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MONTELLO SCHOOL DISTRICT

Administration of Non-Student Specific Epinephrine

Montello School District

Anaphylaxis is a severe allergic reaction that can be life-threatening. It may occur within minutes after a triggering event or up to hours later. The Montello School District will plan for the management of pupils attending school who have life-threatening allergies as well as plan for first-time anaphylaxis emergencies. The school district will also maintain an emergency action plan for the management of pupils attending the school who have known life-threatening allergies.

The following procedure for emergency use of stock epinephrine is to be used only by appropriately trained staff to administer epinephrine to a person (pupil, staff member, volunteer, or other) with or without previously diagnosed anaphylaxis. Stock epinephrine may be administered to a pupil or other person who the school nurse or designated school personnel believes is experiencing anaphylaxis in accordance with the following procedure which has been reviewed and approved by the District's Medical Advisor. The person administering the epinephrine auto-injector must, as soon as practicable, dial "911" or in an area where "911" is not available, the telephone number for an emergency medical service provider.

Students with known life-threatening allergies and/or anaphylaxis should provide their own prescribed epinephrine auto-injector in accordance with that pupil's prescription consent. This anaphylaxis policy is not intended to replace student-specific orders or parent provided individual medications.

Any district employee may be authorized to administer epinephrine who:

- is willing to assume that responsibility,
- is authorized by the school principal or his/her designee,
- has received Department of Public Instruction approved training, within four years, for the administration of epinephrine
- has been sufficiently instructed by the District Nurse:
 - in recognizing the signs and symptoms of anaphylaxis,
 - on the proper administration of epinephrine auto-injector,
 - on proper follow-up procedures following administration of epinephrine auto-injector.
- has successfully completed an annual return demonstration of administration of epinephrine auto-injector and has been deemed competent by the District Nurse.

The Montello School District designated school personnel that provide or administer epinephrine auto-injectors under this plan are immune from civil liability for any harm that may result, regardless of whether there is parental or medical provider authorization.

Procedure:

The district will maintain a supply of two stock doses (0.15mg & 0.3mg epinephrine) within the district, located in medical storage cabinets in the main hallways. Stock epinephrine standing orders must be renewed annually and with any change in prescriber.

Epinephrine should be stored in a safe, unlocked, and accessible location that is relatively dark and at room temperature (between 59-86 degrees F). Epinephrine will be labeled as “Epi-pens.” The District Nurse will assume the responsibility for maintaining a monthly schedule for tracking the medication status, contents of medication, and expiration dates as well as ordering replacement epinephrine for those expired or used. The solution should be clear; if it is discolored or contains solid particles, the unit should not be used and will get discarded.

Non-student specific epinephrine may be permitted to be taken out of the school building for field trips and other school-related activities based on the Building Administrator’s discretion for that particular activity. If a student or other person is appearing to have an anaphylactic reaction on a field trip, etc. (who does not have their own prescribed epinephrine and the stock supply of epinephrine was not brought on this particular trip) immediately call “911.” Stock epinephrine and/or trained staff may not be available for administration during before or after school events (practices, games, etc.), and in this case, “911” should be called if needed.

Epinephrine auto injector dose:

- 0.15mg (JR. dose) - if student is less than 65 pounds
- 0.3mg (Adult/Regular dose) - if 65 pounds or greater

To determine JR. or Adult dose: Training will emphasize that if in doubt regarding whether the person is 65 pounds or less, the higher dose should be used.

Common Triggers Allergens and/or extreme sensitivity to one or more of the following:

1. Food- peanuts, tree nuts, soybeans, milk, fish, shellfish, and wheat pollen
2. Insect sting, usually bee or wasp
3. Medication
4. Exercise or asthma triggers
5. Latex

For Any **ONE OR MORE SEVERE SYMPTOMS** after suspected or known exposure:

1. LUNG: Short of breath, wheeze, repetitive cough
2. HEART: Pale, blue, faint, weak pulse, dizzy, confused
3. THROAT: Tight, hoarse, trouble breathing/swallowing

4. MOUTH: Significant swelling (tongue and/or lips)
5. SKIN: Many hives over body
6. GUT: Repetitive vomiting, severe diarrhea

Or **TWO OR MORE than MILD** symptoms from different body areas:

1. NOSE: Itchy/runny nose, sneezing
2. MOUTH: Itchy mouth
3. SKIN: A few hives, itchy rashes, swelling (e.g., eyes, lips)
4. GUT: Mild nausea/discomfort

If a student or other person in the building is suspected of having an anaphylactic reaction (see symptom list above) INJECT EPINEPHRINE IMMEDIATELY into the upper leg (per training instructions by the District Nurse). It is safer to give epinephrine than to delay treatment.

1. Call 911, report that epinephrine was given; request an ambulance with epinephrine.
2. Continue monitoring.
3. Stay with the person.
4. Request that someone alert the District Nurse and parent/guardian and/or emergency contact.
5. Note the time when epinephrine was administered.
6. If available, the second dose of epinephrine can be given 5 minutes or more after the first dose if symptoms persist or recur. Inject a second dose into the other leg. Note the time.
7. For a severe reaction, consider keeping the person lying on their back with legs raised.
8. Administer CPR if needed.
9. Remain with the student/person and treat even if parents/emergency contact cannot be reached.
10. Administer secondary medications to help the patient breathe, such as an asthma inhaler; antihistamines to relieve itching and hives; if applicable.
11. Upon the arrival of emergency medical personnel, the care, and responsibility of the person are then handed over. (Even if symptoms subside, 911 must still respond and the individual must be evaluated by a physician. The student will not be allowed to remain at school or return to school on the day epinephrine was administered).

After epinephrine administration:

1. Complete appropriate documentation (incident report, medication administration, etc.).
2. School staff involved in emergency response and those on the medical alert team should meet to debrief on the incident and make any necessary changes to policy or procedure or emergency action plan.