

MANAGEMENT OF STUDENTS WITH FOOD ANAPHYLAXIS

The primary goal of this policy is to reduce the risk of exposure of students with food allergies to potentially life threatening allergens. It is recognized that it is impossible to completely eliminate allergens in the school environment however, education and planning are key to establishing and maintaining a safe school environment for all students. Prevention of allergy symptoms involves coordination and cooperation between the school, parents, students and health care professionals. Early recognition of symptoms and prompt interventions of appropriate therapy are vital to survival.

THE RIGHTS OF FOOD-ALLERGIC STUDENTS UNDER SECTION 504

Silver Sands Montessori Charter School (SSMCS) promotes and facilitates educational opportunities for students who, as a result of health conditions or disabilities such as food allergy and anaphylaxis, require reasonable accommodations while attending SSMCS and during SSMCS sponsored activities.

Students eligible for special education services under the Individuals with Disabilities Education Act (IDEA), and student who qualify for accommodations under the Rehabilitation Act (504), are entitled to receive "Free and Appropriate Public Education" (FAPE), the same as regular education students.

The medical needs of such students must be addressed to determine whether it is safe for such students to attend school in the regular education environment and to ensure that such students are in fact receiving a FAPE.

DEFINITIONS

Allergies - People with allergies have over-reactive immune systems that target and react to otherwise harmless substances in food or the environment. Food allergies are defined by an immune response triggered by food proteins. A substance that elicits an allergic response in an individual is called an "allergen." The severity of a reaction depends upon how sensitive an individual is and the quantity of the allergen consumed.

When a susceptible individual is exposed to a food allergen, the immune system reacts by releasing chemical "mediators" such as histamine. These chemical mediators trigger mild to severe inflammatory reactions in the tissues of the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing), the gastrointestinal tract (vomiting, diarrhea, abdominal pain), and/or the cardiovascular system (decreased blood pressure, heartbeat irregularities, shock).

Anaphylaxis - When the symptoms of allergy develop rapidly, are severe and wide-spread, and occur in one or more systems of the body, the reaction is termed "anaphylaxis." Anaphylaxis is a life-threatening event that occurs in allergic individuals after exposure to their specific allergens. Food is the most common trigger of anaphylaxis in the general community and can be fatal if not treated immediately.

Aside from foods, other common examples of life-threatening allergens are: stinging insects, medications, and latex rubber. Anaphylaxis may also occur in association with exercise.

The most dangerous and potentially fatal symptoms of anaphylaxis include breathing difficulties and a drop in blood pressure, also called "shock." Other symptoms may include one or more of the following:

- Hives
- Vomiting
- Diarrhea
- Stomach cramps
- Difficulty swallowing
- Wheezing
- Shortness of breath

- Change of voice (hoarse)
- Throat tightness or closing
- Coughing
- Itch lips, tongue, mouth and/or throat
- Itching (of any body part)
- Swelling (of any body part)
- Red, watery eyes
- Runny nose
- Sense of doom
- Dizziness, change in mental status
- Flushed, pale skin cyanotic (bluish) lips and mouth area

Anaphylaxis can occur immediately or up to two hours following allergen exposure. In about one third of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as a biphasic reaction.

PREVENTION OF FOOD ANAPHYLAXIS

For those students at risk of anaphylaxis, the most important aspect of the management in the school setting is prevention. As stated in the Nevada Nurse Practice Act, NAC 632.226, nursing services and recommendations to school staff regarding the health management of students with food allergies and other health conditions is solely within the purview of the school nurse, whose knowledge and expertise will direct and guide all members of the team in ensuring the health and well-being of the student.

EMERGENCY RESPONSE TO FOOD ANAPHYLAXIS

The severity and explosive speed of anaphylaxis emphasizes the importance of the school nurse's role in developing an individualized Health Care Plan (HCP) for the student diagnosed with food allergies or anaphylaxis. The HCP includes important directives for school personnel such as: preventative measures; a list of common symptoms of allergies/anaphylaxis; location of rescue medications; a list of staff who has been trained to administer physician-prescribed rescue medications; and instructions for accessing Emergency Medical Services (EMS).

In the event of a severe allergic or anaphylactic reaction at school, an injection of physician-prescribed or parent/guardian provided epinephrine is the treatment of choice and should be given immediately.

It is imperative that school personnel immediately call 911 following the administration of epinephrine even if the symptoms appear to have been resolved.

