



## Things to Know



### Anaphylaxis in the School Setting – Part 2



### Outline

1. Student Needs
2. 504 Plans: Legal Rights & Requirements
3. 504 Accommodations
4. Student Care Plans
5. Resources for Schools & Nurses

#### Network Host:

*Sally Schoessler,*  
MSEd, BSN, RN, AE-C  
Director of Education



1985 - 2020



- Grassroots Patient Advocacy Organization
- Develop Patient-Centered Care Teams
- Work with leading experts in the field

*We're here to help!*

**Our mission:**

- Allergy & Asthma Network is the leading nonprofit organization whose mission is to end the needless death and suffering due to asthma, allergies and related conditions through **outreach, education, advocacy** and **research**.



**Ryan Gembala**

Partner,  
O'Toole, McLaughlin, Dooley,  
Pecora Attorneys & Counselors

**Today's Speaker**



OK, it's important  
to say this →



- When we discuss questions and legal matters these are based on best practices and our personal experience.
- Each school nurse must exercise independent professional judgment when assimilating anything into his or her practice. Because nurse practice acts differ from state to state, each school nurse must ensure that anything related to practice is consistent with applicable state laws and regulations, including those governing delegation, as well as applicable school district policies and procedures.
- We hope you find this information helpful. We are not outlining a full allergy and anaphylaxis management program in this webinar as we touch on aspects of anaphylaxis management at school.



# 1

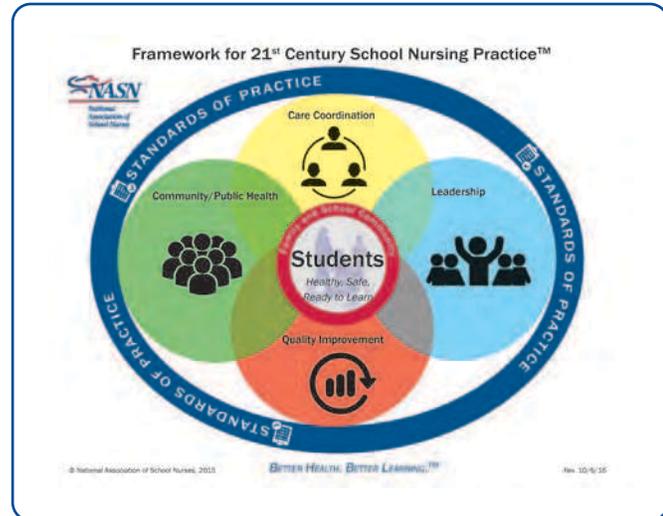
## Student Needs

What does a student who is at risk for anaphylaxis need?  
Partnering with Parents



## 4 Components of Allergy Management at School

- ① Planning & Coordination of Care
- ② Educating Staff, Students & Parents
- ③ Providing a Safe Environment
- ④ Prompt Emergency Response



## Providing a Safe Environment

- Reduce allergen exposures to prevent reactions
  - Oral
  - Skin
  - Inhalation
- Planning to respond to anaphylaxis
  - Building wide Plan
  - Individual Plans

## ORAL EXPOSURE

- Allergens, hidden ingredients, cross-contact – most allergic reactions start in classroom
  - Younger students: passing saliva, supervision during meals and snacks
  - Older students: risk-taking, peer pressure, bullying, kissing
- Labels must be read, should offer meals without allergens, assist students with choices
- No sharing of food, drink or utensils, no unlabeled food – nonfood celebrations
- Strategies to avoid cross-contact, food free classrooms only when necessary
- Periodic check-ins with students and staff

Manufactured in a facility that also processes peanuts.

