

Adopted:
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(DRAFT) BLUFFVIEW MONTESSORI SCHOOL POLICY 112 RECOGNITION AND TREATMENT OF ANAPHYLAXIS

Reasons for Having Auto-injectable Epinephrine Available in Public Schools

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to things such as certain foods, medicines, latex, or an insect sting. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock that are potentially fatal. Epinephrine is the drug of choice for treatment of anaphylaxis, and should be given as soon as possible at the onset of symptoms.

If there were to be a student, a staff member, or other adult who developed symptoms of anaphylaxis at school, there would be a delay before paramedics or ambulance staff could arrive. Therefore, having school staff trained in recognizing anaphylaxis and quickly giving epinephrine may be life-saving. Students who have been identified as being at risk for an allergic reaction should have their own auto-injector of epinephrine at school. However, some students or adults at school may have their first anaphylactic reaction in a school setting.

Minnesota Statutes 121A.2207 – Life-Threatening Allergies in Schools; Stock Supply of Epinephrine Auto-Injectors-Subdivision 1. Districts and schools permitted to maintain supply.

Notwithstanding section [151.37](#), districts and schools may obtain and possess epinephrine auto-injectors to be maintained and administered by school personnel to a student or other individual if, in good faith, it is determined that person is experiencing anaphylaxis regardless of whether the student or other individual has a prescription for an epinephrine auto-injector. The administration of an epinephrine auto-injector in accordance with this section is not the practice of medicine.

Subd. 2. Arrangements with manufacturers.

A district or school may enter into arrangements with manufacturers of epinephrine auto-injectors to obtain epinephrine auto-injectors at fair-market, free, or reduced prices. A third party, other than a manufacturer or supplier, may pay for a school's supply of epinephrine auto-injectors. (Terms Used In Minnesota Statutes 121A.2207)

PROTOCOL FOR EMERGENCY ADMINISTRATION OF EPINEPHRINE IN SCHOOL

Annual Training for All School Site Personnel in Recognizing Symptoms of Anaphylaxis

- Each school district and charter school should require that all school site personnel receive an annual training on the recognition of anaphylaxis and procedures to follow when anaphylaxis occurs or is suspected. The training on the recognition of symptoms of anaphylaxis and appropriate procedures should be conducted by a regulated health care professional, whose competencies include the recognition of the symptoms of anaphylaxis, and the procedures to follow when anaphylaxis occurs.

Obtaining and Maintaining a Stock of Auto-injectable Epinephrine in Schools

- A list of the people authorized to administer auto-injectable epinephrine be stored next to the school's supply auto-injectable epinephrine. The list should also be maintained in the school's administrative offices and made available upon request.
- The auto-injectable epinephrine should be stored at room temperature and in a secure, unlocked, easily accessible location at school district and charter schools.
- Each school should document monthly that they have checked to ensure that the auto-injector epinephrine is being properly stored, that the epinephrine solution is clear, that there are no particles in the solution, and that

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the expiration date has not been passed. If the solution is discolored or if it contains a precipitate, the auto-injector should be replaced. The epinephrine auto-injectors should be replaced before their expiration date.

Common Allergens- *Animal dander, fish, latex, milk, shellfish, tree nuts (pecans), eggs, insect venom (ex. Bee stings), medications, peanuts, soy, wheat.*

Signs and Symptoms of Anaphylaxis (only a few may be present)

- Hives, itchy rash and/or swelling about the face, body or extremities
- Flushing and/or swelling of the face
- Itching around the eyes, redness and swelling of the eyes, and tearing of the eyes
- Itching and/or swelling of the lips, tongue or back of the throat
- Itching and /or sense of tightness in the throat, hoarseness, difficulty breathing and/or swallowing
- Itching of the outer ear canals
- Shortness of breath, repetitive coughing and /or wheezing, chest tightness, harsh high-pitched breathing (stridor)
- Weak pulse, low blood pressure
- Light headedness, feeling faint, fainting, collapse
- Nausea, abdominal cramps, vomiting
- Distress, anxiety and a sense of dread
- The most dangerous symptoms of anaphylaxis include breathing difficulties and a drop in blood pressure or shock that are potentially fatal.

