**Brewton City Schools**
**Anaphylaxis Preparedness Guidelines**

**Background**
In response to Act#2014-405 by the Alabama Legislature, the Brewton City School System recognizes the growing concern with severe life-threatening allergic reactions, especially with regard to food items. Other common causes of anaphylaxis include allergies to latex, medications, and insect stings.

**Pathophysiology and Treatment**
Anaphylaxis can affect almost any part of the body and cause various symptoms. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which are potentially fatal.

Medications used for treatment include:
- Epinephrine
- Antihistamines

Treatment of anaphylaxis is centered on treating the rapidly progressing effects of the histamine release in the body with epinephrine. The allergen should also be removed immediately.

**Creating an Allergen-Safe School Environment**
The Brewton City School System supports the three levels of prevention through its methods of creating an allergen-safe environment.
- Level I – Primary Prevention – Promotes health and protects against threats before problems occur with food allergy and anaphylaxis awareness and training.
- Level II – Secondary Prevention – Detects and treats problems early, as in a first-time reaction at school with staff or students. Early treatment of anaphylaxis saves lives.
- Level III – Tertiary Prevention –
  - Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis.
  - Avoidance of exposure to allergens is the key to preventing a reaction.
  - The risk of exposure to allergens for a student is reduced when the school personnel, medical provider and parent/guardian work together to develop a management plan for the student.
  - Educating the entire school community about life-threatening allergies is important in keeping students with life-threatening allergies safe.
**Identifying the School Team**

School System Administration – School administrators will support the Anaphylaxis Preparedness Program by helping to monitor the medication supply for availability and by keeping it in a secure but accessible location. It is recommended that it be stored inside the alarmed wall cabinets in each school office. These cabinets are clearly marked and are the location where the Automated External Defibrillators (AEDs) are stored. Support will also be provided to ensure that school staff are trained and retrained as deemed necessary.

- **School Nurse** – School nurses will be the Anaphylaxis Preparedness Program site coordinator for each campus. Each school nurse will work with the principal to ensure staff are trained and retrained as deemed necessary. The school nurses will also monitor the safety and security of the medication by checking the expiration date and inspecting the medication to see if any tampering has occurred. The school nurse will respond to emergencies when possible and continue to function in the role as school nurse with other duties.

- **School Medical Director** – Dr. Scott Nelson has agreed to serve as the medical director providing authorization for this program. He will assist with program oversight and strive to meet practices offered through research on the topic of anaphylaxis, offering his guidance for the nursing protocols and prescriptive authority.

- **Teachers** – Teachers will be provided information each year on the school program, the signs and symptoms of anaphylaxis, the location of the medication and the forms. Teachers will be offered training each year to recognize and respond to anaphylactic emergencies.

- **Food Service Personnel** – Food service personnel will be provided information each year on the school program, the signs and symptoms of anaphylaxis, the location of the medication, and the forms. The food service personnel will be offered training each year to recognize and respond to anaphylactic emergencies.

- **Coaches, Athletic Directors, and After-School Volunteers** – These people will be provided information each year on the school program, the signs and symptoms of anaphylaxis, the location of the medication, and the forms. Coaches will be offered training each year to recognize and respond to anaphylactic emergencies.

- **Transportation Personnel** – These people will be provided information each year on the school program, the signs and symptoms of anaphylaxis, the location of the medication, and the forms. Bus drivers will be offered training each year to recognize and respond to anaphylactic emergencies.

**Action Steps for Anaphylaxis Management**

- Providing necessary precautions and general training for staff in transportation, classrooms, the cafeteria, or the gymnasium.
- Training by licensed registered professional nurses for all adults in a supervisory role in the recognition and emergency management of a specific medical condition for specific students.
- Creating Individual Health Care Plans (IHP), Emergency Care Plans (ECP), 504 Plans, or Individualized Educational Plans (IEP) as indicated.
- Having standing emergency medical protocols for nursing staff.
• Maintaining stock supplies of life-saving emergency medications, such as EpiPens, in all health offices for use in first-time emergencies.
• Following specific legal documents duly executed in accordance with the regulations and laws with medical orders regarding the care of specific students with severe life-threatening conditions.
• Allowing self-directed students as assessed by the school nurse to carry life-saving medication with prior approval by the medical provider and according to health practice and procedures as long as duplicate life-saving medication is also maintained in the health office in the event the self-carrying student misplaces his/her medicines.
• Assuring appropriate and reasonable building accommodations are in place within a reasonable degree of medical certainty.