## Advisory statements

**MAY CONTAIN PEANUTS.**



## SKIN EXPOSURE

- Isolated contact on intact skin = no severe or systemic response – skin reactions
  - Both children & adults touch eyes, nose & mouth regularly
- Soap & water best – commercial hand wipes good – Hand sanitizer is not
- Nonedible items contain some food allergens – finger paint, play dough, shaving cream
- For young children – skin exposure can quickly become mucosal or oral exposure
- **HAND WASHING!** Have a cleaning protocol, curricular activities should be food free



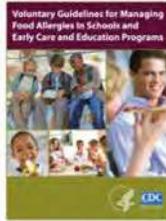
## INHALATION

- Aerosolized proteins – not odors cause allergic reactions, can be fatal
- Science experiments involving burning/heating of allergens create risk
- Use caution when cooking with food, flours, powders & other small particles of food that can go up in the air
- Avoid food in curricular classroom activities
- Field trips – a mine field of issues for students with allergies – food, activities & more
  - Some require prior assessment from the school nurse for special accommodations
  - Law: All students go on the field trip or no students go on the field trip

## Student Developmental Skills

- Early elementary:
  - Learn to trust & communicate with caregivers
- Upper elementary:
  - Recognize symptoms, request or use meds
- Middle school:
  - Develop medication routine
- Teens:
  - Take responsibility for daily meds (supervised by parents)
- Older teens:
  - Demonstrate ability to complete self-care & healthcare appointments

## School Food Allergy Management and Prevention Plan



Page 44 – CDC Voluntary Guidelines

Overall School District Plan  
Benchmark to see how your school is doing with food allergy management

Check If You Have Plans or Procedures	Priorities for a Food Allergy Management and Prevention Plan
	<b>1. Does your school or ECE program ensure the daily management of food allergies for individual children by:</b>
<input type="checkbox"/>	Developing and using specific procedures to identify children with food allergies?
<input type="checkbox"/>	Developing a plan for managing and reducing risks of food allergic reactions in individual children through an Emergency Care Plan (Food Allergy Action Plan)?
<input type="checkbox"/>	Helping students manage their own food allergies? (Does not apply to ECE programs.)
	<b>2. Has your school or ECE program prepared for food allergy emergencies by:</b>
<input type="checkbox"/>	Setting up communication systems that are easy to use in emergencies?
<input type="checkbox"/>	Making sure staff can get to epinephrine auto-injectors quickly and easily?
<input type="checkbox"/>	Making sure that epinephrine is used when needed and that someone immediately contacts emergency medical services?
<input type="checkbox"/>	Identifying the role of each staff member in a food allergy emergency?
<input type="checkbox"/>	Preparing for food allergy reactions in children without a prior history of food allergies?
<input type="checkbox"/>	Documenting the response to a food allergy emergency?
	<b>3. Does your school or ECE program train staff how to manage food allergies and respond to allergy reactions by:</b>
<input type="checkbox"/>	Providing general training on food allergies for all staff?
<input type="checkbox"/>	Providing in-depth training for staff who have frequent contact with children with food allergies?
<input type="checkbox"/>	Providing specialized training for staff who are responsible for managing the health of children with food allergies on a daily basis?
	<b>4. Does your school or ECE program educate children and family members about food allergies by:</b>
<input type="checkbox"/>	Teaching all children about food allergies?
<input type="checkbox"/>	Teaching all parents and families about food allergies?
	<b>5. Does your school or ECE program create and maintain a healthy and safe educational environment by:</b>
<input type="checkbox"/>	Creating an environment that is as safe as possible from exposure to food allergens?
<input type="checkbox"/>	Developing food-handling policies and procedures to prevent food allergens from unintentionally contacting another food?
<input type="checkbox"/>	Making outside groups aware of food allergy policies and rules when they use school or ECE program facilities before or after operating hours?
<input type="checkbox"/>	Creating a positive psychosocial climate that reduces bullying and social isolation and promotes acceptance and understanding of children with food allergies?

## Four Major Types of Healthcare Plans

Individualized Healthcare Plans (IHP)

Emergency Care Plans (ECP)

Section 504 Plans

Individualized Education Plans (IEP)

# 2

## 504 Plans: Legal Rights and Requirements

What is Section 504

Eligibility: What Should be Considered

What Accommodations Should and Should Not Do



### Introduction

Section 504 of the Rehabilitation Act of 1973 provides that “no otherwise qualified individual with a disability...shall solely by reason of her and his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination.” 29 U.S.C. §794.

- Applies to all entities that accept federal funds.

