Stocking Non-Specific Epinephrine Auto-injectors In Colorado Schools

2014

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Introduction

Background

Allergic reactions are among the most common medical conditions affecting children in the United States. An allergic reaction is an immune response to something that is usually not harmful. Some allergic reactions can be life threatening and have far reaching effects on children and their families as well as on the schools they attend. The life threatening result of allergic reactions is called Anaphylaxis. The most common anaphylactic reactions are to foods, insect stings, medications and latex, with foods representing the chief cause of anaphylaxis in children and youth.

Anaphylaxis is defined by the National Institutes of Health and the Food Allergy and Anaphylaxis Network as "a serious allergic reaction that is rapid in onset and may cause death".

According to a study released in 2013 by the Centers for Disease Control and Prevention, food allergies among children aged 0 – 17 years increased from 3.4% in 1997 to 5.1% on 2011 and allergic reactions to foods have become the most common cause of anaphylaxis in the community health settings. It is estimated that 4%-6% of children in the United States have developed food allergies. In 2006, a study by O'Toole, et al, found that about 88% of schools had one or more students with a food allergy. Studies show that 16%-18% of children with food allergies have had a reaction from accidentally eating food allergens while at school. In addition, 25% of the severe and potentially life-threatening reactions (anaphylaxis) reported at schools happened to children with no previous diagnosis of food allergy.

A food allergy is an adverse immune system reaction that occurs soon after exposure to a certain food. The immune response can be severe and life threatening. Although the immune system normally protects people from germs, in people with food allergies, the immune system mistakenly responds to food as if it were harmful. Even a small amount of the allergy-causing food can trigger an anaphylactic reaction.

Some children and youth with these life threatening allergies face health challenges that can affect their ability to learn as well as their social emotion development. The following guidelines focus on building a strong collaboration between parents, students, medical providers and staff in schools to develop and maintain safe learning environments through prevention measures and effective response to allergic emergencies.

Colorado Legislation and Statute

The Colorado legislature has sequentially entertained issues impacting student safety related to allergies and anaphylaxis and passed into law legislation requiring schools to develop policies and procedures that would reduce emergency health risks for students with life threatening allergies. In 2005, Colorado passed the Asthma, Food Allergy, and Anaphylaxis Health Management – Self Administered Medication Law which allows students to self-carry emergency epinephrine and prescription inhalers under certain circumstances. (22-1-119.5, C.R.S). In 2009 the Colorado School

Children's Food Allergy and Anaphylaxis Management Act (SB 09-226) was passed that resulted in requirements for schools to develop policies that would make reasonable accommodations to reduce the risk of student exposure to agents that may cause anaphylaxis and be prepared to provide emergency response to life threatening allergic reaction events. The rules and regulations promulgated from this law amended the previous Rules and Regulations related to the ability of students to self-carry self-injectable and inhaled medications that could be used in emergency situations. During the 2013 legislative session HB 13-1171 was passed and signed by the Governor that amended the previous laws related to food allergies and anaphylaxis (C.R.S 22-1-119.5). These amendments added provisions that supported the schools' ability to stock a supply of epinephrine auto injectors to be available for use in the event of a life threatening anaphylaxis emergency and provide school staff training in the use of these epinephrine auto-injectors. The Colorado Department of Education (CDE) and Department of Public Health and Environment (CDPHE) promulgated and amended Rules and Regulations for the implementation of these amendments that were approved by the Colorado Board of Education.

Individuals administering the epinephrine auto-injector are protected under the Good Samaritan Act as long as they follow the standing orders and protocols and administer the epinephrine in good-faith in accordance with the district policy.

The following Allergy and Anaphylaxis Guidelines provide technical guidance to schools for the implementation of the above mentioned laws adopted into the Colorado Revised Statutes (C.R.S.).

Developing School Anaphylaxis Policy and Stocking Epinephrine

Develop a school policy to stock epinephrine

- Interested parties meet to discuss the potential adoption of policy that directs schools to stock epinephrine auto-injectors for use in emergency anaphylaxis. Individuals may include the school nurse, school administrator, district legal counsel, risk management staff, wellness coordinator, school health advisory members, medical providers, and community members
- The above group informs the local school board of their recommendations.
- District School Board develops a comprehensive policy to manage life- threatening allergies in the school setting including the provision of stock epinephrine auto-injectors in the schools. Colorado Association of School Boards (CASB) has developed a sample policy. This policy should align with the policies and practices on the care of students with chronic health conditions.

