Staff Training for Acute & Chronic Illnesses

- Anaphylaxis/Severe Allergies – Level I Staff Training
- Asthma
- Diabetes – Level I Staff Training
- Seizure Disorder
- Migraine Headaches
- Mild Allergies & Other Illnesses
- Individual Health Plans & Emergency Action Plans
Anaphylaxis—Life Threatening Allergic Reactions

An allergic reaction that is severe and interferes with the ability to breathe is called **Anaphylaxis**. Anaphylaxis can be caused by triggers, including but not limited to certain foods, stinging and biting insects, medications, and latex.

**Signs/symptoms of anaphylaxis can include:**
- blue lips
- itching
- hives
- swelling of tongue or throat
- wheezing
- coughing
- difficulty breathing
- nausea/vomiting
- chest pain
- low blood pressure
- dizziness & headaches
- feeling of impending doom
- loss of consciousness
- if untreated, **DEATH**
Anaphylaxis—Common Triggers:

- Peanuts
- Tree nuts
- Milk
- Fish/shellfish
- Soy
- Wheat
- Penicillin or other medications
- Bee/fire ant stings
Anaphylaxis

It may be difficult to distinguish between a severe asthma attack and anaphylaxis.

A student having either one can have difficulty breathing and make whistling sounds and may have pale or blue lips.

If someone has these signs or appears to be in distress, initiate the emergency procedure at your campus (i.e. Medical Response Team, AED, 911).
Anaphylaxis Treatment

Histamine blockers

- **Benadryl**—This takes at least 15-20 minutes to get into the patient’s system. (Liquid works faster than pills!)

- **Epinephrine**, delivered in the form of a self-injecting “pen” when the allergy is life-threatening
Anaphylaxis

- If the student has known SEVERE allergy, the student should have an emergency plan in place. A copy of the Emergency Action Plan is on Skyward under the IHP tab.

- The student may have an epinephrine auto injector. The student may be allowed to carry his/her epinephrine but a spare should be in the clinic.

A severe anaphylactic reaction is life threatening and 911 should ALWAYS be called if an epinephrine auto injector is used.
Epinephrine’s action is temporary – 15-20 minutes
There may be a “rebound” and the student will likely need other medication and care
Hopefully EMS will be at the campus before the medication wears off.

Anaphylaxis- Epinephrine
Anaphylaxis – Be Prepared

• Be aware of the students in your classroom that have life threatening allergies. You can access the student’s Anaphylaxis Emergency Action plan on the IHP tab on Skyward. Keep a copy of the plan in your substitute teacher folder.
• It is a good practice not to use food for any instructional purposes.
• Be aware of what the student is allergic to (nuts, latex, bee stings, foods, etc.)
• **Recognize the signs and symptoms of an anaphylactic reaction. Learn to use an epinephrine auto-injector.**
• **RESPOND to those symptoms IMMEDIATELY**
• **Do Not Ignore!!**
Anaphylaxis – Using Auto Injectors

**EPIPEN® (EPINEPHRINE) AUTO-INJECTOR**
1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.

**AUVI-Q™ (EPINEPHRINE INJECTION, USP)**
1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.

**ADRENACLICK®/ADRENACLICK® GENERIC**
1. Remove the outer case.
2. Remove grey caps labeled “1” and “2”.
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.
Go for the outer side of the thigh. The dose can be given through the clothing.

You must hold epinephrine injector in place for 10 seconds. It will “hurt” – burning sensation.

Massage the area to help spread the epinephrine into the system.

If a second dose is available, you might have to give it – but hopefully, EMS will be on the scene by then!
Some children, especially very young ones, put their hands in their mouths or pull or scratch at their tongues in response to a reaction. Also, children’s voices may change (e.g., become hoarse or squeaky), and they may slur their words.

The following are examples of the words a child might use to describe a reaction:

- "This foods too spicy."
- "My tongue is hot [or burning]."
- "It feels like something is poking my tongue."
- "My tongue [or mouth] is tingling [or burning]."
- "My tongue [or mouth] itches."
- "It [my tongue] feels like there is hair on it."
- "My mouth feels funny."
- "There is a frog in my throat."
- "There is something stuck in my throat."
- "My tongue feels full [or heavy]."
- "My lips feel tight."
- "It feels like there are bugs in there." (to describe itchy ears)
- "It [my throat] feels thick."
- "It feels like a bump is on the back of my tongue [throat]."
Asthma

A lung condition that is characterized by an increased reaction of the airway to various stimuli. *(allergens, exercise, cold air, smoke…)*

An asthma attack or episode is a series of events that narrows the breathing tube in the lungs.