A school “shall provide a free appropriate public education.” 34 C.F.R. §104.33(a).

- An equal opportunity to education for disabled students.

## Are Food Allergies Section 504 Disabilities?

Not  
always.

But, where a food allergy can cause a life-threatening reaction, it qualifies as a disability.

Under the ADA, a condition is disabling when it impairs a major life activity.

*Breathing is a major life activity impaired by a serious reaction to food allergens.*

Ultimately, an individual inquiry made by a 504 Team.

## Eligibility: What Should be Considered

### How do students receive 504 evaluations?

- Most often school receives a referral from a parent but can also come from others.
- Under federal law schools have an affirmative duty to identify students with disabling conditions and notify their parents that 504 plans and accommodations are available.
- If the school does not agree to evaluate a student per a parent's request, the school must inform the parent of its right to challenge the District's decision.
  - Parent will get a due process hearing.

## Eligibility: What Should be Considered

### Section 504 evaluations and testing

- The school must evaluate students who are suspected of having one or more disabilities at no cost to parents, even if a medical assessment is appropriate.
- Decisions surrounding placement are made by a group, not an individual.
- The team cannot consider “mitigating measures” such as medications or medical devices (autoinjector, bronchodilator, etc.).
- If the student qualifies, he/she is entitled to accommodations.

## What Accommodations Should Do

FAPE – Free Appropriate Public Education	A District is required to provide a free appropriate public education to each qualified disabled student. 34 C.F.R. §104.33(a).
	“Appropriate” means accommodations and aids to meet the student’s educational needs “as adequately as the needs of nonhandicapped persons.” 34 C.F.R. §104.33(b)(1).
	Individualized inquiry.
	“Free” means without costs, <b>except</b> for those fees that are imposed on nondisabled students. 34 C.F.R. §104.33(c)(1).

## What Accommodations Should Do

FAPE  
(Continued)

The same rule applies in nonacademic settings like lunch, field trips, etc.

Student must receive an “equal opportunity” to participate.

The student is entitled to due process hearing to challenge whether a school has actually provided a free appropriate public education.

## What Accommodations Should Do

### Necessity

- The desired accommodation must “affirmatively enhance a disabled plaintiff’s quality of life by ameliorating the effects of the disability.” *Smith & Lee Assoc. v. City of Taylor* (6th Cir. 1996).
- “An accommodation is reasonable unless it requires a fundamental alteration in the nature of a program or imposes undue financial and administrative burdens.” *Smith & Lee Assoc.*
  - Individualized inquiry. *Sch. Bd. of Nassau County v. Arline* (1987).
  - The school has the burden of proving that an accommodation is unreasonable. *Dadian v. Village of Wilmette* (7th Cir. 2001).

## What Accommodations Should Not Do

### When accommodations are not required

- A school is not required to provide a “potential-maximizing education.”
  - Chevy, not a Cadillac.
- Student must be “otherwise qualified” to meet an educational program’s requirements. *Southeastern Cmty. Coll. v. Davis* (1979).
- Section 504 “does not require an educational institution to...modify its clinical training requirements.” *Falcone v. Univ. of Minn.* (8th Cir. 2004).

## Real World Examples

*In re Gloucester County (VA) Public School* – Office of Civil Rights intervened where school refused 504 plan for student with peanut/tree-nut allergy claiming it was not a disability



*In re Bethlehem (NY) Central Sch. Dist.* – OCR intervened where student with food allergies denied right to participate in culinary arts class despite release from family and treating doctor.



*T.F. v. Fox Chapel Area Sch. Dist.* – Court found that school provided FAPE even though it did not adopt all accommodations that were requested.

# 3

## 504 Accommodations for Students with Food Allergies

General Accommodations

Emergency Accommodations and more!



### General Accommodations

Most states/schools have a 504 template → contact your school.

All staff will follow the school's food allergy policies.

School nurse will educate and train all staff who have contact with the student in recognizing the symptoms of an allergic reaction, emergency procedures, and the use of epinephrine auto-injectors

Student's epinephrine will be kept in secure, accessible area.

*What about self-carry?*

## General Accommodations



Events and field trips must be consistent with food allergy policies.