THE ROLE AND RESPONSIBILITY OF SCHOOL PERSONNEL

School Administrator(s)

Student Health and Safety including but not limited to:

This position is vital to the well-being and academic success of the student with food allergies. The school administration will take a proactive and collaborative approach by fostering open communication between the school nurse, school staff and the student's parent/guardian; and by ensuring implementation of the individualized student HCP and 504-mediated classroom accommodations.

Including but not limited to:

- Takes a leadership role in decisions regarding communication with parents/guardians and staff about the presence in the classroom of a student with food allergies.

- As appropriate, designates “Allergy-aware” areas of the school, including the classroom and/or cafeteria, for students with food allergies and ensures that allergen-reducing cleaning solutions are used for these areas.
- Provides opportunities for the school nurse and/or other health care providers to conduct training in HCP procedures and for the training and delegation of school nurse-designated staff in the administration of medication and other specialized services.
- Collaborates with the school nurse to ensure staff compliance with SSMCS policies and procedures relative to prevention and emergency assistance to students with food allergies.
- Facilitates and ensures school-wide code blue and emergency preparedness plan for all areas on campus.
- Maintains student confidentiality.

School Nurse

Student Health and Safety Including but not limited to:

- Coordinates appropriate nursing and health services for student with food allergies according to the mandates of the Nevada Nurse Practice Act: NRS 632, NAC 632, and all SSMCS policies.
- Develops an individualized Health Care Plan for each student diagnosed with food allergies and/or anaphylaxis, based on physician recommendations and parent input.
- Promotes the safety of the student with food allergies by disseminating the student’s individualized HCP to appropriate school staff and by addressing staff questions and concerns regarding the health management of the student.
- Provides education and training of designated staff in prevention of exposure to food allergens, administration of rescue medications and appropriate response to allergic symptoms.
- Assigns, trains, and delegates the administration of physician-prescribed rescue medications to qualified school personnel.
- Implements and communicates procedures to ensure student access to rescue medications and immediate assistance for symptoms.
- Make recommendations to the team members that support the student toward self-care and independence in food allergy management.
- Maintains student confidentiality.

Classroom Teacher

Student Health and Safety Including but not limited to:

- Carefully reviews and follows the directives of the student’s HCP and contacts the school nurse for clarification as needed.
- Attends staff training conducted by the school nurse and/or other health care professionals regarding food allergy prevention and response to symptoms.
- Reviews and is familiar with the school’s code blue plan, emergency communication procedures, and classroom-specific emergency actions for the student with symptoms of food allergy.
- Reports all student health events immediately to office personnel.
- Advises the school nurse in a timely manner if the parent/guardian provides updated student health information.
- Ensures that a substitute teacher is aware of a student with food allergies by placing a “Food Allergy Alert” notice and hard copy of the student HCP in a RED confidential folder which is kept in a prominent and accessible location in the classroom.
- Considers the use of non-food classroom rewards.
- Takes immediate action in accordance with the student HCP if a student reports or manifests signs of an allergic reaction.

- When working with the allergic student, avoids ingesting food or food products that contain food allergens; washes hands after eating.
- Cautions students not to share or trade food/snacks.
- Collaborates with the school nurse, school administrator, and parent in planning for the student's re-entry to school after a food allergy reaction.
- When indicated in the HCP, ensures wipe-down of classroom surfaces with approved disinfectant.
- Ensures that appropriate cleaning supplies are readily accessible in a safe and secure location.
- Informs the school nurse about other classroom personnel such as volunteers, student teachers, aides, specialists, and substitute teachers who may supervise or interact with the student.
- Maintains student confidentiality.

Classroom Volunteer

Student Health and Safety Including but not limited to:

- Follows the classroom teacher's instructions for preventing the student's exposure to food allergens.
- Abides by the conditions established for a "Food Allergy Aware" classroom.
- In the event of an anaphylaxis emergency, remains calm and follows the classroom teacher's instructions.
- Does not offer foods to students unless cleared to do so by the classroom teacher.
- Does not insist that students try foods.
- Maintains student confidentiality.

School Office Staff

Student Health and Safety Including but not limited to:

- Are familiar with the school's code blue plan.
- Follows the directives outlined by the school nurse in the student's HCP and contacts the school nurse immediately if questions arise.
- Knows where the student's rescue medication(s) is kept.
- Refers parent/guardian questions or concerns to the school nurse and/or school administrator(s) in a timely manner.
- Ensures that the school nurse's phone numbers are posted in the nurse's office.
- Organizes the nurse's office so that student health information, including HCP is confidential but readily accessible.
- In collaboration with the administrator, is alert to symptoms of food allergy.
- Maintains student confidentiality.

