

## **Anaphylaxis Policy**

### **Recognition and Treatment of Anaphylaxis (Severe Allergic Reaction) in the School Setting**

It is the policy of Prince George County Public Schools to provide at least two (2) doses each of 0.15mg and 0.3mg auto-injectable epinephrine (hereinafter called “unassigned or stock epinephrine”) in each school, to be administered by a school nurse or employee of the school board who is authorized and trained in the administration of epinephrine to any student believed to be having an anaphylactic reaction on school premises, during the academic day. The *Code of Virginia* (§8.01-225) provides civil protection for employees of a school board who are appropriately trained to administer epinephrine.

#### **Policy Limitations**

Parents of students with known life threatening allergies and/or anaphylaxis should provide the school with written instructions from the students’ health care provider for handling anaphylaxis and all necessary medications for implementing the student specific order on an annual basis. This anaphylaxis policy is not intended to replace student specific orders or parent provided individual medications. This policy **does not** extend to activities off school grounds (including transportation to and from school, field trips, etc.) or outside of the academic day (sporting events, extra-curricular activities, etc.). Stock epinephrine is intended for use on school premises and should not be carried offsite.

#### **Overview**

Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. Common allergens include animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat. A severe allergic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can occur up to one to two hours after exposure to the allergen.

#### **Symptoms of Anaphylaxis**

- Shortness of breath or tightness of chest; difficulty in or absence of breathing
- Sneezing, wheezing or coughing
- Difficulty swallowing
- Swelling of lips, eyes, face, tongue, throat or elsewhere
- Low blood pressure, dizziness and/or fainting
- Heart beat complaints: rapid or decreased
- Blueness around lips, inside lips, eyelids
- Sweating and anxiety

- Itching, with or without hives; raised red rash in any area of the body
- Skin flushing or color becomes pale
- Hoarseness
- Sense of impending disaster or approaching death
- Loss of bowel or bladder control
- Nausea, abdominal pain, vomiting and diarrhea
- Burning sensation, especially face or chest
- Loss of consciousness

Although anaphylactic reactions typically result in multiple symptoms, reactions may vary. A single symptom may indicate anaphylaxis. **Epinephrine should be administered promptly at the first sign of anaphylaxis. It is safer to administer epinephrine than to delay treatment for anaphylaxis.**

### **Training**

As it is impossible to totally eliminate allergens from the school setting, all school staff must be prepared to help students who experience anaphylaxis. All school staff should know what to do in case of an anaphylactic attack, whether or not they are personally responsible for administration of epinephrine. They need to know what anaphylaxis is, how to tell if someone might be experiencing anaphylaxis, and how to get timely help for that child or adult. In addition, designated personnel need to go one critical step further and be able to provide the life-saving medication epinephrine while quickly summoning emergency care.

Building level administration shall be responsible for ensuring that all school staff receive annual training to recognize signs of an anaphylactic reaction and how to get help.

Building level administration shall be responsible for identifying at least two employees, in addition to the school nurse (RN or LPN), to be trained in the administration of epinephrine by auto-injector. All building level administration shall also be trained in the administration of epinephrine auto-injector. Only trained personnel should administer epinephrine to a student believed to be having an anaphylactic reaction. Training shall be conducted, by a registered professional nurse, in accordance with the most current edition of the Virginia Department of Education's *Manual for Training Public School Employees in the Administration of Medication*. Training shall be conducted annually or more often as needed.

Building level administration shall conduct annual practice drills to equip school personnel in providing a prompt and efficient response to an anaphylactic emergency and shall submit written report to the School Health Services Coordinator summarizing outcome of the drill.

### Standing Orders

Standing orders are written to cover multiple people as opposed to individual-specific orders, which are written for one person. Prince George County Public Schools shall designate an authorized medical provider (MD, DO, PA, or NP with prescriptive authority) to prescribe non-student specific epinephrine for the school division, to be administered to any student believed to be having an anaphylactic reaction on school grounds, during the academic day. Standing orders must be renewed annually and with any change in prescriber.

### Responding to Anaphylaxis

If student-specific orders are on file they should be followed for students with known life threatening allergies and/or anaphylaxis.

For suspected anaphylaxis without specific orders:

1. Based on symptoms, determine that an anaphylactic reaction is occurring.
2. Act quickly. It is safer to give epinephrine than to delay treatment. **This is a life and death decision.**
3. Determine the proper dose and administer epinephrine. **Epinephrine should be given based on an estimation of the individual's weight. Time should not be wasted seeking a precise weight.**

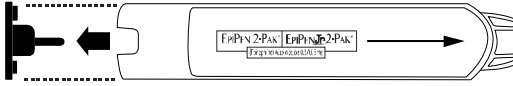
Weight of the Individual	Epinephrine Dosage
33 to 66 pounds	0.15 mg (EpiPen Jr.)
Greater than 66 pounds	0.3 mg (EpiPen)
Appears to weigh around 66 pounds, but weight cannot be precisely determined	0.3 mg (EpiPen)

4. Note the time that epinephrine is administered.
5. Direct someone to call 911 and request medical assistance. Advise the 911 operator that anaphylaxis is suspected and that epinephrine has been given.
6. Stay with the person until emergency medical services (EMS) arrives.
7. Monitor their airway and breathing.
8. Reassure and calm person as needed.
9. Call School Nurse/Front Office school personnel and advise of situation.
10. Direct someone to call parent/guardian
11. If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine 5 to 15 minutes after the initial injection. Note the time.
12. Administer CPR if needed.