Have access to epinephrine auto-injectors and be trained to use them.



Children, school staff, and volunteers should wash hands before and after handling or eating food.

## Emergency Accommodations

Student authorized to self-carry must self carry.

- Can be two epinephrine auto-injectors at a time.

Student will have access to safe foods in case of an Emergency Shelter-in-Place.

- Emergency lockdown.

## Transportation Accommodations

- Transportation staff should be trained on how to respond to food allergy emergencies.
- Food should not be allowed to be consumed on buses except by children with special needs such as diabetes.



## Classroom Accommodations

The use of identified allergens in class projects, parties, celebrations, arts, science experiments, snacks, etc. should be avoided.

Inform and educate substitute of child's food allergy.

Non-food incentives should be used for prizes & gifts.

## Celebrations

Celebrations with non-food items should be considered (school supplies, toys, t-shirts, etc.).

If food is allowed, check labels for allergens and advisory warnings.

All desks, tables, and chairs should be sanitized after celebrations with food.



## School Activity & Field Trip Accommodations



## Social/Emotional Accommodations

Age appropriate education to all children on the seriousness of food allergies should be provided.

If bullying occurs, immediate disciplinary actions should take place.

## Cafeteria Accommodations

Allergy-friendly (allergen-free) tables should be considered.

A system should be in place to identify all students with food allergies.

## Cafeteria Accommodations

### If school prepared meals are required:

- Necessary changes to school meals should be made.
- Approval should be obtained from doctor or as stated in the ECP.
- An allergen-safe food preparation area should be designated.
- Menu copies to parents should be provided in advance to plan meals.

## Cafeteria Accommodations

Food labels, recipes or ingredient lists should be provided.

Food labels should be kept for at least 24 hours after service in case the child has a reaction.

All food labels **with each purchase** should be read for potential food allergens.

All tables and chairs should be sanitized after each meal service.

## Physical Education Accommodations

- Access to epinephrine auto-injectors, inhalers, or other medical devices.



## Sample Food Allergy 504 Plans

### Section 504 Evaluation

#### 1 TEAM SUMMARY REPORT

- Sources of information considered by the Section 504 Team:
- Parent Recommendation
  - Educational Evaluation/Performance
  - Teacher Observation/Recommendation
  - Ineligibility For Services Under IDEA
  - Other
  - Medical/Professional Report
  - Behavioral Evaluation/Performance
  - Student Work Samples

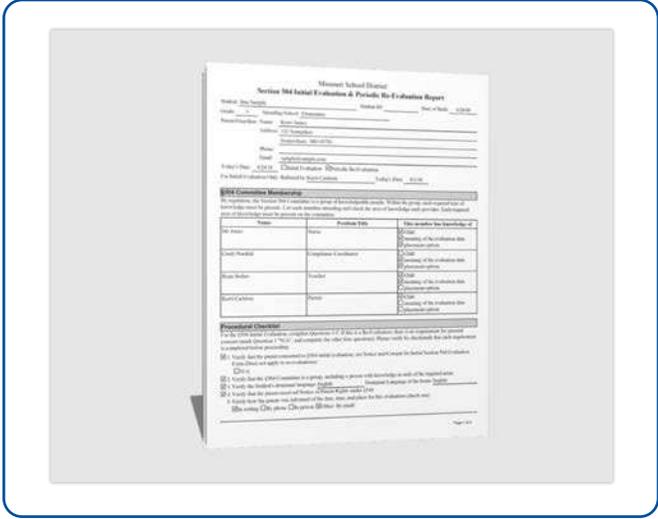
Summary of data and evaluation information that was presented

- Section 504 Team Determinations:
- A. The student has a physical or mental impairment:  YES  NO
- Allergy
  - Asthma
  - Attention Deficit Disorder/ADHD
  - Brain Injury
  - Cancer
  - Cerebral Palsy
  - Developmental Aphasia
  - Other:
  - Diabetes
  - Dyslexia
  - Emotional Illness
  - Epilepsy
  - Hearing Impairment
  - Heart Disease
  - Minimal Brain Dysfunction
  - Multiple Sclerosis
  - Muscular Dystrophy
  - Orthopedic Impairment
  - Recovering Chemically Dependent
  - Seizures
  - Speech Impairment
  - Visual Impairment

