

Students with Special Health Care Needs Severe Allergies

A. Regulations

OAR 333-055-0000 to 0035

Programs to Treat Allergic Response or Hypoglycemia

333-055-0000 Purpose

(1) The purpose of OAR 333-055-0000 to 333-055-0035 is to define the procedures for authorizing certain individuals, when a licensed health care professional is not immediately available, to administer epinephrine to persons who have severe allergic responses to insect stings or other allergens, and glucagon* to persons who are experiencing severe hypoglycemia when other treatment has failed or cannot be initiated, and to define the circumstances under which these rules shall apply.

(2) Severe allergic reactions requiring epinephrine will occur in a wide variety of circumstances. Severe hypoglycemia requiring glucagon, in settings where children prone to severe hypoglycemia are known to lay providers and arrangements for the availability of glucagon have been made, will occur primarily in the settings of school, sports activities, camp, etc.

(3) Nothing in ORS 433.800 to 433.830 is intended to prohibit the rendering of, or to impose further training requirements with respect to Emergency Medical Technicians in the rendering of, emergency medical assistance referred to in ORS 30.800 and 30.805 (Emergency Medical Assistance by Medically Trained Persons and Government Personnel).

Stat. Auth.: ORS 433.800 & ORS 433.830 Stats. Implemented: ORS 433.800 - ORS 433.830
Hist.: HD 10-1982, f. & ef. 5-25-82; HD 23-1990(Temp), f. & cert. ef. 8-15-90; OHD 7-1998, f. & cert. ef. 7-28-98

* *For information on glucagon please review: [Injectable Medications](#)*

333-055-0015 Educational Training

(1) Individuals to be trained to administer epinephrine or glucagon* shall be trained under the supervision of a physician licensed under ORS Chapter 677, or a nurse practitioner licensed under ORS Chapter 678 to practice in this state. The training may be conducted by a health care professional licensed under ORS Chapter 678 as delegated by a supervising professional.

(2) The training shall be conducted following an Oregon Health Authority, Public Health Division protocol (or equivalent). Public Health Division protocols may be obtained from the Oregon Health Authority, Public Health Division, 800 NE Oregon Street, Suite 290, Portland, Oregon 97232, Phone: (971) 673-1230.

Stat. Auth.: ORS 433.810 Stats. Implemented: ORS 433.800 - 433.830
Hist.: HD 10-1982, f. & ef. 5-25-82; HD 23-1990(Temp), f. & cert. ef. 8-15-90; OHD 7-1998, f. & cert. ef. 7-28-98; PH 10-2004, f. & cert. ef. 3-23-04

** For information on glucagon please review: [Injectable Medications](#)*

333-055-0030 Certificates of Completion of Training

(1) Persons who successfully complete educational training under OAR 333-055-0000 to 333-055-0035 shall be given a Public Health Division certificate, or equivalent fully completed and personally signed by the licensed health care professional, or designee, responsible for the training program. Blank certificates may be obtained from the Oregon Health Authority, Public Health Division, 800 NE Oregon Street, Suite 290, Portland, Oregon 97232, Phone: (971) 673-1230.

(2) The certificate for epinephrine may be used as a prescription to obtain an emergency supply of epinephrine including the equivalent of one child dose and one adult dose in prefilled syringes. Whenever such a prescription for an emergency supply of epinephrine is presented, the pharmacist shall write upon the back of the certificate in non-erasable ink the date that the prescription was filled, returning the certificate to the holder. The prescription may be filled up to 4 times. The pharmacist who dispenses an emergency supply of epinephrine under this rule shall also reduce the prescription to writing for his files, as in the case of an oral prescription for a non-controlled substance, and file the same in the pharmacy.

(3) A person who has successfully completed educational training in the administration of glucagon* may receive, from the parent or guardian of a student, doses of glucagon prescribed by a health care professional with appropriate prescriptive privileges licensed under ORS Chapters 677 or 678, and the necessary paraphernalia for administration.

(4) Certificates for epinephrine or glucagon shall expire three years after the date of issuance. Individuals certified to administer epinephrine or glucagon shall present for retraining from a licensed health care professional (as outlined above in 333-055-0015) and must successfully complete retraining to obtain a new certificate.

(5) Individuals certified to administer epinephrine or glucagon may be asked to provide copies of a current certificate to their employers, or to organizations or entities to which they volunteer. [ED. NOTE: Figures referenced are available from the agency.]

Stat. Auth.: ORS 433.810 Stats. Implemented: ORS 433.800 & ORS 433.830
Hist.: HD 10-1982, f. & ef. 5-25-82; HD 23-1990(Temp), f. & cert. ef. 8-15-90; OHD 7-1998, f. & cert. ef. 7-28-98; PH 10-2004, f. & cert. ef. 3-23-04

** For information on glucagon please review: [Injectable Medications](#)*

333-055-0035 Circumstances in Which Trained Persons May Administer Epinephrine or Glucagon*

(1) A person who holds a current certificate pursuant to OAR 333-055-0030 may administer, in an emergency situation when a licensed health care professional is not immediately available, epinephrine to any person suffering a severe allergic response to an insect sting or other allergen. The decision to give epinephrine should be based upon recognition of the signs of a systemic allergic reaction and need not be postponed for purposes of identifying the specific antigen which caused the reaction.

