

Sample Anaphylaxis Implementation Considerations

Anaphylaxis

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. A severe allergic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can occur up to one to two hours after exposure to the allergen.

Anaphylaxis policy (Severe allergic reaction)

This policy is based upon the epinephrine auto-injector law as set forth in [MS 121A.2207](#) and [MS 121A.2205](#).

It is the policy of:

(name the public or nonpublic school)

to provide:

(name the amount and dosage of epinephrine auto-injectors that will be available)

age and weight appropriate doses of auto-injectable epinephrine (hereinafter called ‘unassigned or stock epinephrine’) for each school, to be administered by a school nurse or school board employees/staff that are trained in the administration of epinephrine to any student believed to be having an anaphylactic reaction. This policy covers the incidence of anaphylactic reactions on school premises, during the instructional day, during school sponsored activities off school grounds (including transportation to and from school, field trips, etc.) and during school sponsored activities outside of the academic day (sporting events, extra-curricular activities, etc.). *(According to the law the school board needs to determine the instructional day.)*

Assigned staff in charge of the anaphylaxis program shall routinely assess the adequacy of stock supplies and reorder as needed from the appropriate licensed pharmaceutical wholesaler in accordance with the Minnesota pharmacy regulations.



Liability

According to Minnesota Statutes [121A.2205](#), a school district and its agents and employees are immune from liability for any act or failure to act, made in good faith, in implementing the law. Schools should discuss this with their attorney for additional guidance.

Students with known life threatening allergies

Parents/guardians of students with known life threatening allergies and/or anaphylaxis must provide the school with medication and 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. This anaphylaxis policy is not intended to replace student specific orders or parent/guardian provided individual medications.

It is the policy of the:

(name the school district)

to accommodate a student's need to possess or have immediate access to epinephrine auto-injectors in close proximity to the student at all times during the instructional day.

A student, student's parent/guardian, school staff, the school nurse, those responsible for student health care, and the prescribing medical professional will develop and implement an individualized written health plan for a student who is prescribed epinephrine auto-injectors that enables the student to: possess epinephrine auto-injectors; or if unable to possess the epinephrine auto injector, have immediate access to epinephrine auto-injectors in close proximity to the student at all times during the instructional day.

Symptoms of anaphylaxis

- Shortness of breath or tightness of chest; difficulty in or absence of breathing
- Sneezing, wheezing or coughing
- Difficulty swallowing
- Swelling of lips, eyes, face, tongue, throat or elsewhere
- Low blood pressure, dizziness and/or fainting
- Heart beat complaints: rapid or decreased
- Blueness around lips, inside lips, eyelids
- Sweating and anxiety
- Itching, with or without hives; raised red rash in any area of the body
- Skin flushing or color becomes pale
- Hoarseness



Symptoms of anaphylaxis cont'd:

- Sense of impending disaster or approaching death
- Loss of bowel or bladder control
- Nausea, abdominal pain, vomiting and diarrhea
- Burning sensation, especially face or chest
- Loss of consciousness

Although anaphylactic reactions typically result in multiple symptoms, reactions may vary. A single symptom may indicate anaphylaxis. **Epinephrine should be administered promptly at the first sign of anaphylaxis. It is safer to administer epinephrine than to delay treatment for anaphylaxis.**

Identifying the sensitive individuals

If your staff, students or others will be facing possible exposure to insect stings or other allergies (in school settings, camps, tour groups, or outdoor settings such as forests, etc.), and/or may be remote from medical assistance, it is recommended that:

- Make EVERY EFFORT to identify beforehand who in the group has a history of allergic reactions (to insects, foods, etc.). This information should be obtained from the student, parent/guardian and/or licensed health care provider as appropriate.
- Obtain signed forms allowing emergency treatment.

Know how to access emergency medical help, including:

- Location of nearest hospital;
- Location of nearest Emergency Medical Services (EMS) response unit and response time; and
- Determine ahead of time how you will call for help (e.g., cell phone, radio).

If a person has had an anaphylactic reaction in the past, it is possible that his or her next exposure to the allergen (for instance to bee stings or peanuts) may cause a more severe reaction.