List attached sources of documentation:

- B. Identify any major life activities that are limited.
- Bending
  - Breathing
  - Caring For Oneself
  - Communicating
  - Concentrating
  - Eating
  - Major Bodily Functions
  - Other:
  - Hearing
  - Learning
  - Lifting
  - Performing Manual Tasks
  - Reading
  - Seeing
  - Sleeping
  - Speaking
  - Standing
  - Thinking
  - Walking
  - Working

# Sample Food Allergy 504 Plans



# 4

## An Overview of Student Care Plans

- Individualized Healthcare Plans
- Emergency Care Plans
- Individualized Education Plans



**Assessment Data**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher/Staff Contact Person: \_\_\_\_\_ Date of IHP: \_\_\_\_\_ Review Date: \_\_\_\_\_

Individualized Healthcare Plan written by: \_\_\_\_\_

Student Picture

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**INDIVIDUALIZED HEALTHCARE PLAN**

Nursing Diagnosis: **Diagnosis** *NANDA Code if used*

Student Outcome Goal: **Goal**  
*(Measurable SMART Goal)*

OUTCOMES	INTERVENTIONS <i>(Implementation date &amp; initial)</i>	EVALUATION	
		<i>Outcomes (Indicators)</i>	<i>Process (Implementation success &amp; challenges)</i>
<b>Outcomes</b>	<b>Implementation</b>	<b>Evaluation</b>	

Evaluation of Impact (Long term health status): \_\_\_\_\_

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# Emergency Care Plan - ECP

## Outlines emergency care

- Based on provider's orders
- Written in lay language to guide non-medical staff to respond to an emergency

Any child with a severe or life threatening medical condition that may require adult intervention and oversight during the school day

## American Academy of Pediatrics – Allergy & Anaphylaxis Emergency Plan

- Highest Priority should be the safety of students with life-threatening health concerns
- Providing a safe environment
- Notifying people who have a legitimate “need to know”

<http://www.aap.org/aacp>

**Allergy and Anaphylaxis Emergency Plan** American Academy of Pediatrics  
MEMBER OF THE HEALTH CARE PROVIDERS

Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_  
 Date of birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ kg

Child has allergy to \_\_\_\_\_

Child has asthma:  Yes  No (if yes, higher chance severe reaction)  
 Child has had anaphylaxis:  Yes  No  
 Child may carry medicine:  Yes  No  
 Child may give him/herself medicine:  Yes  No (if child refuses/ is unable to self-treat, an adult must give medicine)

Attach child's photo

**IMPORTANT REMINDER**  
 Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

<p><b>For Severe Allergy and Anaphylaxis</b></p> <p><b>What to look for</b></p> <p>If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine.</p> <ul style="list-style-type: none"> <li>• Shortness of breath, wheezing, or coughing</li> <li>• Skin color is pale or has a bluish color</li> <li>• Weak pulse</li> <li>• Fainting or dizziness</li> <li>• Tight or hoarse throat</li> <li>• Trouble breathing or swallowing</li> <li>• Swelling of lips or tongue that bother breathing</li> <li>• Vomiting or diarrhea (if severe or combined with other symptoms)</li> <li>• Many hives or redness over body</li> <li>• Feeling of "doom," confusion, altered consciousness, or agitation</li> </ul> <p><input type="checkbox"/> <b>SPECIAL SITUATION:</b> If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____ Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.</p>	<p><b>Give epinephrine!</b></p> <p><b>What to do</b></p> <ol style="list-style-type: none"> <li>1. Inject epinephrine right away! Note time when epinephrine was given.</li> <li>2. Call 911.</li> <li>3. Stay with child and:                     <ul style="list-style-type: none"> <li>• Ask for ambulance with epinephrine.</li> <li>• Tell rescue squad when epinephrine was given.</li> <li>• Call parents and child's doctor.</li> </ul> </li> <li>4. Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.                     <ul style="list-style-type: none"> <li>• Keep child lying on back, if the child vomits or has trouble breathing, keep child lying on his or her side.</li> </ul> </li> <li>5. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.                     <ul style="list-style-type: none"> <li>• Antihistamine</li> <li>• Inhaler/bronchodilator</li> </ul> </li> </ol>
<p><b>For Mild Allergic Reaction</b></p> <p><b>What to look for</b></p> <p>If child has had any mild symptoms, monitor child.</p> <p>Symptoms may include:</p> <ul style="list-style-type: none"> <li>• Itchy nose, sneezing, itchy mouth</li> <li>• A few hives</li> <li>• Mild stomach nausea or discomfort</li> </ul>	<p><b>Monitor child</b></p> <p><b>What to do</b></p> <p>Stay with child and:</p> <ul style="list-style-type: none"> <li>• Wash child closely</li> <li>• Give antihistamine (if prescribed).</li> <li>• Call parents and child's doctor.</li> </ul> <p>• If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")</p>