Develop district protocols and procedures to ensure the management of life-threatening allergies

- **Parents are responsible** for informing the school of any known life-threatening allergies of their child, providing orders from their child's provider, and supplying the school with emergency medication.
- **Schools are responsible:**
    - To develop local protocols and procedures to reduce risk of exposure to allergens and response to anaphylaxis emergency

    - Identify a medical provider with prescriptive authority to sign annually standing orders and protocols for the administration of stock epinephrine auto-injectors for any incidence of anaphylaxis regardless of whether the student has a prescription for an epinephrine auto-injector. Provider supplies school nurse with prescription for both adult and child epinephrine auto-injectors.
    - Notify families of the district/school policy to stock epinephrine auto-injectors in their school including the emergency response to students with identified or unidentified life-threatening allergies.

- **School nurse** informs parents on the healthcare plan and emergency response procedures for that particular school building.
- **Make arrangements** with epinephrine auto-injectors suppliers (pharmacy) or manufacturer suppliers to fill prescription.
- **Make available** to families of students with known life threatening allergies the individualized care plan and make such plan available on district website or by other means of communication.

Create a healthy and safe environment in classroom, cafeteria, transportation, or extra-curricular events

- Include school staff in planning and development of procedures and guidelines
- Provide general training on life threatening allergies and emergency protocols to all staff
- Provide additional training for staff responsible for field trips and before and after school activities for students with known allergies on how to respond to emergencies.
- Develop food handling policies and procedures to prevent cross contamination.
- Create a positive environment that reduces bullying and social isolation

Develop an emergency plan

- Consider district model for school nursing coverage and Emergency Medical System (EMS) response.
- Set up communications systems for use in emergencies.
- Consider storage and access of emergency medications
- Identify core groups for specialized training

Training for students with known allergies:

- Utilize a CDE approved training and follow up supervision by a school nurse with staff that work with students who have known life threatening allergies. These staff members will have knowledge of the student's individualized health care plan and emergency strategies.
- Include any information on student's self-administration their medications.

Training for responding to anaphylaxis using stock epinephrine auto-injector:

- Identify a minimum of two designated personnel that will receive a more comprehensive training using a CDE approved curriculum on identifying symptoms of anaphylaxis and administration of the stock epinephrine.
- Determination of competency and ongoing supervision needs to be done by the school nurse.
- Ensure individuals have current CPR and 1st Aid certification.
- Report to CDE the number of individuals trained to administer stock epinephrine on an annual basis.

Documentation and debriefing of event

- Use the state reporting form for documentation of event. Report to the Colorado Department of Education, Office of Health and Wellness within 7 days of incident.
- Debrief with responders, staff and family after the incident for quality improvement of response.

Refer to Appendix A : **Putting Guidelines into Practice: Action for School Boards and District Staff** to further inform your own district/school guidelines on responding to a life-threatening emergency.

Common Triggers

FOOD

Food allergies affect an estimated 4 to 6 percent of students. An estimated 3.9 percent of U.S. children, or about 3 million younger than 18, had food allergies in 2007, according to a 2009 report by the U.S. Centers for Disease Control and Prevention. That's up from 3.3 percent a decade earlier. Allergic reaction can be caused by ingestion or contact with allergen. The following 8 foods or food groups account for 90 percent of serious allergic reactions in the United States:

Peanuts*
Milk
Eggs
Wheat
Soy
Tree Nuts (pecans, walnuts, pistachios, almonds, etc)
Fish
Shellfish**

*Peanuts are the most common cause of anaphylaxis in children, and is the food most frequently causing fatal reactions
** Shellfish are the most frequent food causing anaphylaxis in adults

LATEX

Latex allergy has become increasingly common especially among people whose work requires latex gloves, or who undergo frequent medical procedures such as children with chronic health conditions. Latex is present in many common items, such as balloons, disposable gloves, first aid tape, rubber bands, erasers and bungee cords. Care should also be given to art supplies as many paints contain latex.

INSECT STINGS

Fatal or serious reactions to insect stings are confined almost entirely to bees, wasps, hornets, and yellow jackets. Insects are more likely to sting during late summer and fall when it is dry and flowers are still in bloom.