**Medication Safety**
Epinephrine auto-injectors will be maintained by the school system to include resupplying as necessary. (Required forms in Appendices A - D)
Appendix A: Epinephrine Auto-injector Delivery Verification

SCHOOL NAME _________________________________ DATE________________
Label number_______________________ Lot number_____________ Exp. Date________
Label number ______________________ Lot number _____________ Exp. Date________
Location to be stored __________________________________________________________

Administrator
Printed Name _____________________Signature _____________________ Date _________

School Nurse
Printed Name _____________________Signature _____________________ Date_________
Appendix B: Skills Checklist Epinephrine Auto-Injector

Name of Trainee ___________________________________________________

<table>
<thead>
<tr>
<th>States name and purpose of procedure</th>
<th>Training</th>
<th>Demo</th>
<th>Review</th>
<th>Review</th>
<th>Comments</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. States symptoms for use of epinephrine auto-injector</td>
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**Preparation**

| 1. Reviews universal precautions |          |      |        |        |          |          |
| 2. Identifies location of medication |          |      |        |        |          |          |
| 3. Positions student into lying position |          |      |        |        |          |          |
| 4. Identifies possible problems and appropriate actions |          |      |        |        |          |          |
| 5. Knows to call 911 when epinephrine auto-injector is used |          |      |        |        |          |          |

**Identifies supplies**

| 1. Gloves |          |      |        |        |          |          |
| 2. Right medication |          |      |        |        |          |          |

**Procedures**

| 1. Applies gloves |          |      |        |        |          |          |
| 2. Removes end cap from auto-injector |          |      |        |        |          |          |
| 3. Places tip of auto-injector on either side of outer thigh |          |      |        |        |          |          |
| 4. Presses hard into thigh until the mechanism injects |          |      |        |        |          |          |
| 5. Hold firm pressure for 10 seconds |          |      |        |        |          |          |
| 6. Removes auto-injector with caution to avoid accidental needle stick |          |      |        |        |          |          |
| 7. Massages injection site for 10 seconds to help absorption |          |      |        |        |          |          |
| 8. Elevates feet of victim and monitors breathing |          |      |        |        |          |          |
| 9. Notes time of injection |          |      |        |        |          |          |

**Follow up**

| 1. Contacts parent and school nurse |          |      |        |        |          |          |
| 2. Gives 911 empty auto-injector |          |      |        |        |          |          |
| 3. Discards used supplies |          |      |        |        |          |          |
| 4. Documents the incident and gives report to the school nurse. |          |      |        |        |          |          |

Signature of Trainee ____________________________ Date __________

Signature of School Nurse ____________________________ Date __________
Appendix C: Protocol

This protocol is to be used in the care of children and adults who present with signs and symptoms of a severe allergic reaction while at school or at a school-related event.

Anaphylaxis is a life-threatening allergic reaction that may involve multiple body systems. This is a medical emergency that requires immediate intervention and treatment.

Possible causes of anaphylaxis are food allergies (milk, eggs, peanuts, tree nuts, shellfish, wheat, soy), insect stings (bees, hornets, yellow jackets, wasps, fire ants), latex allergies, medication, and exercise and temperature extremes (rare).

Food allergies are the leading cause of anaphylaxis in children. Children who have asthma and food allergies are at greater risk for anaphylaxis and may often react more quickly requiring aggressive and prompt treatment.

Symptoms: May include any or several of the following:
• Skin: Swelling of face, lips, mouth, tongue, and throat.
• Respiratory: Difficulty swallowing; hoarseness, a person struggling to breath, making loud noises while trying to move air in and out of lungs.
• Cardiovascular: Collapse of vascular system, blue lips or face, low blood pressure; shock.

Treatment: Epinephrine is the emergency drug of choice for treatment of an anaphylactic reaction and must be given immediately. There should be no delay in the administration of epinephrine.

1. Administer epinephrine based on individual’s weight:
   • Epinephrine auto-injection (EpiPen, JR.) USP (0.15mg IM dose of epinephrine from epinephrine injection 1:1000 USP) for children weighing 33-66 pounds.
   OR
   • Epinephrine auto-injection (EpiPen) USP (0.3mg IM dose of epinephrine from epinephrine injection 1:1000 USP) for individuals weighing over 66 pounds.

2. Call EMS (911) and report anaphylactic episode. *EMS transport should be informed that epinephrine has been given.
3. Place individual on back with legs elevated.
5. Be prepared to begin CPR for respiratory arrest and have AED available.
6. Monitor and document heart rate; respiratory rate, respiratory effort, level of consciousness, and any progression of symptoms every few minutes or more frequently if indicated and until help arrives.
7. Prepare individual for EMS transport. EMS may need a demographic sheet on the individual.
8. Notify school nurse so that epinephrine auto-injector can be re-ordered.
9. Complete a student/staff injury report and forward to the proper administrators.

APPROVED:

________________________________________
Physician Authorization

____________________
Date