**Medicines/Doses**

Epinephrine, intramuscular (list type): \_\_\_\_\_ Dose  0.10 mg (7.5 kg to less than 13 kg)  
 0.15 mg (13 kg to less than 25 kg)  
 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): \_\_\_\_\_ (\*Use 0.15 mg, if 0.10 mg is not available)

Other (for example, inhaler/bronchodilator if child has asthma): \_\_\_\_\_

Parent/Guardian Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_ Physician/HCP Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

© 2017 American Academy of Pediatrics. Updated 02/2019. All rights reserved. Your child's doctor will give you the sheet to use for your child. This information should not be the place of talking with your child's doctor. Page 1 of 2.

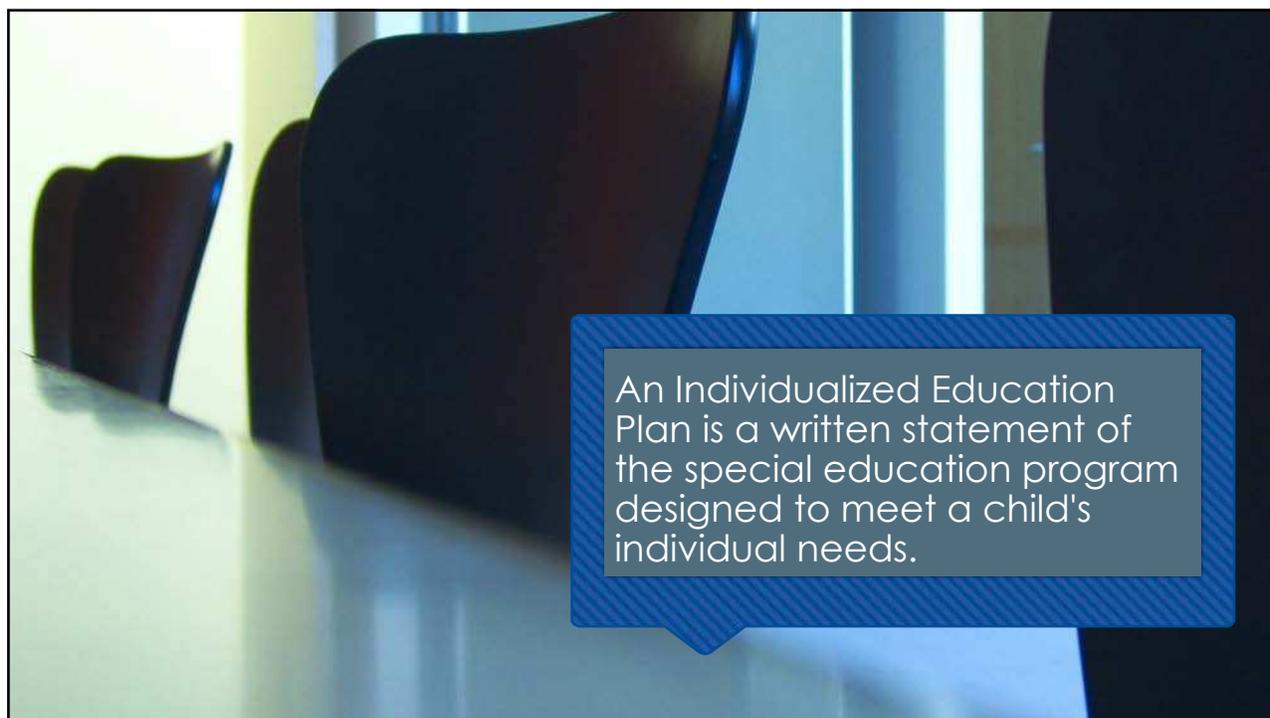


