

## **BSTA Anaphylaxis /Stock Epinephrine Policy**

(Severe Allergic Reaction)

It is the policy of Beehive Science and Technology Academy to provide at least two (2) doses of auto-injectable epinephrine (hereinafter called stock epinephrine) in the school, to be administered by a school nurse or employee of the school who is a qualified adult; meaning 18 years of age or older; has volunteered and successfully completed anaphylaxis and epinephrine administration approved training. Utah Health Code 26-41-101, the “Emergency Injection for Anaphylactic Reaction Act” protects properly trained school employees from civil or criminal action. No school, school board or school official shall retaliate or otherwise take adverse action against a teacher or other school employee for: volunteering to be trained in anaphylaxis, administering epinephrine according to training or failing or refusing to become a qualified adult.

### **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. Utah Code 26-41-104 allows a student to possess and self-administer an epinephrine auto-injector if appropriate signed documentation is in place. (BSTA Medical Authorization Form).

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.).

### **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. Common Symptoms of anaphylaxis include 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.

Although anaphylactic reactions typically result in multiple symptoms, reactions may vary substantially from person to person. In some individuals, a single symptom may indicate anaphylaxis. Non-food items

such as classroom materials and arts and craft supplies may contain trace amounts of food product capable of causing an allergic reaction. A severe allergic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can generally occur up to one to two hours after exposure to the allergen. In about a third of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later.

**Epinephrine should be administered promptly at the first sign of anaphylaxis. It is safer to administer epinephrine than to delay treatment for anaphylaxis.**

### **Training**

Building level administration shall be responsible for identifying volunteer employees, in addition to the school nurse (RN or LPN), to be trained in the administration of epinephrine by auto-injector. Ideally, the entire school staff will receive training to recognize the symptoms of anaphylaxis and have the authority to administer epinephrine. Only trained personnel should administer epinephrine to a student believed to be having an anaphylactic reaction. Training shall be provided by the school nurse, or other person qualified to provide training such as local EMS. Training shall be conducted annually or more often as needed.

### **Standing Orders**

Standing orders are written to cover multiple people as opposed to individual-specific orders, which are written for one person. Beehive Science and Technology Academy 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 person 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. Note the time.
4. Direct someone to call 911 and request medical assistance. Advise the 911 operator that Anaphylaxis is suspected and that Epinephrine has been given.
5. Stay with the person until emergency medical services (EMS) arrives.
6. Monitor their airway and breathing.
7. Reassure and calm person as needed.
8. Call School Nurse/Front Office school personnel and advise of situation.
9. Direct someone to call parent/guardian
10. 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.
11. Administer CPR if needed.
12. 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.
13. Even if symptoms subside, 911 must still respond and individual must be evaluated by a physician. A delayed or secondary reaction may occur.
14. Document the incident and complete the incident report.
15. Replace epinephrine stock medication as appropriate.

## **POST EVENT ACTIONS**

Once epinephrine is administered, local Emergency Medical Services (911) shall be activated and the person 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 person will not be allowed to remain at school or return to school on the day epinephrine is administered.

- Document the event
- Complete incident report
  - Report incident into the Utah Student Injury Reporting Database  
<https://www.sir.health.utah.gov>
- Replace epinephrine stock medication immediately

### **Storage, Access and Maintenance**

Epinephrine should be stored in a secure 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. A school staff member who is trained to administer epinephrine shall be assigned to monitor and 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. Budgeting for replacement of used or expired school stock must be considered. The average cost of a two pack epinephrine can be over \$400.00. Check with epinephrine auto injector manufacturers for school program discounts.

### **Resources**

Centers for Disease Control and Prevention

Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs

Washington D.C.: US Department of Health and Human Services; 2013

A Shot to Live: approved school staff training, requires additional hands on training by approved personal find at

<http://medicine.utah.edu/pediatrics/ashottolive/>