, fear, palpitations, restlessness, tremor, weakness, dizziness, respiratory difficulty)</li><li>b. A second dose of epinephrine may be given in 5-15 minutes after the first, if symptoms have not subsided, or if response is inadequate and paramedics have not arrived. *****DO NOT ADMINISTER SECOND DOSE OF EPI IN SAME</li></ol>



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<p>g. Remove the auto-injector from the thigh.</p> <p>h. Massage the injection site for 10 seconds.</p> <p>i. Assess need for second dose of epinephrine in 5-15 minutes.</p> <p>j. Place EpiPen, needle first back into carrier tube.</p>	<p>SITE AS FIRST DOSE. IT MAY CAUSE NECROSIS.</p> <p>Place used auto-injector back in the carrier tube. Note the time Epinephrine was given and vital signs, if taken.</p>
<p>5. While waiting for Paramedics:</p> <p>a. Stay with the student and observe for signs of shock.</p> <p>b. Cover the student with blanket as needed to maintain normal body temperature.</p> <p>c. Monitor airway and breathing.</p> <p>d. Verify that 911 emergency services has been called.</p> <p>e. If certified, provide CPR if needed.</p> <p>f. If trained, take vital signs.</p>	<p>Signs of Shock are:</p> <ul style="list-style-type: none"><li>• Rapid, shallow breathing</li><li>• Cold, clammy skin</li><li>• Rapid, weak pulse</li><li>• Dizziness, fainting, or weakness</li></ul>
<p>6. If the student self-administers EpiPen, trained school personnel need to be notified <b>IMMEDIATELY</b> after self-administration of medication. Call "911" Emergency services.</p>	<p>School personnel are to remain with student and contact school nurse and site administrator.</p>
<p>7. If the reaction is the result of an insect sting, after administering the medication, remove stinger by scraping sideways with a fingernail or a flat, firm object such as a credit card.</p> <p>Ice pack may be applied to the affected area.</p>	<p>Do <b>NOT</b> push, pinch, or squeeze the stinger area. This may cause more venom to be released.</p>
<p>8. Paramedics may administer additional epinephrine when they arrive.</p>	<p>Expend auto-injector in the carrier tube is given to paramedic.</p> <p>Provide written information: Dose, route, time(s) of medication administration, vitals if taken and all information regarding exposure to allergen and student's reaction.</p> <p>A copy of emergency card maybe given to paramedics.</p>
<p>9. Document information on the student's electronic health record.</p> <p>Document on iSTAR—Incident Report Online</p>	<p>Individual who does not have access to the electronic record must document on paper log (See Attachment A)</p> <p>Site Administrator/School Nurse initiate iSTAR report.</p> <p>School Nurse will provide follow-up report outcome to the site administrator and review the incident report form.</p>

### FIGURE 1: INSTRUCTIONS FOR USE

Table 1. EpiPen auto-injector dosing

Auto-Injector	Epinephrine Concentration	Patient Weight
EpiPen Auto-Injector	0.3 mg (0.3 mL, 1:1000)	≥30 kg (≥66 pounds)
EpiPen Jr Auto-Injector	0.15 mg (0.3 mL, 1:2000)	15-30 kg (33-66 pounds)

**A dose of EpiPen adult or EpiPen Jr requires 3 simple steps:  
Prepare, Administer and Get emergency medical help**



#### Step 1. Prepare EpiPen or EpiPen Jr for injection



Remove the EpiPen or EpiPen Jr from the clear carrier tube. Flip open the **yellow cap of your EpiPen** or the **green cap of your EpiPen Jr carrier tube**.



Tip and slide the auto-injector out of the carrier tube.

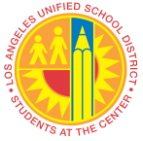


**Grasp the auto-injector in your fist with the orange tip pointing downward.** With your other hand, **remove the blue safety release by pulling straight up** without bending or twisting it.

**Note:**

- The needle comes out of the orange tip.
- To avoid an accidental injection, never put your thumb, fingers or hand over the orange tip. If an accidental injection happens, get medical help right away.





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### Step 2. Administer EpiPen or EpiPen Jr



Hold the auto-injector with orange tip near the middle of the outer thigh (upper leg).

**Swing and firmly push the orange tip against the middle of the outer thigh** until it 'clicks'. Keep the auto-injector firmly pushed against the thigh at a 90° angle (perpendicular) to the thigh.



**Hold firmly against the thigh for approximately 10 seconds** to deliver the medicine. The injection is now complete.



**Remove the auto-injector from the thigh.** The orange tip will extend to cover the needle.



Massage the injection area for 10 seconds.

**Step 3. Get emergency medical help now.** You may need further medical attention. You may need to use a second EpiPen or EpiPen Jr auto-injector if symptoms continue.



# LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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## SCHOOL LETTERHEAD

DATE

RE: (Student's Name), Food or Other Severe Allergy

Dear (Parent/guardian):

Our school is committed to ensuring a safe and healthy environment for all students and staff. You have indicated that your child has a food or other severe allergy. To plan for and provide safe care for your child in the school setting, please provide the following:

1. Written instructions for emergency medication administration in the event that your student has an allergic reaction while at school. Please return the **"Request for Medication During School Hours"** form, **"Parent Consent and Healthcare Provider Authorization for Emergency Treatment of Anaphylaxis: Epinephrine Auto Injector"** form, and protocol for **"Emergency Treatment of Anaphylaxis Epinephrine Auto-Injector"** (attached), completed and signed by your child's health care provider.
2. **Epinephrine auto-injector**, if prescribed (e.g., EpiPen®), or other medication to be used if an allergic reaction occurs. The medication must have the original pharmacy label and you are required to replace medications after use or expiration.
3. **"Special Diets Request"** form (attached), completed and signed by your child's treating physician. This form will need to be returned to the cafeteria manager for review.

Please work with the school staff, especially the school nurse, who will complete an individual health care plan for your child. This plan will include an "Emergency Care Plan" which we ask you to review and sign. The school nurse will train school staff in allergic reactions and how to administer the emergency medication ordered by your health care provider.

You can also help your child in addressing food and other allergies by teaching them:

- safe and unsafe foods
- how to avoid exposure to unsafe foods (e.g., do not share food with other children)
- symptoms of allergic reactions
- how and when to tell an adult they may be having an allergy-related problem

Teachers appreciate assistance with special events/classroom parties where food may be served, and it is a good idea to provide a safe/alternative snack supply. We would welcome an opportunity to meet with you and discuss your child's allergy and how we can implement the individual health care plan in this school. The school nurse is available on (Day or week), (Hours) at (phone number).

Sincerely,

Principal and/or School Nurse

Attachments: Request for Medication During School Hours  
Medical Statement to Request Special Diet





# LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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## SCHOOL LETTERHEAD

FECHA

RE: (Nombre del estudiante), Alergias Alimentos u otras alergias graves

Estimado (Padre/tutor):

Nuestra escuela está comprometida a garantizar un ambiente seguro y saludable para todos los estudiantes y el personal. Usted ha indicado que su hijo(a) tiene alergia a un alimento u otra alergia grave. Con el fin de planificar y proporcionar atención segura a su hijo(a) dentro del entorno escolar, proporcione lo siguiente:

1. Instrucciones por escrito para la administración de medicamentos de emergencia en caso de que su hijo(a) tenga una reacción alérgica mientras está en la escuela. Por favor, devuelva el formulario **"Solicitud de para Administrar Medicamento Durante el Horario Escolar", "Consentimiento de los Padres y Autorización del Proveedor de Atención Médica para el Tratamiento de Emergencia de Anafilaxia: Inyector Automático de Epinefrina"**, y protocolo para **"Tratamiento de Emergencia de Anafilaxia Epinefrina Autoinyector"** (adjunto), completado y firmado por el proveedor de atención médica de su hijo(a).
2. **Autoinyector de epinefrina**, si se le receta (por ejemplo, EpiPen®), u otro medicamento que se utilizará si se produce una reacción alérgica. El medicamento debe tener la etiqueta original de farmacia y usted está obligado a reemplazar los medicamentos después de usarlos o de su fecha de vencimiento.
3. **"Formulario para solicitar de dietas especiales"** (adjunto), completado y firmado por el médico que le proporciona el tratamiento a su hijo. Este formulario tendrá que ser devuelto al gerente de la cafetería para su revisión.

Por favor, trabaje con el personal de la escuela, especialmente con la enfermera de la escuela, que completará un plan de atención médica individual para su hijo(a). Este plan incluirá un "Plan de Atención de Emergencia" que le pedimos que revise y firme. La enfermera de la escuela capacitará al personal de la escuela sobre reacciones alérgicas y cómo administrar el medicamento de emergencia ordenado por su proveedor de atención médica.

También puede ayudar a su hijo(a) a abordar los alimentos y otras alergias enseñándole lo siguiente:

- alimentos seguros e inseguros
- cómo evitar la exposición a alimentos inseguros (por ejemplo, no compartir alimentos con otros niños)
- síntomas de las reacciones alérgicas
- cómo y cuándo decirle a un adulto que puede estar teniendo un problema relacionado con la alergia

Los maestros de agradecen su asistencia con los eventos especiales/fiestas en el salón de clases donde se puede servir comida, y es una buena idea proporcionar un suministro de refrigerios seguros/alternativos. Le agradeceremos la oportunidad de reunirse con usted y discutir la alergia de su hijo y cómo podemos implementar el plan de atención médica individual en esta escuela. La enfermera de la escuela está disponible en (Día o semana), (Horas) en (número de teléfono).

Atentamente,

Directora y/o Enfermera Escolar

Anexos:                Solicitud de medicamentos durante el horario escolar  
                             Declaración médica para solicitar una dieta especial

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