Process of Administering Auto-injectable Epinephrine to a Person with Symptoms of Anaphylaxis

- Have trained school personnel evaluate the person and decide if the person's symptoms indicate possible anaphylaxis.
- Call 911 when anaphylaxis is suspected.
- While the person is being evaluated for symptoms of possible anaphylaxis, obtain auto-injector epinephrine. Students who have been prescribed epinephrine by auto-injector and who have their own auto-injector at the school or at a school-sponsored event should use or be given their own auto-injector epinephrine. Obtain epinephrine from the school supply for a child or an adult who do not have a supply of their own auto-injector epinephrine.
- If it is decided that the patient may have anaphylaxis, a trained and authorized person should select the appropriate dosage of auto-injectable epinephrine to administer pursuant to a standing order, and administer epinephrine via auto-injector according to the standing order (**0.3mg dose if the estimated weight is 66 pounds or above; 0.15mg dose if the estimated weight is 33-66 pounds**).

Note: Epinephrine can be given based on an estimation of the individual's weight; the most important action to reverse an anaphylactic reaction is to give the epinephrine and time should not be wasted seeking a precise weight. On average, children reach 66 pounds between ages 8 and 12 years of age.

- Inject epinephrine via auto-injector: Pull off safety release cap. Swing and jab firmly into upper, outer thigh, (through clothing if necessary). **Hold in place for *5 or 10 seconds to deliver medication and then remove.** ***Note: Check manufacturer instructions for time of delivery of medication.** Massage the area for 10 more seconds. Note the time of injection.
- When possible, have the person with suspected anaphylaxis lie down with their legs elevated until the emergency responders arrive. Maintain the person in a position that is most comfortable for breathing.
- Advise school health personnel and school administration of the incident.
- If needed, repeat the epinephrine dose pursuant to a standing order if the symptoms persist and the emergency responders have not arrived.
- Once the emergency responders have arrived, inform them about the incident, the reasons for giving epinephrine, and the person's response to the epinephrine. Give them the used epinephrine auto-injector labeled with the person's name, date and time administered.

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- Notify a student's parents/guardians of the incident and ask them to promptly alert the student's primary care doctor of the incident.
- Write down the date and time that the auto-injector epinephrine was given, the name of the recipient, and the name of the person giving the epinephrine. If two doses need to be given, write down the time that each were given.
- The person who receives epinephrine may have the following side effects: moderate anxiety; apprehensiveness; restlessness; tremor; shakiness; weakness; dizziness; sweating; heart-pounding; paleness; pallor; nausea and vomiting; and/or headache.
- Even if the person improves after receiving epinephrine, he/she still needs to be taken for urgent medical evaluation since the symptoms of anaphylaxis may recur.

Actions after a Person Is Given Epinephrine

- Describe the event, the rationale for giving epinephrine, the person's response to the epinephrine, who was involved in the event, the timing of notifications to emergency responders, school administration, student's parents/guardians, and the physician who issued the standing order.
- Document the date and time(s) that the auto-injector epinephrine was given, the name of the recipient, and the name of the person giving the epinephrine.
- Complete a written documentation of the incident, detailing who administered the injection, the rationale for administering the injection, the approximate time of the injection(s), and notifications made to school administration, emergency responders, the student's parents/guardians, and notify the child's primary care provider.
- Order replacement dose(s) of auto-injectable epinephrine.
- The school and school district should review the incident involving emergency administration of epinephrine to determine the adequacy of response.