Support Teachers/Playground Supervisor/Specials Teachers

Student Health and Safety Including but not limited to:

- Is familiar with the school's code blue plan, the student's HCP, and knows how to recognize symptoms of allergy.
- Knows where the student's rescue medication(s) are kept and attends trainings in medication administration.
- Immediately calls for assistance of other staff if a student is exhibiting signs of allergic reaction.
- Maintains student confidentiality.

Never allow a student with allergy symptoms to walk to the office without an adult escort.

Lunch VolunteersIncluding but not limited to:

- Cleans the lunch tables with provided products after school meals.
- Minimizes the risk of cross-contamination between the “allergy-aware” and other lunch tables by using separate supplies.
- Follows the directives outlined by the school nurse in the student’s HCP.
- Maintains student confidentiality.

THE ROLE OF THE PARENT/GUARDIAN

Successfully transitioning the child into school requires a partnership between the parent and a team of key school personnel that includes the administrator, school nurse, teacher, other school staff, other parents, and the child’s classmates.

Student Health and Safety

- Upon registration every year, complete the “Student Health Information” form, including all updated information regarding your child’s diagnosis and health status.
- Ensure that your contact information, including cell phone, home phone, work numbers, and emergency contacts are up-to-date and on-file with the school.
- Provide the school nurse with a current letter or information from your child’s allergist or physician addressing your child’s diagnosis, allergy status, and any precautions or restrictions relative to tactile, ingested or airborne exposure to foods.
- Speak with your child’s physician about prescribing an Epi-Pen and/or other rescue medications for your child to keep at school.
- Prior to the start of each school year, contact your child’s physician and obtain a signed “**Consent and Request for Medication Assistance During School Hours**” for all rescue medications your child will keep at school
- Ensure that all rescue medications sent with your child to school are in the original container, labeled properly, and unexpired; replace expired medication immediately.
- Contact the school nurse before the first day of school to discuss your child’s diagnosis and provide feedback about school management.
- Carefully review your child’s HCP and provide feedback to the school nurse before the school nurse sends the HCP to school personnel.
- Notify the school nurse immediately of any changes in your child’s health status.

Teach Your Child To:

- Recognize and report allergy symptoms immediately to the classroom teacher or other adult.
- Tell his/her friends what allergic symptoms look like and to find an adult immediately if symptoms occur.
- Know where the school stores his/her rescue medications.
- Act responsibly when carrying allergy medications to and from school and on campus; DO NOT share medication.
- Avoid sharing food or drinks with other students.
- Wash hands prior to and after eating.
- Tell an adult if they are experiencing teasing or bullying.
- Read food labels.
- Say “No thank you” if food is offered, and avoid taking unnecessary chances just to be part of the crowd.
- Self-administer their Epi-Pen or other medications when they experience symptoms.
- Become as independent as possible in self-managing symptoms of food allergy.

Students with food allergies and anaphylaxis will, over time, develop increased independence and self-advocacy skills.

APPENDIX

Procedures Following an Allergic Reaction

Students who have experienced an allergic reaction, whether at school or outside of school hours, need special consideration, including review and possible revision of both the HCP and 504 Services Plan, prior to their return to school.

The school nurse will take the leadership role to ensure the student's health and safety after a mild or moderate allergic reaction. This will require information from the school personnel or parent who witnessed the event and contact with the physician to determine whether there are changes in the student's diagnosis, activity restrictions, and/or medications.

If appropriate, the school nurse updates the HCP and instructs and/or trains school personnel in the provisions of the revised plan. In addition, the school nurse will collaborate with the 504 team to determine whether revisions to the 504 Plan are necessary.

In cases where the student has experienced a severe allergic reaction at school the school administrator, in collaboration with the school nurse and school counselor, should consider the following additional actions:

- Keep in regular touch with the parent/guardian to express concern, offer support, and inquire about the student's health status.
- Identify those who witnessed the student's allergic reaction and/or rendered emergency measures in order to obtain as much information as possible about the possible triggers and symptoms the student manifested.
- Maintain student confidentiality when providing support and/or discussing the event with the greater school community.
- Provide age-appropriate explanations to students who may have witnessed the event.
- Schedule a meeting as soon as possible to review and revise the 504 Plan as needed.
- Meet with the school staff as soon as possible to review school-wide Code Blue procedures, making modifications if necessary.
- Ensure the implementation of strategies to minimize student anxiety upon his/her return to school.

