

MOSINEE SCHOOL DISTRICT

MANAGING STUDENTS WITH LIFE-THREATENING ALLERGIES

Definition: Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death. A variety of allergens can cause anaphylaxis, but the most common are food, insect bites, medications, and latex. Anaphylaxis typically begins within minutes or even seconds of exposure. Initial emergency treatment is the administration of injectable epinephrine along with immediate summoning of emergency medical personnel and emergency transportation to the hospital. These guidelines are intended to help schools respond to the challenge of an emergency anaphylaxis situation.

Individuals with Known Allergies:

For students who have a known severe allergy:

- The provisions and requirements of the district's existing policy regarding self-possession and self-administration of prescription medications also apply to epinephrine.
- All students who have had a prior anaphylactic reaction or have otherwise been identified as at-risk for having a severe allergic reaction should have this addressed specifically in an individualized health care plan and parent/guardian should provide the plan to the school.
- At the start of the school year or upon transfer to the school, parent/guardian of a student with known allergies that may be severe enough to cause anaphylaxis should provide the school with student-specific medical orders, a medical management plan, and their own supply of epinephrine.
- The parent/guardian of a student with a known serious allergy may be requested to provide an extra epinephrine auto-injector to the school for use by authorized personnel in case of emergency.
- The school nurse will notify each of the student's teachers when aware that a student is in valid possession of an epinephrine auto-injector in accordance with the school's medication policies.

Individuals with Unknown Allergies:

For students, staff, and any other individual on school grounds:

- Every school building shall maintain a stock of at least two epinephrine autoinjector devices at all times regardless of whether or not any student/staff have been diagnosed with allergies.
- Each school building will designate at least two employees at the school for authorization to administer an epinephrine auto-injector.

- It is recommended schools maintain documentation of the training course(s) successfully completed by each employee who is authorized to administer epinephrine and make such documentation available upon request.
- Schools are encouraged to train and authorize more than the legally required minimum number of school staff to administer epinephrine. All school staff should have a basic awareness of the major signs of anaphylaxis and know whom to alert in case of an emergency and where the stock epinephrine auto-injectors are located.
- Designated school staff shall check the expiration dates of the stock autoinjector devices at least twice per year and discard expired stock in a biohazard sharps container or locate a needle disposal facility and replace any device past its expiration date.

Training Guidelines for Designated Staff on Allergies, Anaphylaxis, and Emergency Response:

The training program for non-nursing staff designated to use an epinephrine autoinjector shall be conducted under the supervision of, and shall include evaluation by a licensed, registered professional nurse. The training shall include:

- Instruction on the provisions of state laws regarding the emergency use of epinephrine at school for situations of a suspected life-threatening anaphylaxis reaction.
- Instruction on the district's or school's medications policies and procedures.
- Orientation to the causes, signs, symptoms, and treatment of anaphylaxis and the anticipated effects and possible adverse effects of epinephrine.
- Demonstration and instruction using realistic auto-injector models.
- Skill-based practice using epinephrine auto-injectors in simulated anaphylaxis emergency response situation.
- Development and implementation of an emergency anaphylaxis response plan of action.
- Instruction on the procedures for informing emergency contacts, completing a school incident report, and notifying parent/guardian of a student to whom an epinephrine auto-injector has been administered.
- Instruction on the procedures regarding epinephrine acquisition, expiration date monitoring, maintenance, and storage requirements.
- A licensed, registered professional nurse is responsible for providing and the supervision of the training which shall include a training evaluation.

Storage of Epinephrine Auto-Injectors and Additional Materials:

- All epinephrine auto-injectors should be stored according to manufacturer's directions to maintain effectiveness and in a clearly labeled, unlocked, easily accessible cabinet at room temperature (between 59-86 degrees F).
- Expiration dates on epinephrine auto-injector should be monitored and documented on an appropriate log. The shelf-life of an epinephrine autoinjector is approximately 12 to 18 months.

- The fluid should be clear and colorless. Discard if the fluid has turned brown or is cloudy. Do not expose epinephrine auto-injectors to sunlight, heat, cold, or freezing temperatures.

How to Obtain a Physician Prescription and the Pur se of Epinephrine Auto-Injectors:

- School boards shall obtain a written prescription for at least two epinephrine auto-injectors in each school operated by the school board. Any local community prescriber can write a prescription to a school board.
- School boards can seek the purchasing or donation of the epinephrine autoinjector through pharmacy companies.

Examples of epinephrine auto-injectors:

- AUVI-Q www.auvi-q.com
- EpiPEN www.epipen.com
- Adrenaclick www.adrenaclick.com

Immunity/Liability:

- According to state law, authorized school personnel who use an epinephrine auto-injector in good faith are immune from criminal charges or civil damages unless an act or failure to act was due to gross negligence or willful and wanton misconduct.