(2) A person who holds a current certificate pursuant to OAR 333-055-0030 may administer, in an emergency situation involving an individual who is experiencing hypoglycemia and when a licensed health care professional is not immediately available, physician-prescribed glucagon to a person for whom glucagon is prescribed, when other treatment has failed or cannot be initiated. The decision to give glucagon should be based upon recognition of the signs of severe hypoglycemia and the inability to correct it with oral intake of food or drink.

Stat. Auth.: ORS 433.810 Stats. Implemented: ORS 433.800 - 433.830

Hist.: HD 10-1982, f. & ef. 5-25-82; OHD 7-1998, f. & cert. ef. 7-28-98; PH 10-2004, f. & cert. ef. 3-23-04

** For information on glucagon please review: [Injectable Medications](#)*

B. Overview

Life threatening allergies affect many students in the Nation's schools. By one estimate, three million students nation-wide were reported to have a food allergy. Between the years 1997 and 2007, the number of reported food allergies in the United States grew by 18 percent.

Food allergy is the response of the sensitive person's immune system to contact with certain foods or substances. The reaction can vary from mild to life-threatening.

C. Background/Rationale

Management of students with severe allergies must be conducted 24 hours a day, and certainly will include the hours which the student spends in school. The student's health care provider will provide medical guidance to the school regarding this care, and the school nurse will be in charge of developing and teaching the student's health care plan for treatment of severe allergy.

Schools must take steps to provide an allergen-aware environment for the student with severe allergies, and must be prepared to respond to emergencies as they occur with these students.

Anaphylaxis is a serious and possibly life-threatening allergic reaction, which occurs rapidly after the sensitive person has contact with the allergen-producing food or substance. Food allergy is the most common cause of anaphylaxis outside of the hospital setting. Not all contacts with the allergen-producing item lead to anaphylaxis; however, if anaphylaxis occurs and is left untreated, anaphylaxis can lead to death very rapidly (within minutes).

D. Guidance

Roles and Responsibilities

District Administration

District administrators need to assure that policies and procedures related to managing severe student allergies are in place. District administrators need to facilitate staff training for dealing with these events.

School Health Program

Education related to the special needs of students with severe allergies can be included in disability education and harassment prevention programs. These programs help to provide a safer school environment for students with severe allergies.

Physical Education

Physical educators should:

- Know which students have severe allergies; be able to identify the allergen, and provide an environment which is free of contact between the sensitive student and the identified allergen
- Be able to recognize signs and symptoms of severe allergy problems
- Know how to implement student-specific treatment plans for these students

School Health Services

The School Nurse should:

- Identify the student with severe allergies, through contact with the student and family
- Access direction from the appropriate medical provider
- Provide a health care plan for school personnel which allows them to recognize anaphylaxis, and deliver safe emergency care to the student experiencing anaphylaxis
- Provide training and resources to school staff which will allow them to provide appropriate care to the student experiencing anaphylaxis

School Nutrition Services

School Nutrition Services should be aware of student-specific food allergies. It may be necessary to alter the layout of the school dining area, to provide an allergen-free area for the sensitive student (a “peanut-free” table, for instance).

School Nutrition Services staff should receive training in the care of the student undergoing severe allergic reaction.

Procedures

- Identify students with severe allergies from the registration process, or by contact with the parents/student.
- Notify school nurse of presence of same.
- School nurse proceeds to provide a nursing management plan for the students, which includes any medical direction, any prescription medications, and instruction to staff regarding care of the student.
- School nurse provides appropriate instruction to school staff, and works with staff to provide a safe environment for the student.
- The school and school nurse maintains open communication with the family and medical provider regarding care of the student during the hours of school.

Staff Development Needed

- School personnel should be trained to recognize the signs and symptoms of problems with severe allergies, as well as how to respond in case of emergency. School nurses are generally the appropriate staff to perform this training.
- Substitute teachers, food service staff, staff performing playground monitoring functions, and physical education staff need to be included in this staff development.
- Staff should be aware of school policies which dictate storage for epinephrine injection devices.

E. Oregon Resources

- Local Education Service Districts: www.oaesd.org  
- Local County Health Departments: <http://oregon.gov/dhs/ph/lhd/lhd.html>  
- Oregon State Board of Nursing: www.osbn.state.or.us  
- Oregon School Boards Association: www.osba.org  
- Oregon Department of Education: [Injectable Medication](#)
[Injectable Medication](#)

F. National Resources

- American School Food Services Association <http://www.asfsa.org/>  
- Food Allergy & Anaphylaxis Network <http://www.foodallergy.org/>  
- Centers for Disease Control and Prevention <http://www.cdc.gov/>  
- National School Boards Association
“Safe at School and Ready to Learn”: A Comprehensive Policy Guide for
Protecting Students with Life-Threatening Food Allergies
[Food Allergy & Schools](#)  

Updated April 2012