Symptoms

Mild symptoms may include one or more of the following:

- Hives (reddish, swollen, itchy areas on the skin)
- Eczema (a persistent dry, itchy rash)
- Redness of the skin or around the eyes
- Itchy mouth or ear canal
- Nausea or vomiting
- Diarrhea
- Stomach pain
- Nasal congestion or a runny nose
- Sneezing
- Slight, dry cough
- Odd taste in mouth

Severe symptoms may include one or more of the following:

- Obstructive swelling of the lips, tongue, and/or throat
- Trouble swallowing
- Shortness of breath or wheezing
- Turning blue
- Drop in blood pressure (feeling faint, confused, weak, passing out)
- Loss of consciousness
- Chest pain
- A weak or “thready” pulse
- Sense of “impending doom”

Severe symptoms, alone or in combination with milder symptoms, may be signs of anaphylaxis and require immediate treatment.

How a Child Might Describe a Reaction

Children have unique ways of describing their experiences and perceptions, and allergic reactions are no exception. Precious time is lost when adults do not immediately recognize that a reaction is occurring or don't understand what a child is telling them.

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 food is too spicy."
- "My tongue is hot [or burning]."
- "It feels like something's 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's a frog in my throat."
- "There's 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]."

The School Environment

Toddlers and younger students may need extra protection to keep them safe and away from allergens by restricting their presence in the classroom. Younger children tend to not understand their allergy and may accidentally ingest a food that contains an allergen. You will need to ensure that younger students are kept away from potential allergens according to their Individualized Healthcare Plan (IHP).

Older, more mature and food-allergy aware students are less apt to ingest any food before asking about the ingredients. On the other hand, adolescents and young adults tend to be risk takers and may not take their allergies seriously or carry their auto-injectors. C.R.S. 22-1-119.5 allows responsible students to carry and self-administer their epinephrine auto-injectors. If a student self-administers their epinephrine, they must notify a responsible adult so that EMS (911) can be called.

School-wide bans of offending allergens are not recommended. Common-sense measures should be taken to prevent cross-contamination of ingested food items or avoidance of allergens. Refer to Appendix E, Table 1 from the CDC Guidelines on recommended practices for reducing risk of exposure to allergens.

Staff Training

All staff members should be trained by the school nurse to recognize anaphylaxis. Training includes how to reduce the risk of an allergic reaction and how to respond to an allergic reaction. It is important that administrators allow sufficient time for staff to be trained in identification and response. It is recommended that training take place according to the CDC *Voluntary Guidelines for Managing Food Allergies* (Appendix C.) using a three tiered training levels.

According to 1 CCR 301-68 a school district must adopted a policy prior to permitting its schools to acquire and maintain stock epinephrine auto-injectors. At least two employees who are CPR/1st Aid certified will be trained and designated by the school nurse in the administration of stock epinephrine auto-injectors. Consideration should be given for additional Designated Personnel for schools with a larger student population. Training must be conducted by using a CDE state approved course which is comprehensive and should include defining anaphylaxis, recognizing the symptoms of anaphylaxis, understanding standards and procedures for storage, administering an auto-injector and follow up procedures. In addition, the Designated Personnel will complete the state-approved Medication Administration training.

Training Levels conducted by the school nurse or other licensed healthcare providers:

Level 1: General training for all school personnel and child care providers. This training is be required of all school and Early Childhood Education Program (ECEP) personnel who need to understand the basics in food allergy education, who will be interacting with students with food allergies, and who may be called to assist others in responding to food allergy-related emergencies.

Level 2: In-depth training for personnel with frequent contact with a student with food allergies. This training is required for classroom teachers, physical education teachers, coaches, bus drivers, food service personnel and all ECEP staff.

Level 3: Specialized training for the designated personnel who are responsible for responding to any student experiencing an anaphylactic reaction and administering the stock epinephrine auto-injector.

Approved Training Courses for Designated Personnel

Training Designated Personnel to respond to anaphylaxis emergencies with non-specified Epinephrine auto-injectors is required to be completed using an approved course. Once the course is completed, the school nurse will determine whether to designate to that individual the ability to use the stock epinephrine auto-injector. In addition, these individuals need to have current certification in CPR and First Aid by a recognized national organization. Please refer to Appendix D for a list of approved training courses.

STOCKING NON-SPECIFIC EPINEPHRINE

The district must have on file standing orders and protocols from a provider who has prescriptive authority. The standing orders and protocols must be signed annually and with any change in provider.

The Standing orders and protocols should contain the dosage of epinephrine to be administered, the indication for use, route and follow-up procedures. (See Appendix B)

The medical/health care providers will also need to provide the district with valid prescriptions for the epinephrine auto-injectors including a provision for refills should the medication need to be replaced. Schools should consider obtaining both dosages of the epinephrine auto-injectors unless they can assure that every student in their building is over 66 pounds.