References

<https://www.house.leg.state.mn.us/hrd/pubs/ss/ssminorhc.pdf> (link to statutes referenced in policy)

<https://azdhs.gov/documents/audiences/schools/emergency-epinephrine-in-school.pdf>

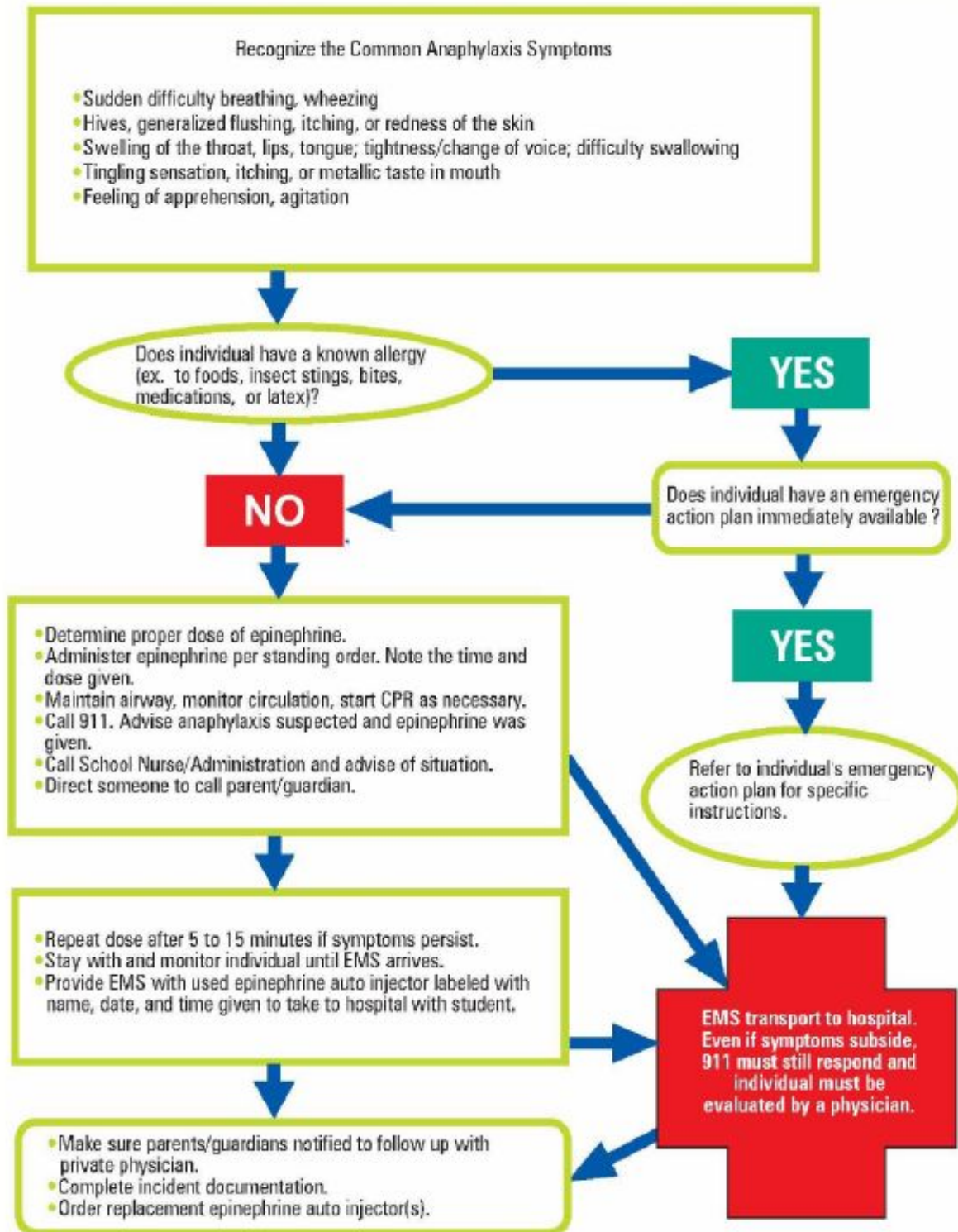
http://www.doe.virginia.gov/support/health_medical/anaphylaxis_epinephrine/anaphylaxis_school_setting_guidelines.pdf

Attachment 1. Anaphylaxis in the School Setting Flowchart

Attachment 2. Report of Anaphylactic Reaction

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Recognize Anaphylaxis Symptoms



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Report of Anaphylactic Reaction