Training

The local district school board shall assure that assigned employees are appropriately trained in recognizing signs and symptoms of anaphylaxis and the administration of auto-injectable epinephrine when needed. The local school board is also responsible for identifying staff training needs related to recognizing anaphylaxis and administering epinephrine when needed and accommodate a student's need to have immediate access to epinephrine auto-injectors in



close proximity to the student at all times during the instructional day. Under the law, only school personnel can administer epinephrine to a student/individual if in good faith it is determined that person is experiencing an anaphylactic reaction. It is important to determine how often the training is to be completed. Usually, training is conducted annually, with evidence-based curriculum based on professional guidelines and/or standards. Qualified trainers could be the licensed school nurse, local emergency medical providers, allergists, and hospital emergency room nurses, to name a few. All school staff successfully trained should be documented as to date of training, written test score and of skills demonstration score. All training will be renewed annually. It is recommended that thought should be given to strategic placement/location of trained school staff available throughout the school during the course of the instructional day.

Ability to stock and store

See [MS 121A.2207 LIFE-THREATENING ALLERGIES IN SCHOOLS; STOCK SUPPLY OF EPINEPHRINE AUTO-INJECTORS](#).

Subdivision 1. Districts and schools permitted to maintain supply.

Notwithstanding section 151.37, districts and schools may obtain and possess epinephrine auto-injectors to be maintained and administered by school personnel to a student or other individual if, in good faith, it is determined that person is experiencing anaphylaxis regardless of whether the student or other individual has a prescription for an epinephrine auto-injector. The administration of an epinephrine auto-injector in accordance with this section is not the practice of medicine.

Subd. 2. Arrangements with manufacturers.

A district or school may enter into arrangements with manufacturers of epinephrine auto-injectors to obtain epinephrine auto-injectors at fair-market, free, or reduced prices. A third party, other than a manufacturer or supplier, may pay for a school's supply of epinephrine auto-injectors.

History: 2013 c 116 art 3 s 8

How epinephrine auto injectors are supplied and stored

The epinephrine prescription will be filled as an auto injector device. In 2013, revisions to the [Minnesota State Statutes 121A.2207](#) allow for schools to stock and administer epinephrine auto injectors.

A few different brands are available for use: EpiPen®, Auvi-Q®, Twinject®, and other generic brands. It is important to know which epinephrine auto injector you will be using, since the



method for administration differs between manufacturers. In a school setting, the licensed school nurse or licensed drug wholesaler or drug manufacturer will be able to give you this information. Epinephrine should be stored in a safe, 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.

Do not store it in a refrigerator. The epinephrine auto- injector must be protected from freezing or from exposure to extreme heat or cold. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures.

The school district 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.

Each school should maintain documentation that stock epinephrine auto-injectors have been checked on a regular (monthly) basis to ensure proper storage, expiration dates, and medication stability.

Discard them in a sharps container. Inspect each auto-injector for the following:

- The solution should be clear and without particles. Solution that appears cloudy discolored (brown) or with particles should not be used and must be replaced.
- The auto-injector should be in date and not expired. Expired auto-injectors should not be used.

How epinephrine is administered

A pre-measured dose of epinephrine is delivered via an auto-injector into the outside of the outer thigh. This site is a safe site for an injection. The auto-injector is designed to work through clothing for all ages.

The typical dose of epinephrine is 0.3 milligrams for adults. The epinephrine dosing for children is based on weight. Younger children may require a smaller dose with the use of a pediatric auto-injector device. *(District may want to insert a chart here regarding their medication and dosages.)*



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.
16. **There should be diagrams of all the epinephrine auto injector options available for school staff to view.**



Post Event Actions

- Once/at the same time epinephrine is administered, local Emergency Medical Services (911) shall be activated and the student transported to the emergency room for follow care.
- Remember to Note: 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 student will not be allowed to remain at school or return to school on the day epinephrine is administered.
- Notify family (parents/guardians)
- Document the event
- Complete incident report
- Replace epinephrine stock medication immediately

Resources

<https://www.revisor.mn.gov/statutes/?id=121A.2207>

<https://www.revisor.mn.gov/statutes/?id=121A.2205>

<http://www.nsba.org/sites/default/files/reports/Safe-at-School-and-Ready-to-Learn.pdf>

http://www.cdc.gov/HealthyYouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf

Cheryl E. Smoot MPH, RN, PHN, FASHA, School Health Consultant, Minnesota Department of Health, Community & Family Health Division, Maternal & Child Health Section, Child & Adolescent Health Unit, 85 East 7th Place, Suite 220, PO Box 64882, St Paul, MN 55164-0882, 651-201-3631, cheryl.smoot@state.mn.us