All emergency medications, including epinephrine auto-injectors must be stored in a secure location, easily accessible by school staff. **Do not** store the Epinephrine Auto-Injector where it may be exposed to extreme cold or heat.

A staff member will be responsible for regularly checking the expiration date of the epinephrine auto-injector and replacements should be ordered prior to the expiration date. If the epinephrine auto-injector is used, a replacement must be ordered as soon as possible. When choosing the auto-injector from the pharmacy, make sure that the expiration date is at least one year away.

Sample Food Allergy Management Checklist

STRATEGIES / ACTIVITIES

District Policies & Support

- ❑ Alert school administrators to policies necessary for students and staff with food allergies
- ❑ Establish policies and protocols that address students with food allergies consistent with standards of care:
  - ❑ Policy requiring education of all members in the school environment about food allergies
    - School personnel education of awareness and seriousness of anaphylactic food allergies
    - School personnel education for preventing exposure to food allergens
    - Education materials and support for professional development for all school personnel
    - Training for school personnel accountable for student specific Food Allergy Action Plan
    - Evaluation of knowledge and practice outcomes school personnel training
    - Periodic reinforcement of training
    - Documentation of training
  - ❑ Rescue medication protocols:
    - Health care provider treatment and medication orders
    - Storage, access, and administration
    - Non-student specific epinephrine auto-injectors provided to health offices
  - ❑ Cafeteria protocols:
    - Food preparation practices that prevent cross contamination with allergens
    - Cleaning for prep area, food distribution area and student eating areas
  - ❑ Student and staff hand washing protocols
  - ❑ Emergency response protocol to accommodate students with food allergies during emergencies and/or lockdowns
  - ❑ Bullying prevention policies and policies regarding discrimination of students with chronic illness including those with food allergies
  - ❑ Policy regarding parental notification about Section 504 or Health care plan process
  - ❑ Privacy and confidentiality policies and protocols for protecting students' health information
  - ❑ Policy requiring professional continuing nursing education related to food allergies
  - ❑ Post event debriefing protocol following all allergen exposures and/or rescue medication administrations
  - ❑ Policy regarding the role of the school wellness committee / school health council to address the needs of students with chronic conditions, including students with food allergies

Adapted from CDC Food Allergy Guidelines

Sample Food Allergy Management Checklist

STRATEGIES / ACTIVITIES FOR THE SCHOOL NURSE

Staff Training – Level I

Level I: All School Personnel

- ❑ Provide overview of food allergies Including:
  - define food allergy
  - define anaphylaxis
  - list major allergens,
  - compare and contrast food allergy vs. food intolerance
- ❑ Review signs and symptoms of food allergy and anaphylaxis
- ❑ Explain medications for food allergy and anaphylaxis
- ❑ Discuss best practices for preventing exposure to food allergens(food and non-food items)
  - Identify manufacturer's ingredient label on all classroom food
  - Consult with parent to provide allergen free snacks from home for all allergic students
- ❑ Review policies on bullying of and discrimination against students with food allergies
- ❑ Assign roles for the communication process during medical emergencies including who to contact for help in an emergency.
- ❑ Reinforce the seriousness of life threatening anaphylactic food allergies
- ❑ FERPA privacy and confidentiality and legal rights of students with food allergies.

Staff Training – Level II

Level II: School Personnel with Frequent Contact with a Student with Food Allergies

- ❑ All Level I strategies /activities
- ❑ Provide guidance for the staff team accountable for the student specific Food Allergy Action / Emergency Care Plan
- ❑ Review preventing exposure to allergens in:
  - Classrooms
  - School lunches / cafeteria
  - Field trips
  - Weekend or before-and after-school sponsored programs and sporting events
  - Weekend or before-and-after-early childhood education program-sponsored programs
- ❑ Discuss school-wide staff response to allergen exposure or symptoms of anaphylaxis
  - Classroom teachers and staff
  - Food service
  - Transportation
  - Coaches and volunteers
  - School health office staff
  - School administration
  - Other School staff as needed

- ❑ Train and evaluate staff detection of symptoms of anaphylaxis
- ❑ Train, practice and evaluate staff administration of epinephrine auto-injector
- ❑ Train, practice and evaluate staff in activating emergency care plan in case of a food allergy emergency

- Immediately alerting 911 emergency medical services
- Train, practice and evaluate communications with parents AFTER alerting 911

- ❑ Document training and evaluation of training
- ❑ Periodically provide training updates as needed