*Be prepared for your students with severe asthma. If your student has an Asthma Action Plan teachers can access it on the IHP tab in Skyward. Keep a copy of the student’s AAP in your substitute teacher folder.*
Asthma – Signs & Symptoms

- Coughing
- Wheezing
- Whistling noise
- Tightness or chest pain
- Bluish colored lips or skin
- Shortness of breath
- Student may feel “tight”
Asthma - Treatments

- Avoid drawing attention to the student
- Stay calm and reassure student or adult
- Allow the student to get medicine or prescribed inhaler
Many, but not all, of the students with asthma will carry their own inhaler in school. They must have a medication permit, stating they can carry the inhaler, on file in the clinic.

If a student has forgotten to bring their inhaler or if they do not keep it on their person there should be a rescue inhaler in the clinic.
Asthma

Call for an emergency medical response if:

- Student cannot talk
- Student is heaving, using neck muscles, or hunching over to breathe
- The inhaler or medicine does not relieve symptoms
- Student’s lips or fingernails are gray or blue
Diabetes
IDEA - Public Law 94-142
Student Rights

- Free and appropriate public education.
- Least restrictive environment.
- Eligible students receive services to meet their individual needs (IEP).
- Diabetes classified as “Other Health Impairment”.
Rehabilitation Act - Section 504

- Protects persons with disabilities from being excluded from participation in any program or activity receiving federal funding.
- A 504 plan may be written to specifically state the accommodations necessary to meet the student’s needs at school.
House Bill 984

For a campus that has a student with diabetes:

- The Principal designates at least 1-3 campus employees (who are NOT healthcare professionals) to serve as Unlicensed Diabetic Care Assistants (UDCA). Campuses with RN -1, without -3 UDCAs.

- The school nurse provides training to the UDCA

  This training to the UDCA includes:
  
  - Hyperglycemia and hypoglycemia symptoms and treatment
  - Blood glucose and ketone testing
  - Glucose gel, glucagon and insulin administration
  - Management of the student’s diabetes according to the Individualized Healthcare Plan (IHP)
Diabetes is a serious, chronic disease that impairs the way the body uses food.

Insulin, a hormone produced by the pancreas, helps the body convert food into energy.

In diabetes, the pancreas does not make insulin or the body cannot use the insulin properly.

This can cause the blood sugar level to be too high or too low.

Diabetes cannot be cured, only managed.

Diabetics must carefully balance food, medications and activity levels to keep the blood sugar level as close to normal as possible.
Diabetes – Type I and Type II

**Type I**
- Pancreas does not produce insulin
- Must receive insulin through injections or a pump
- Most common type afflicting school-age children

**Type II**
- Insulin is not used properly in the body
- May be able to control the disease with diet and exercise
- May require oral medications and/or injections
- Obesity is a high risk factor
The student may have to visit the nurse at scheduled times for blood testing and/or insulin injections, as well as urine testing.

It is the responsibility of the teacher, student and nurse to ensure testing and/or medications are administered on time.

Special arrangements should be made in the event of field trips or class parties to ensure that an UDCA (Unlicensed Diabetic Care Assistant) accompanies the student.

Each student with diabetes will have an Emergency Plan for Teachers under the IHP tab in Skyward. Familiarize yourself with this plan and print an extra copy for your sub notebook.
Diabetes-In the School Setting

- It may be necessary for a student with diabetes to eat a snack in the classroom to maintain adequate blood sugar levels.
- Depending on maturity, blood sugar testing may be performed in the classroom.
- Insulin will generally be administered in the clinic.
- Some students have insulin pumps which automatically administer calculated amounts of insulin.
- Student may need special scheduling for lunch.
- Student may require quick acting sugar to be available at all times.
- Student will require free access to water and may carry a water bottle.
- Student will require free access to the restroom.
Diabetes – Teachers Need to Watch for:
Diabetes - **HYPOglycemia**  
(Low Blood Sugar)

Caused when the body gets too much insulin, too little food, a delayed meal, or more exercise than usual

Symptoms include:
- Light-headedness
- Irritability
- Confusion-inability to follow directions
- Sleeping in class
- Headache
- Hunger
- Shakiness/Fainting
Diabetes - **HYPERglycemia** (High Blood Sugar)

- Occurs when the body gets too little insulin, too much food, or too little exercise.
- May also be caused by stress or an illness.

