

ANAPHYLAXIS PROTOCOL
for
Non-Licensed School Staff Members

An unlicensed staff member may be trained to administer an Epi-Pen in anticipation of an Anaphylactic reaction, under the following circumstances:

- The individual agrees to render emergency care to the student, who may have a Life Threatening Hypersensitivity reaction to a previously encountered allergen (ANAPHYLAXIS) (Such a response would fall under the "Good Samaritan Act" for rendering emergency care during a life-threatening situation.)
- The individual has been given approval by a Registered Nurse/Nurse Practitioner to assist the student in the event of an Anaphylactic reaction
- The individual receives proper in-service training for the procedure from a Registered Nurse/Nurse Practitioner
- The training is documented by the health care professional who conducts the training.
- Ongoing assessment and supervision is conducted by the health care professional.

STUDENT'S EMERGENCY CARE PLAN
and
EPI-PEN MUST ACCOMPANY HIM/HER ON ALL FIELD TRIPS

Name of Student: _____ Allergy: _____

The following staff member successfully demonstrated proficiency in the use of the Epi-Pen Auto Injector Training Device

Staff Member Trained: _____ Position: _____ Date: _____
Signature

Trainer: (Must be Registered Nurse) _____ Date: _____
Signature/Title

<p align="center">ANAPHYLAXIS PROTOCOL</p>	<p align="center">Explanation/Demonstration by Registered Nurse</p>	<p align="center">Explanation /Return Demonstration by unlicensed Staff Member</p>
<p>A. States Name and Purpose of Emergency Medication:</p>	<p>Date: RN initials:</p>	<p>Date: Staff member's initials:</p>
<p>• The Epi -Pen Auto-Injector is a disposable, prefilled automatic injection device which is designed to deliver a single dose of 0.3 mg (or 0.1 mg for children) of epinephrine to an individual with a known Anaphylactic condition.</p>		
<p>B. Signs and Symptoms of Anaphylaxis:</p> <ul style="list-style-type: none"> • Itching and swelling of lips, tongue and mouth. • Tightness in throat, hoarseness, hacking cough. • HIVES, itchy rash, swelling about the face or extremities. • Nausea, stomach cramps, vomiting and/or diarrhea. • Shortness of breath, wheezing, repetitive coughing. • Passing out. 		
<p>C. EMERGENCY TREATMENT:</p> <p>(For Training Purposes, use Epi-Pen Trainer)</p> <ul style="list-style-type: none"> • Have someone call 911 immediately • Administer emergency medication (Epi-Pen) <ul style="list-style-type: none"> • Pull off gray safety cap. • Place black tip on thigh, at right angle to leg. • Press hard into thigh (through clothing) until Auto-Injector mechanism functions. • Hold in place for 10 seconds!! • Remove Epi-Pen unit and discard. • Massage injection area. • Call parent or parent designee • Call student's physician to inform of emergency • Record administration of Epi-Pen on the <i>Emergency Medical Care Plan Anecdotal Record</i> (Send with student to hospital) <p>Student will be transported to hospital via ambulance</p>		