Staff Training – Level III

Level III: Designated Personnel

- ❑ All Level I and Level II strategies /activities
- ❑ Provide background on the importance of partnering with parents including
  - Interview student and parent for a Family Health History
  - Assisting families to locate assistance to apply for state child health insurance as needed
  - Assisting families who need to establish a medical home
  - Discussing the balance between safety and privacy/confidentiality
  - Collaboration with the parent to create the Individual Health Care Plan and Food Allergy/Emergency Care Plan
- ❑ Discuss the need to investigate local emergency medical services carrying of epinephrine
- ❑ Describe the team approach for preventing exposures and responding to emergencies, including identifying the school personnel team needed to support the food allergic student
- ❑ Emphasize the burden and quality of life of parents of food allergic children and strategies for relieving their anxiety (See Fact sheet: *What School Nurses Need to Know about Parents of Children with Food Allergies*)
- ❑ Provide direction for:
  - Obtaining written authorization for exchange of information with health care provider(s)
  - Requesting treatment and medication orders from the student's health care provider
  - Assessing student's self-care capability
  - Increasing student self-care capability
  - Auditing reliability of student's self-carry status
  - Writing the Individual Healthcare Plan and Food Allergy/Emergency Care Plan
  - Assuring student and school personnel access to rescue medication
- ❑ Educate regarding legal issues related to students with food allergies including
  - District and school policies regarding students with food allergies (See District Policies and Support)
  - State guidelines and regulations for students with food allergies
  - Requirements of Section 504.
  - Supporting a student self-management of food allergies
  - Documentation of all food allergy care equipment and policies, assessments, plans, interventions and evaluations
- ❑ Reinforce the need for ongoing evaluation and documentation of emergency response and staff competence in responding to food allergy emergencies, including debriefing following an exposure or epinephrine administration

Approved Training Courses for Designated Personnel

National Association of School Nurses
"Get Trained"
http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis/GetTrained

AllergyHome.org: Food Allergy Tools for Schools
http://www.allergyhome.org/schools/management-of-food-allergies-in-school-what-school-staff-need-to-know/

AllergyReady.com
How to C.A.R.E. for Students with Food Allergies: What Educators Should Know
http://allergyready.com/

STANDING ORDERS and PROTOCOL

Epinephrine Auto-Injector Administration for Anaphylaxis

In the event of an anaphylactic reaction in any individual in the school setting, epinephrine will be administered by the school nurse or designated school personnel. This Standing Order is for the use of an epinephrine auto-injector in such situations for any student with a known or unknown allergic reaction.

In the case of students with a history of anaphylaxis or other severe allergic reactions, epinephrine will be administered according to specific individualized prescriptive orders documented in their individualized healthcare plan using the student's own epinephrine. If no such orders exist or the epinephrine is not readily available, the Standing Orders given in this document will be used.

DEFINITION: Anaphylaxis is a severe allergic reaction which can be life threatening and occur within minutes after a triggering event or up to hours later.

CAUSES: Extreme sensitivity to one or more of the following:

Food Medication Latex Insect Stings Idiopathic (unknown)

SUBJECTIVE AND PHYSICAL FINDINGS: One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing or talking/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Extensive hives over body

Or **combination** of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Vomiting, cramping abdominal pain

STANDING ORDER:

1. Based on symptoms, determine that an anaphylactic reaction appears to be occurring or if allergen has been ingested. Act quickly. If is safer to give epinephrine than to delay treatment. **Anaphylaxis is a life-threatening reaction**.

2. The school nurse or any individual trained and designated has permission to administer or assist any student to administer their prescribed emergency epinephrine auto-injector as needed, and according to their medication order and emergency healthcare plan.

3. The school nurse or designated personnel who have been specially trained and designated to recognize anaphylaxis has permission to administer epinephrine using a stock epinephrine auto-injector if they believe a student is experiencing a life-threatening allergic reaction.

4. Select appropriate epinephrine auto-injector to administer, based on weight of child.

   Dosage: 0.15 mg Epinephrine auto-injector IM, if less than 66 pounds (* PK through 3rd)
   0.30 mg Epinephrine auto-injector, if 66 pounds or greater (* 4th through 12th)

* General guidelines but if unsure of weight, use higher dose.

Frequency: If symptoms continue or increase, a second dose should be administered 5 to 15 minutes after first dose

5. **Inject epinephrine via auto-injector:** Pull off safety release cap. Depending on the device, press firmly into upper, outer thigh. (through clothes if necessary) Hold in place according to instructions for individual device to deliver medication and then remove. Massage the area for 10 more seconds. Document the time the medication was administered and your signature in the medication log.

