

## **Anaphylaxis Policy**

Sacred Heart School will provide two (2) doses of auto-injectable epinephrine, as available, to be administered by a school employee who is authorized and trained in the administration of epinephrine to any student believed to be having an anaphylactic reaction on school premises, during the academic day. Public Act 97-0361 provides civil protection for employees of a school who are appropriately trained to administer epinephrine.

Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. 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. Symptoms of anaphylaxis include but not limited to: shortness of breath, tightness of chest, wheezing, coughing, hoarseness, swelling anywhere on the body, dizziness, heart palpitations, turning blue or pale, sweating, anxiety, feeling of impending disaster, itching, hives, nausea, abdominal pain, 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.

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.

### **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:

Based on symptoms, determine that an anaphylactic reaction is occurring.

- Act quickly. It is safer to give epinephrine than to delay treatment. This is a life and death decision.
- Determine the proper dose and administer epinephrine. Note the time.
- Direct someone to call 911 and request medical assistance. Advise the 911 operator that anaphylaxis is suspected, and that epinephrine has been given.
- Stay with the person until emergency medical services (EMS) arrives.
- Monitor their airway and breathing.
- Reassure and calm person as needed.
- Direct someone to call parent/guardian

- 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.
- Administer CPR if needed.
- EMS to transport individual to the emergency room. Document the individual's name, date, and time the epinephrine was administered on the used epinephrine auto-injector and give to EMS to accompany the individual to the emergency room.
- Even if symptoms subside, 911 must still respond and individual must be evaluated by a physician. A delayed or secondary reaction may occur.
- Document the incident and complete the incident report.
- Replace epinephrine stock medication as appropriate.

### **Avoidance/Prevention**

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must participate in creating an “allergy-aware” environment. Special care is taken to avoid exposure to allergy-causing substances. Parents are asked to consult with the teacher before sending in food to classrooms where there are food-allergic children. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, students with food allergies must be encouraged to follow certain guidelines:

- Eat only food which they have brought from home unless it is packaged, clearly labeled and approved by their parents (*Elementary schools*).
- If eating in a cafeteria, ensure food service staff understands the life-threatening nature of their allergy. When in doubt, avoid the food item in question.
- Wash hands before and after eating.
- Do not share food, utensils, or containers.
- Place food on a napkin or wax paper rather than in direct contact with a desk or table.

Non-food allergens (e.g. medications, latex) will be identified and restricted from classrooms and common areas where a child with a related allergy may encounter that substance.

### **Training**

There shall be at least two employees, in addition to the school nurse, who will be trained in the administration of epinephrine by auto-injector. Only trained personnel should administer epinephrine. Training shall be conducted annually.

### **Standing Orders**

Sacred Heart School shall designate an authorized medical provider to prescribe non-student specific epinephrine for the school division, to be administered to any student

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.

### **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. 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).

### **Storage**

Epinephrine should be stored in a safe, unlocked and accessible location, in a dark place at room temperature (between 59-86 degrees F). Staff should be made aware of the storage location in each school. 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.