Demographics and Health History

1. Name: _____ Name of School: _____
2. DOB: _____ Status of Person: Student ☐ Staff ☐ Visitor ☐ Gender: M ☐ F ☐
3. History of allergy: Yes ☐ No ☐ Unknown ☐ If known, specify type of allergy: _____
- If yes, was allergy action plan available? Yes ☐ No ☐ Unknown ☐ History of prior anaphylaxis: Yes ☐ No ☐ Unknown ☐
- Diagnosis/History of asthma: Yes ☐ No ☐ Unknown ☐

School Plans and Medical Orders

4. Individual Health Care Plan (IHCP) in place? Yes ☐ No ☐ Unknown ☐
5. Does the student have a student specific order for epinephrine? Yes ☐ No ☐ Unknown ☐
6. Source of epinephrine (ex. student provided, stock epinephrine) _____ Expiration date of epinephrine _____ Unknown ☐

Epinephrine Administration Incident Reporting

7. Date/Time of occurrence: _____ Vital signs: BP ____/____ Temp ____ Pulse ____ Respiration ____
8. Specify suspected trigger that precipitated this allergic episode:
- Food ☐ Insect Sting ☐ Exercise ☐ Medication ☐ Latex ☐ Other ☐ _____ Unknown ☐
- If food was a trigger, please specify suspected food _____
- Please check: Ingested ☐ Touched ☐ Inhaled ☐ Other ☐ specify _____
9. Did reaction begin prior to start of school day? Yes ☐ No ☐ Unknown ☐
10. Location where symptoms developed:
- Classroom ☐ Cafeteria ☐ Health Office ☐ Playground ☐ Bus ☐ Other ☐ specify _____
11. How did exposure occur?

12. Symptoms: (Check all that apply)
- | <u>Respiratory</u> | <u>GI</u> | <u>Skin</u> | <u>Cardiac/Vascular</u> | <u>Other</u> |
|--|--|--|---|--|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Abdominal discomfort | <input type="checkbox"/> Angioedema | <input type="checkbox"/> Chest discomfort | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Flushing | <input type="checkbox"/> Cyanosis | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Hoarse voice | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> General itching | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Stuffy or runny nose | <input type="checkbox"/> Oral itching | <input type="checkbox"/> General rash | <input type="checkbox"/> Faint/Weak pulse | <input type="checkbox"/> Metallic taste |
| <input type="checkbox"/> Swollen throat or tongue | <input type="checkbox"/> Nausea | <input type="checkbox"/> Hives | <input type="checkbox"/> Headache | <input type="checkbox"/> Red eyes |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Lip swelling | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Stridor | | <input type="checkbox"/> Localized rash | <input type="checkbox"/> Rapid heartbeat | <input type="checkbox"/> Uterine cramping |
| <input type="checkbox"/> Tightness (chest, throat) | | <input type="checkbox"/> Paleness | | |
| <input type="checkbox"/> Wheezing | | | | |
13. First Epinephrine Dose (amt.) _____ Site (ex. upper left thigh) _____ Time: _____ Initials: _____
- Second Epinephrine Dose (amt.) _____ Site _____ Time: _____ Initials: _____

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14. Location where epinephrine administered:	Health Office <input type="checkbox"/>	Other <input type="checkbox"/>	specify _____
15. Location of epinephrine storage:	Health Office <input type="checkbox"/>	Other <input type="checkbox"/>	specify _____
16. Epinephrine administered by:	RN <input type="checkbox"/>	Self <input type="checkbox"/>	Other <input type="checkbox"/> (print name) _____
17. Parent or guardian notified of epinephrine administration:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Time: _____ By whom: _____
18. Biphasic reaction:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

Disposition

19. EMS notified at: (time) _____	By whom _____
Transported to hospital emergency department: Yes <input type="checkbox"/> No <input type="checkbox"/>	If "No", reason _____
If yes, transferred via ambulance <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other <input type="checkbox"/>	
20. Student/Staff/Visitor outcome: _____	

School Follow-up

21. Were parents or guardians advised to follow up with student's medical provider? Yes <input type="checkbox"/> No <input type="checkbox"/>
22. Were arrangements made to restock epinephrine? Yes <input type="checkbox"/> No <input type="checkbox"/>
NOTES: _____ _____ _____

24. Form completed by: _____ Date: _____ (please print)
Signature: _____ Title: _____