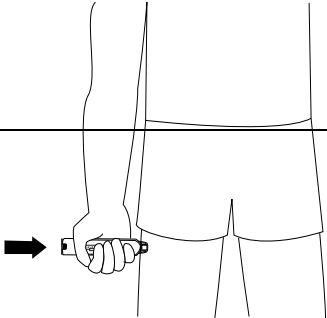
13. EMS to transport individual to the emergency room. Document individual's name, date, and time the epinephrine was administered on the used epinephrine auto-injector and give to EMS to accompany individual to the emergency room.
14. Even if symptoms subside, 911 must still respond and individual must be evaluated by a physician. A delayed or secondary reaction may occur.
15. Document the incident and complete the incident report.
16. Replace epinephrine stock medication as appropriate (refer to Section: Storage, Access and Maintenance).

**EPIPEN Auto-Injector and  
EPIPEN Jr Auto-Injector Directions**

- **First, remove the EPIPEN Auto-Injector from the plastic carrying case**
- **Pull off the blue safety release cap**



- **Hold orange tip near outer thigh (always apply to thigh)**



- **Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds**

**EPIPEN 2-PAK® EPIPEN Jr 2-PAK®**  
(Epinephrine) Auto-Injectors 0.3/0.15mg

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*Courtesy of FAAN, 2012*

**Post Event Actions**

- Once epinephrine is administered, local Emergency Medical Services (911) shall be activated and the student transported to the emergency room for follow care. In some reactions, the symptoms go away, only to return one to three hours later. This is called a “biphasic reaction.” Often these second-phase symptoms occur in the respiratory tract and may be more severe than the first-phase symptoms; therefore, follow-up care with a health care provider is necessary. The student will not be allowed to remain at school or return to school on the day epinephrine is administered.
- Document the event
- Complete incident report
- Replace epinephrine stock medication immediately

**Storage, Access and Maintenance**

Epinephrine should be stored in a safe, unlocked and accessible location, in a dark place at room temperature (between 59-86 degrees F). Epinephrine should **not** be maintained in a locked cabinet or behind locked doors. Staff should be made aware of the storage location in each school. It should be protected from exposure to heat, cold or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures. The expiration date of epinephrine solutions should be periodically checked; the drug should be replaced if it is approaching the expiration date. The contents should periodically be inspected through the clear window of the auto-injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit.

Each school nurse or principal’s designee should maintain documentation that stock epinephrine has been checked on a monthly basis to ensure proper storage, expiration date, and medication stability.

The school division shall maintain a sufficient number of extra doses of epinephrine for replacement of used or expired school stock on the day it is used or discarded. Expired auto-injectors or those with discolored solution or solid particles should not be used. Discard them in a sharps container.

The school nurse or principal’s designee shall immediately contact the Health Services Coordinator to request replacement of used or expired school stock epinephrine.

**Authorization*****Code of Virginia §54.1-3408. Professional use by practitioners.***

2. That the Department of Health, in conjunction with the Department of Education and the Department of Health Professionals, shall develop and implement policies for the recognition and treatment of anaphylaxis in the school setting. Such departments shall develop policies with input from, but not limited to, representatives of the following organizations and entities: local school boards, the Virginia Association of School Nurses, the Virginia Nurses Association, the Virginia Chapter of the American Academy of Pediatrics, the Medical Society of Virginia, and the Office of the Attorney General. Such departments shall identify and develop appropriate revisions to the "Virginia School Health Guidelines" related but not limited to (i) development of a plan for the issuance and implementation of oral or written orders or standing protocols; (ii) consideration of who may qualify as a prescriber for local school divisions, including local health department directors, operational medical directors, and school health directors; (iii) specification of training needs and requirements for the administration of epinephrine; (iv) appropriate liability protections; and (v) any issues requiring statutory or regulatory amendment. Such departments shall provide guidelines to the Superintendent of Public Instruction for dissemination by no later than July 1, 2012.

***Code of Virginia §22.1-274.2. Possession and self-administration of inhaled asthma medications and epinephrine by certain students or school board employees.***

C. By the beginning of the 2012-13 school year, local school boards shall adopt and implement policies for the possession and administration of epinephrine in every school, to be administered by a school nurse or an employee of the school board who is authorized and trained in the administration of epinephrine to any student believed to be having an anaphylactic reaction.

***Code of Virginia § 54.1-3408. Professional use by practitioners.***

D. Pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, a school nurse, or any school board employee who is authorized and trained in the administration of epinephrine, may possess and administer epinephrine.

***Code of Virginia § 8.01-225. Persons rendering emergency care, obstetrical services exempt from liability.***

10. Is a school nurse or an employee of a school board, authorized by a prescriber and trained in the administration of epinephrine, who provides, administers, or assists in the administration of epinephrine to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

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