An ECP is a document written by a school nurse in lay language for non-medical school staff members to follow

## Individualized Education Plan - IEP

- Usually only used for food allergies when other disabilities exist
- “Other Health Impaired”





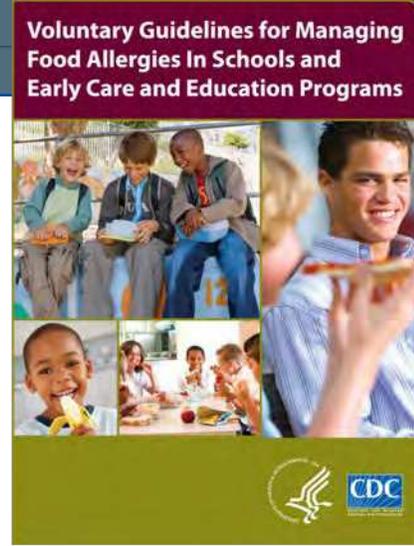
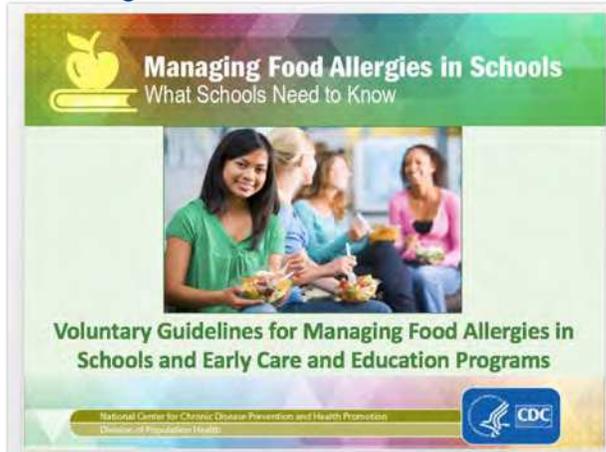
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## Resources for School Nurses

Allergy & Asthma Network  
FAME  
CDC



# CDC Voluntary Guidelines for Managing Food Allergies

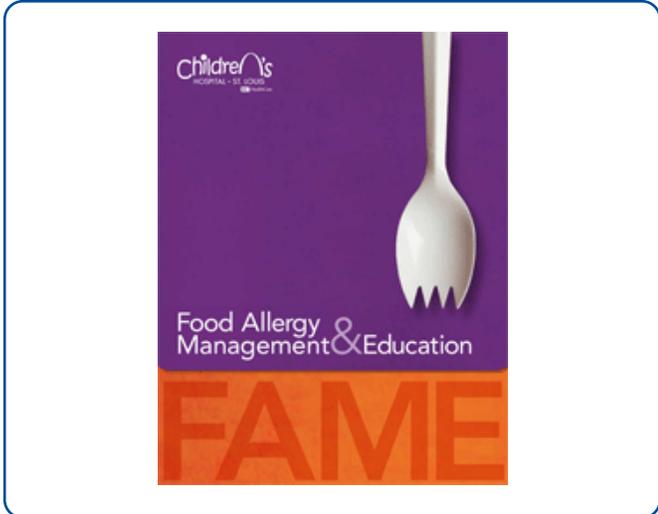


## FAME

ST. LOUIS CHILDREN'S HOSPITAL

Different sections for unique stakeholders

- Families
- Schools
- Healthcare Professionals



# Allergy & Asthma Network Resources

**Anaphylaxis At a Glance**  
Anaphylaxis is a life-threatening allergic reaction that affects more than one organ system.