Special Considerations for Field Trips

Supervising teacher will:

- Notify the parents prior to taking the student on a field trip.
- Avoid scheduling field trips to venues that are "high risk" for allergen exposure either due to location or foods served.
- Work with docents or field trip leaders to discuss allergen exposure during tours or other scheduled activities.
- Consider ways to wash hands after eating or bring parent-provided hand wipes to the field trip.
- Ensure that prescribed rescue medications are accessible to the student at all times in a safe and secure location.
- Bring a communication device to all activities.
- Know how to contact Emergency Medical Services.
- Don't ever ignore a report of student symptoms by the student or classmates.

Treat Suggestions for Classroom Celebrations

Friendship bracelets

Rocks

Silly Putty Bookmarkers Bubbles

Funky erasers

Polished stones

Snap bracelets

Silver Sands Montessori Student Policy

Board Approved 9/7/17

Pencils

Backpack charms

Paper airplanes

Decals

Key chains

Sunglasses Magnets

Gel Pens Balls

Stickers

Mini flashlights Highlighters

Glow Sticks

Recommended Cleaning Products

This link explains a study in which Formula 409, Lysol Sanitizing Wipes, and Target brand Cleaner with Bleach were compared with soap and water; it was found that these types of cleaners effectively removed allergens from surfaces.

Findings also indicate that bar soap, liquid soap, and non-detergent wipes were effective in removing allergens from hands. Hand sanitizer and plain water are NOT ACCEPTABLE for removing allergens from hands.

www.foodallergy.org

[www.jacionline.org/article/S0091-6749\(04\)01067-X/fulltext](http://www.jacionline.org/article/S0091-6749(04)01067-X/fulltext)

Legal Reference: NRS 388.421 NRS 388.424 NRS 388.427

EPINEPHRINE ADMINISTRATION

This policy describes the process in which Student Health Services implements the mandates of Nevada Legislature Senate Bill No. 435 – Committee on Health and Human Services in the administration by school employees of undesignated Auto-Injectable Epinephrine to any student on campus, who appears to be experiencing symptoms of anaphylaxis during their regular school day.

DEFINITIONS:

AIE–Auto-Injectable Epinephrine PROCEDURE

SSMCS will stock two doses of undesignated AIE

Undesignated AIE may be administered to a student with a known history of anaphylaxis who does not have an individually-prescribed AIE available or to a student with an unknown allergy who is believed to be experiencing symptoms of anaphylaxis.

Undesignated AIE may be administered by the school nurse or trained SSMCS employee, to any SSMCS student who is reasonably believed to be experiencing anaphylaxis on campus during the regular curricular day.

The school nurse or other health care professional will conduct training monthly. The school nurse or other health care professional will document training and competency in all required skills.

With the exception of epinephrine medication carried by students for self-administration, all doses of AIE, whether provided by the parent/guardian or supplied by SSMCS, will be stored at room temperature in a supervised, secure, unlocked location, within the school nurse’s office.

Legal Reference NRS 388.421 NRS 388.424

It is imperative that school personnel immediately call 911 following the administration of an EpiPen even if the symptoms appear to have been resolved.

ADMINISTRATION OF SOLU-CORTEF™ (HYDROCORTISONE SODIUM SUCCINATE)

Purpose: Hydrocortisone sodium succinate, an injectable corticosteroid, is used to counteract an adrenal crisis due to acute adrenal insufficiency.

Additional Authority: Nevada Revised Statute, Nevada Nurse Practice Act

Scope: School Nurses, Specialized Procedure Nurses, and contracted licensed staff (RN, LPN).

Responsibility Party: School Nurse

Distribution: School Nurses, Specialized Procedure Nurses, First Aid Safety Assistants, Qualified, trained unlicensed assistive personnel (UAP).