Symptoms include:
- Excessive thirst
- Frequent urination/trips to the restroom
- Blurry vision
- Fast heart rate, rapid breathing
- Nausea/Vomiting
Always allow a student with symptoms to go to the nurse immediately.

Never allow a student with symptoms to go to the clinic by him/herself.

Only staff members who are trained in diabetes management should treat a symptomatic student.

Hypoglycemia will be treated with glucose tablets/gel, juice, snacks, or soda according to the student’s IHP (Individualized Health Plan).

Hyperglycemia will be treated with insulin administered by a nurse or a trained UDCA.
Hypoglycemia and hyperglycemia can both be potentially life-threatening and must be treated immediately.

Trained staff members should be contacted immediately. If help is unavailable, call 911.

Hypoglycemia may cause unconsciousness or seizures and may be treated with Glucagon administered by the nurse or by Level III trained school personnel (UDCA).
Your Student With Diabetes

- Will have an IHP/Emergency Plan, specific to his/her diabetes management. Access plan under IHP tab in Skyward.
- Will have specific instructions for emergency care management.
- Will have specific equipment/supplies/snacks.
A Seizure Disorder is the result of mixed electrical signals in the brain. People with Seizure Disorders usually take medications to prevent seizures.

Students with seizures will have an Emergency Seizure Plan on the IHP tab in Skyward. Familiarize yourself with your student’s plan and keep a copy of their plan in your substitute folder.

The nurse will provide you with a Seizure Observation Record so that you document time and duration of seizures.
Seizure Disorder

Symptoms can vary from person to person but usually a person has a certain type of seizure

**Complete Seizure or Grand Mal**
- Jerking muscle movement
- Stiffness or arched back
- Loss of control of bodily functions

**Partial Seizure or Absence Seizure**
- Confusion
- Staring into space
- Eyelids fluttering
- Facial twitching
Seizure - Treatments

- Stay Calm. Reassure student that everything is okay.
- Notify the nurse
- Have someone record the details of the seizure on the Seizure Observation Record, including time and duration
- Tell others not to crowd around
- Protect victim’s head/arms
- Make sure airway is open
- Do not try to move the student during the seizure unless it is to the floor from a chair
- Never put anything in the student’s mouth, especially your fingers!
- Do not leave the student alone.
- When seizure is over, turn the student on his side.
- Transport to nurse’s office when student is alert enough to be moved
- Remember the student can still hear what you say.
Many students, even very young ones, have been diagnosed with migraine headaches.

Research has shown that if treated immediately when symptoms first occur, the severity and the duration of a headache can be greatly decreased.

If a student with a history of migraines asks to go to the clinic, **SEND IMMEDIATELY!**
Mild Allergic Reactions

An allergy is an overactive immune response to something that would not otherwise be harmful. Students can be allergic to foods or drugs, pollen, insect stings, latex, or many other allergens in the environment.

Symptoms can include:
- Runny nose
- Itchy eyes
- Coughing
- Wheezing
- Sneezing
- Headaches

Although these are not life-threatening, they can be bothersome to the student and to nearby classmates.

Parents may treat allergies with over the counter medicines or prescribed medication if allergies are chronic. Most prescribed allergy medication is taken once a day at home.
Other Chronic Illnesses

Some examples are:

- Cystic Fibrosis
- Sickle Cell
- Heart Defects or Disease
- Cancer

If a student has a chronic illness that requires any special consideration, you will be notified of the condition by the school nurse and made aware of an IHP/EAP if needed.
What Do I Do with an Individual Health Plan for a Student?

- Students with serious illnesses or potential health concerns will have an IHP and/or an Emergency Action Plan. All IHPs & EAPs are on the IHP tab in Skyward and able to be accessed by teachers.
- Teachers will receive an email from the nurse informing them that an IHP or EAP is available. Please review these emergency plans and print an extra copy for your substitute notebook.
- Monitor your student (quietly) for any signs or symptoms.
- Teachers and staff have a “Need to Know” but the student also has a **Right to Privacy**. Do not discuss health conditions with other staff members or students.