**Allergens that can set off anaphylaxis**

- FOOD**
  - Bread, cereals, grains, wheat
  - Eggs
  - Milk
  - Soy
  - Tree nuts
  - Fish
  - Shellfish
- VENOM**
  - Bee stings
  - Fire ant bites
  - Spider bites
- LATEX**
  - Rubber gloves
  - Latex balloons
  - Latex condoms
  - Latex dental dams
  - Latex gloves
  - Latex catheters
  - Latex bandages
  - Latex gloves
- MEDICATION**
  - Antibiotics
  - Aspirin
  - Beta-blockers
  - NSAIDs
  - Pain relievers

**Common symptoms**

- SKIN**: Hives, itching, swelling
- RESPIRATORY**: Wheezing, coughing, trouble breathing
- GI**: Nausea, vomiting, diarrhea
- HEART**: Dizziness, lightheadedness, fainting
- STOMACH**: Stomach pain, cramping
- ORAL**: Swelling of lips, tongue, throat
- NOSE**: Runny nose, sneezing
- EYES**: Itchy, watery eyes
- TEETH**: Swelling of lips, tongue, throat

**Epi Everywhere! Every Day! Right Away!**

**RECOGNIZE THE SEVERITY**  
Anaphylaxis is life-threatening. Symptoms can occur in minutes. If you have a severe allergic reaction, call 911 and use your epinephrine autoinjector as soon as possible. If you are unsure if you are having a severe allergic reaction, use your epinephrine autoinjector. **When in doubt, use it!**

**USE EPINEPHRINE IMMEDIATELY**  
Epinephrine is the first-line treatment for anaphylaxis. Use your epinephrine autoinjector as soon as you have symptoms. **Don't wait to see what happens!**

**CALL 911**  
Always call for emergency medical assistance and go to the emergency room for follow-up observation and treatment.

**CARRY TWO AUTO-INJECTORS**  
Keep two epinephrine auto-injectors on hand at all times. One auto-injector may be used if you have symptoms that don't improve after the first injection. Up to 20% of people will have a second reaction.

**FOLLOW UP**  
Consult a healthcare provider about your epinephrine auto-injector and your anaphylaxis management plan.

**Epinephrine Treatments**  
Allergies affect more than 30 million people in the U.S.

Brand Name	Epinephrine Auto-Injector (EpiPen)	Epinephrine Auto-Injector (Aventus)	Epinephrine Auto-Injector (Symbrinne)	Epinephrine Auto-Injector (Adrenaclick)	Epinephrine Auto-Injector (Anapen)
<b>Adult</b>	0.3 mg/0.3 mL (EpiPen)	0.3 mg/0.3 mL (Aventus)	0.3 mg/0.3 mL (Symbrinne)	0.3 mg/0.3 mL (Adrenaclick)	0.3 mg/0.3 mL (Anapen)
<b>Pediatric</b>	0.1 mg/0.1 mL (EpiPen Jr)	0.1 mg/0.1 mL (Aventus Jr)	0.1 mg/0.1 mL (Symbrinne Jr)	0.1 mg/0.1 mL (Adrenaclick Jr)	0.1 mg/0.1 mL (Anapen Jr)

# Allergy & Asthma Network Resources

**Allergy & Anaphylaxis**  
A Practical Guide for Schools and Families

Includes 101 School Safety Classrooms for Allergy Management and Educational Resources for Students & Staff Instructors.

Reproduction sponsored by **SAH SCHOOL HEALTH**

**Understanding Anaphylaxis**  
This is a primary-level guide written by Dr. Henry J. Akin.

**Anaphylaxis and Allergies 101**

**Anaphylaxis Treatment**

## Questions?

Write your questions in the Question Box on your Control Panel  
 Look for the Handouts Pane to download your Certificate of Attendance & Handouts – Do that NOW (you can't at the end of the program)



### Things to Know

- **Thanks for listening!**
- Contact Sally with questions
- [sschoessler@allergyasthmanetwork.org](mailto:sschoessler@allergyasthmanetwork.org)



[www.allergyasthmanetwork.org](http://www.allergyasthmanetwork.org)