POLICY

- 1.0 Intramuscular hydrocortisone sodium succinate is given by a Licensed Health Care Provider (LHCP) orders in the case of adrenal crisis.
 - 1.1 Parent is to supply necessary equipment, including medication with prescription, needles and syringes.
 - 1.1.1 School nurse will review reconstitution and administration procedure when medication is received from parent.
 - 1.2 The School Nurse and/or School Administrator(s) will be notified of hydrocortisone sodium succinate present on the school campus, including students name and demographics, emergency LHCP orders/dosage, and location of hydrocortisone sodium succinate on campus by completing the dispatch Instruction Form (HS) and submitting it to the Health Office.
 - 1.2.1 Parental notice that the school nurse will share student's information with EMS personnel occurs through authorization of the LHCP orders.
 - 1.2.2 Assemble the EMS packet which includes:
 - 1.2.2.1 Patient Care Transfer Report Form (HS)
 - 1.2.2.2 Dispatch instruction Form (HS)
 - 1.2.2.3 Shock Protocol Pediatric SNHD Nov 2014
 - 1.2.2.4 Copy of LHCP orders
 - 1.2.2.5 Copy of IC Student Summary Report
 - 1.2.3 Instruct health office and front office staff to give the EMS Packet and medication to the arriving EMS personnel at time of incident.
 - 1.3 EMS dispatch 911 must be notified when student presents with signs/symptoms of adrenal crisis whether or not hydrocortisone sodium succinate is being given.

- 1.3.1 EMS dispatch 911 will be contacted and asked to notify emergency services that the student has hydrocortisone sodium succinate that may need to be administered upon their arrival at school, if it has not already been administered by a licensed nurse.
- 1.3.2 EMS can administer student’s own hydrocortisone sodium succinate, if licensed nurse is unavailable (Clark County EMS Protocols, p. 55,2016). The EMS Packet and hydrocortisone sodium succinate given to EMS.
- 1.3.3 Student is transported via ambulance.
- 1.4 Health Office will be notified when hydrocortisone sodium succinate is administered on campus.
- 2.0 General Guidelines:
 - 2.1 Precipitating factors of adrenal crisis include
 - 2.1.1 Severe illness
 - 2.1.2 Fever>100°F
 - 2.1.3 Trauma
 - 2.1.4 Following a dosage adjustment of maintenance medication
 - 2.2 Signs/symptoms of adrenal insufficiency include
 - 2.2.1 Alteration/loss of consciousness
 - 2.2.2 Onset of seizure
 - 2.2.3 Sudden, penetrating pain in the lower back, abdomen or legs
 - 2.2.4 Severe headache
 - 2.2.5 Nausea/vomiting/diarrhea
 - 2.2.6 Fever>100°F
 - 2.2.7 Signs/symptoms of hypotension
- 3.0 Procedure

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
Call 911	Need activation of EMS immediately, whether hydrocortisone sodium succinate is administered or not.
Direct another person to notify Parent/Guardian	
Assemble Medication, syringe, needle alcohol wipe, gloves	Only Licensed nurse or EMS may administer the drug.
Put on gloves	Maintain universal precautions
Reconstitute medication according to manufacturers’ directions	Check LHCP orders to verify dose. Dose may vary with weight and size of the student

Attach the needle to the syringe	Needle length depends on injection site, patient size and amount of subcutaneous fat covering the muscle.
Wipe top of vial with alcohol	
Draw up medication	Clear any air bubbles. Change needle if available.
Clean injection site with alcohol move pad outward in a circular motion to approximately 2 inches in circumference.	Use mid-third of vastus lateralis muscle or other appropriate site as per LHCP orders.
Using thumb and first two fingers, spread the skin and push down lightly	Assists in isolating the muscle
Insert needle at 90°.	
Pull back on plunger	If blood returns, discard medication and needle. Re-prepare. If blood returns and no other needle and inject same medication in another site.
Inject medication firmly and remove needle.	Do not massage/rub the area
Discard equipment appropriately.	Maintain Universal Precautions.
Maintain student in rescue position until care is transferred to EMS.	Student must be transported via ambulance.
Check equipment for need to restock	Including needles, syringes

4.0 Documentation Required

4.1 Document in IC and EdPlan, as appropriate.

5.0 References, Sources, Bibliography

5.1 Emergency Nurses Service Plan: Wausau School District, Wisconsin. (2013). Retrieved January 26, 2016 from:

<http://www.wausau12.org/UserFiles/Severs/Server808843/Image/Pupil%20Services/Appendix%20A%20January%202016.pdf>

5.2 Clark County EMS System Emergency Medicare Care Protocols. (2106). Obtained online August 2, 2016 from:

<http://www.southernnevadahealthdistrict.org/ems/documents/ems/medical-careprotocols.pdf>