6. Have another staff member **call 911 immediately** to activate the Emergency Medical System (EMS). Advise 911 operator that anaphylaxis is suspected and epinephrine has been given. Ask that EMS bring additional doses of epinephrine.

7. Keep the individual either lying down or slightly propped up, whichever is most comfortable. If they lose consciousness, check if they are breathing and have a pulse. If not, begin CPR (cardiopulmonary resuscitation) and continue CPR until the individual regains a pulse and is breathing or until EMS arrives and takes over.

8. Call parents/guardian and School Nurse to advise of situation

9. **Repeat the dose after 5 to 15 minutes if symptoms persist or increase.**

10. Stay with the student until EMS arrives, continuing to follow the directions in number 7 above.

11. Provide EMS with the used Epinephrine auto-injector labeled with name, date, and time administered to transport to the ER with the student.

FOLLOW UP (to be done the same day as the event)

1. Complete required district documentation of incident including State Epinephrine/Anaphylaxis Report. http://fs24.formsite.com/305medicaid/form5/index.html
2. Order replacement epinephrine auto-injector(s).

STORAGE: The Epinephrine Auto-injectors should be stored in a secured and central location that is accessible to school staff.

Licensed Prescriber Signature: _____ Date: _____

Print Name: _____

*Effective for School Year: _____
*Must be renewed annually and with any change in prescriber.

Recognize Common Anaphylaxis Symptoms

- Sudden difficulty breathing, wheezing
- Hives, generalized flushing, itching, or redness of the skin
- Swelling of the throat, lips, tongue, tightness/change of voice; difficulty swallowing
- Tingling sensation, itching, or metallic taste in mouth
- Feeling of apprehension, agitation

Does individual have a known allergy

(ex. to foods, insect stings, bites, medications or latex)

YES

NO

Does student have emergency care plan immediately available?

YES

Refer to individual's emergency care plan for specific instructions.

- Determine proper dose of epinephrine based on weight
- Administer epinephrine per standing order. Note the time and dose given.
- Maintain airway, monitor circulation, start CPR as necessary.
- Call 911. Advise anaphylaxis suspected and epinephrine was given.
- Call School Nurse/Administration and advise of situation.
- Direct someone to call parent/guardian.

Repeat dose after 5 to 15 minutes if symptoms persist.

- Stay with and monitor student until EMS arrives.
- Provide EMS with used epinephrine auto injector labeled with Name, date, and time given to take to hospital with student EMS transport to hospital

Even if symptoms subside, 911 must still respond and student should be evaluated by a healthcare provider.

- Make sure parents/guardians notified to follow up with private physician.
- Complete incident documentation.
- Order replacement epinephrine auto injector(s)

Adapted from NASN 2011

Reporting Requirements

A. State Anaphylaxis/Epinephrine Use Report

According to 22-1-119.5 C.R.S. (8)(e) which states that Each school must submit to the Department of Education any incident at school or school related event involving a severe allergic reaction or the administration of epinephrine or both. State Board of Education rules require that this report be made within 10 days of the incident. This report is entered online at: http://fs24.formsite.com/305medicaid/form5/index.html.

B. School Nurse Report of Designated Personnel to Administer Stock Epinephrine

If a district adopts a policy to stock Epinephrine Auto-injectors, the school nurse must report to CDE whether they have trained and designated any personnel to administer epinephrine auto-injectors and the number of staff that have been trained and designated.
http://fs24.formsite.com/305medicaid/form6/index.html?1406123500156

RESOURCES & REFERENCES

Centers for Disease Control and Prevention
Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Centers
http://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf

National School Boards Association
Safe at School and Ready to Learn: A comprehensive Policy Guide for Protecting Students with Life-Threatening Food Allergies
http://www.nsba.org/Board-Leadership/SchoolHealth/SelectedNSBAPublications/Food-Allergy/Safe-at-School-and-Ready-to-Learn.PDF

National Association of School Nurses
Saving Lives at School: Anaphylaxis and Epinephrine
http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis/SavingLivesatSchoolAnaphylaxisandEpinephrine

St. Louis Children's Hospital
Food Allergy Management & Education Electronic Resources
www.StlouisChildrens.org

Food Allergy Tools for Schools
http://www.allergyhome.org/schools/

FARE: Food Allergy Research and Education
http://www.foodallergy.org/

Get Schooled in Anaphylaxis
https://www.anaphylaxis101.com/

State Approved Medication Administration Training in Colorado
http://www.qualistar.org/medication-administration.html