



**LIFE-THREATENING ALLERGIC REACTION PLAN FOR SCHOOL**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Emergency contact numbers \_\_\_\_\_

In accordance with SB 1040-ACCA 7/07 (Section 1- 3b) requiring the medical provider is to formulate a written treatment plan for managing the student's severe allergy and for use of medication by the student during school hours; this section to be completed by a medical provider.

Life-threatening Allergy to \_\_\_\_\_

Epi-Pen® prescribed  Oral medication prescribed \_\_\_\_\_  Other \_\_\_\_\_

Prescriber permission for student to carry and self-medicate; student has demonstrated capability and responsibility in its correct usage  
SB 1040 (Section 1-3f) allows for a school to revoke prescriber permission if the student does not responsibly self-administer or abuses the use of the medication.

Student is not ready to self-medicate at school; follow school policy and procedures

School Food Services omit the offending food(s) or beverage(s) and substitute with \_\_\_\_\_

Follow Oregon Department of Human Services (ODHS) protocols for Treatment of Severe Allergic Reaction (Rev. 1/08)

Do not use ODHS protocols – Preferred treatment plan for school will be faxed to KCS D Health Services 541-883-6666

Medical Provider's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Medical Facility \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**ODHS TREATMENT OF SEVERE ALLERGIC REACTION PROTOCOLS**

**IF THIS OCCURS**

**DO THIS & CALL 9-1-1**

**\*Reported or suspected contact with allergen with any of these signs:**

**Mouth-** Itching or swelling of mouth, lips or tongue

**Throat-** Itching, swelling, tightness, hoarseness or difficulty swallowing

**Skin-** Itching, red rash, sweating, swelling of face or body, skin pale, flushed or blue around lips

**Lungs-** Difficult or absent breathing; constant sneezing, wheezing, or coughing

**Heart-** Dizzy; fainting; weak, rapid, or absent pulse

**Stomach-** Nausea, cramps, vomiting, or diarrhea

**Sensory-** Feeling of impending disaster or death, anxiety

•Stay with student; call office to bring medication

•Student to self-medicate if prescribed

•Give oral medication if prescribed and student is able to swallow

•Inject EpiPen® per ODHS training protocols

•If no breathing/no signs of circulation- begin CPR

•Delegate call to 9-1-1, District Nurse, and parent

*\* The severe allergy sensitive person may react within seconds to several minutes after exposure. It is safer to administer the EpiPen® than to delay treatment if you are unsure if a reaction is occurring.*

**\*DIRECTIONS FOR EpiPen®**

**CALL 9-1-1**

EpiPen® (10 yrs. and older/ greater than 60 lbs.)

EpiPen JR (3-10 yr. old/ 33-59 lbs.)

Remove pen from cylinder case

Pull off the gray cap

Hold pen in your fist-careful not to touch the black tip

Place black tip against outer, upper thigh - OK through clothing

Push firmly against the thigh until you hear a click

Count to ten, remove the unit and massage the site for 10 sec.

All KCS D Bus Drivers are trained in treatment of severe allergic reactions

Allergic reaction trained school staff (school to complete):

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



*\*The person treated with an EpiPen must receive continuing and follow up medical attention*

- Copy of plan with picture of student when possible, to appropriate school staff and in Substitute Teacher note book;
- EpiPen® and/or medication trained staff member to go on all field trips as appropriate.