5.3 Emergency injection with corticosteroids Hydrocortisone sodium succinate (2013). Retrieved January 26, 2016, from

<http://www.addisoncrisis.info/emergency-injection/emergency-injection-corticosteroids-hydrocortisone-sodium-succinate-act-o-vial-two-chamber-ampul/>

5.4 Fleming, R. (2016). Health Services Program Administrator, State of Washington. Personal correspondence.

5.5 NIH Clinical Center Patient Education Materials: Managing adrenal insufficiency (2010). Retrieved January 26, 2016 from:

- [http://cc.nih.gov/ccc/patient education/pepubs/mngardins.pdf](http://cc.nih.gov/ccc/patient%20education/pepubs/mngardins.pdf)
- 5.6 Patrick, K. (2016). Assistant Director, Health and wellness Unit, Colorado Department of Education. Personal Correspondence.
- 5.7 Pediatric Endocrinology Nurses Society. Cortisol Dependent school instructions. (n.d.). Retrieved January 26,2016 from <https://www.chidrendsal.org/workfiles/clinicalservices/endocrine/cortisolschoolinstructions.pdf>
- 5.8 Plano Independent School District. (2013. Hydrocortisone sodium succinate Guidelines. TX. Retrieved January 26, 2016, from <http://www.pisd.edu/parents/health/documents/HydrocortisonesodiumsuccinateActionPlanEnglishPro.pdf>
- 5.9 Hydrocortisone sodium succinate Solutions (2016). Retrieved January 27, 2016, from <http://www4.mdanderson.org/pe/index.cfm?pageName=opendoc&docid=2683>.

Silver Sands Montessori Charter School Health Office
Licensed Health Care Provider's Orders for School

Student Name: ID# Date of Birth

School:

Diagnosis:

Name of treatment procedure

Licensed health care provider's orders (must include name, dosage, frequency and route as applicable)

Name of health care provider (please Print)

Provider's Signature

Date

Address

Phone Number

Fax Number

Student Name:

Student ID#:

PARENT/GUARDIAN REQUEST FOR HEALTH SERVICES IN SCHOOL

The procedure is necessary for my child to attend school and cannot be provided before or after school hours.

I request that the treatment be administered in accordance with the above licensed health care provider's orders. I will notify the school if the health status of my child changes, our licensed health care provider changes, or the procedure is changed or canceled,

I agree to provide clearly labeled, functional equipment and supplies. I also agree to provide verbal or written directions for use.

The school is authorized to secure emergency medical services for my child whenever the need for such services is deemed necessary.

Notice: Pursuant to NAC 632.220, as a condition of providing care for the purposes related to this form, a registered nurse may need to contact the licensed health care provider or associates regarding the verification of an order given for the care of a patient to ensure that it is appropriate and properly authorized and that there are no documented contraindications in carrying out the order.

Parent signature

Date

Name of Licensed Health Care Provider

Address:

Telephone Number

Fax Number

Provider and the Parent/Guardian Must Complete the Form Yearly

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SSMCS Notification Procedures

Emergency Medical Services

Of a student with congenital Adrenal Insufficiency
for Solu-cortef administration

Complete and submit the Dispatch Instructions Form and fax to Health Services 702-799-8671 for entry in database. Health Services will send to central dispatch.

Assemble the EMS packet, items include:

- a. Patient Care Transfer Report Form
- b. Dispatch Instructions Form (completed, copy of item in #1)
- c. Shock Protocol pediatric SNHD Nov 2014
- d. Copy of the LHCP orders
- e. Copy of IC Student summary Report

3. Instruct health office and front office staff to give the EMS Packet and medication to the arriving EMS personnel at time of incident.

Adrenal Insufficiency
Las Vegas Fire and Rescue
Fire Alarm Office/991 Dispatch Instruction Form

Student name:
DOB: Grade
School:
School Address:

Parent Name:
Parent Contact:

**Fax completed form to Health Services (702) 799-8671.

Emergency Medical Services
Patient Care Transfer Report

Please provide the following information in your report to arriving EMS personnel:

Student Name:

Age:

DOB:

Gender (circle one): M F

Medical History

Medications:

Allergies:

Hospital preference:

****Attach a copy of the student's LHPC**

****Attach current copy of the Student's Summery Report from IC for the most up to date contact information.**