

BATH COUNTY SCHOOL BOARD

AGENDA ITEM: INFORMATION { } ACTION { X } CLOSED MEETING { }

SUBJECT: SUPERINTENDENT’S PRESENTATIONS/REPORTS

Policy JHCD-R3 - Recognition and Treatment of Anaphylaxis in the School Setting – 2nd Reading

BACKGROUND: Local school boards must adopt and implement policies/regulations for the possession and administration of epinephrine in every school, to be administered by a school nurse or an employee of the school board who is authorized and trained in the administration of epinephrine to any student believed to be having an anaphylactic reaction.

A flowchart for recognizing anaphylaxis symptoms, standing orders*, and a report of anaphylaxis will be added as (forms) JHCD-F1, HJCD-F2, and JHCD-F3.

Epipens are in each school and a standing order has been signed by G. Douglas Larson, M.D., Director, Central Shenandoah Health District.

RECOMMENDATION: Approval of Policy JHCD, with accompanying forms, is recommended.

RECOGNITION AND TREATMENT OF ANAPHYLAXIS IN THE SCHOOL SETTING

A. General

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, dairy, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat. Common symptoms of anaphylaxis include sudden difficulty breathing, wheezing, hives, generalized flushing, itching or redness of the skin; swelling of the throat, lips, tongue; tightness/change of voice; difficulty swallowing; tingling sensation, itching or metallic taste in mouth; feeling of apprehension, agitation. Although anaphylaxis typically results in multiple symptoms, reactions may vary substantially from person to person. In some individuals, a single symptom may indicate anaphylaxis. Non-food items such as classroom materials and arts and craft supplies may contain trace amounts of food product capable of causing an allergic reaction. A severe allergic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can generally occur up to one to two hours after exposure to the allergen. In about a third of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later.

B. Stock Epinephrine

It is the policy of Bath County Public Schools to provide at least two (2) doses of auto-injectable epinephrine in each school, to be administered by a school nurse or employee of the school board 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.

The Code of Virginia provides civil protection for employees of a school board who are appropriately trained to administer epinephrine. Epinephrine should be administered promptly at the first sign of anaphylaxis. The Virginia School Health Guidelines developed by the Department of Health, in conjunction with the Department of Education and the Department of Health Professionals, state that it is safer to administer epinephrine than to delay treatment for anaphylaxis.

Epinephrine will be stored in a safe, unlocked and accessible location during the academic day and this requirement supercedes any other School Board policy to the contrary. The school division should 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. School principals or school nurses will be responsible for the distribution, review of storage and monitoring of expiration dates for the epinephrine stored at schools.

C. Policy Limitations

Parents of students with known life threatening allergies and/or anaphylaxis should provide the school with written instructions from the student's health care provider for handling anaphylaxis and all necessary medications for implementing the student specific order on an annual basis. If student-

specific orders are on file they should be followed for students with known life threatening allergies and/or anaphylaxis.

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.).

D. Standing Orders

Standing orders are written to cover multiple people as opposed to individual specific orders, which are written for one person. Bath County Public Schools shall designate an authorized medical provider (MD, DO, PA, or NP with prescriptive authority) 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.

E. Training

Each school principal shall be responsible for identifying at least two employees, in addition to the school nurse (RN), to be trained in the administration of epinephrine by auto-injector. Only trained personnel should administer epinephrine to a student believed to be having an anaphylactic reaction. Training shall be conducted in accordance with the most current edition of the Virginia Department of Education's Manual for Training Public School Employees in the Administration of Medication. Training shall be conducted annually or more often as needed.

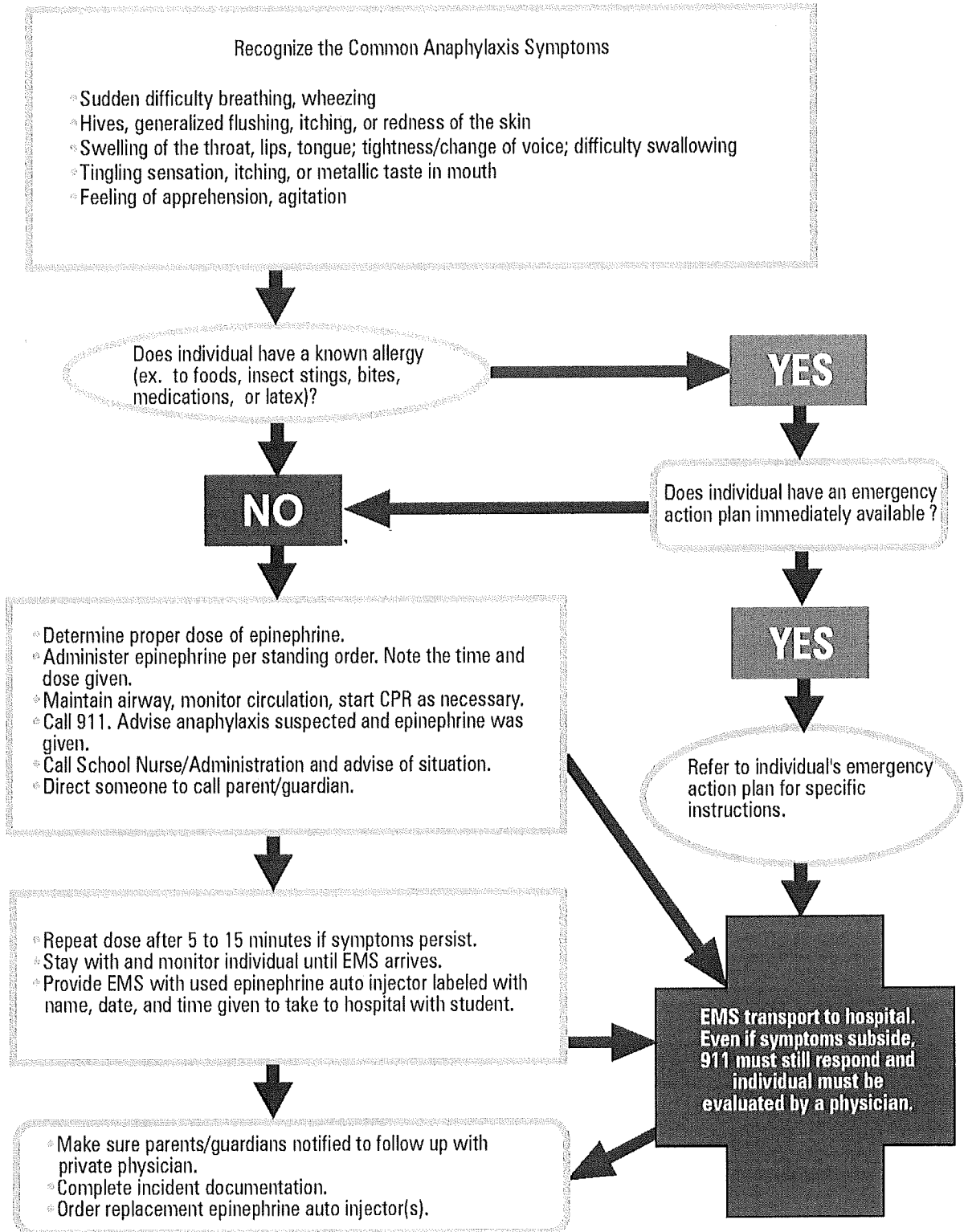
F. Post-Event Action

Once epinephrine is administered, local Emergency Medical Services (911) shall be activated and the student transported to the emergency room for follow up care. Parents/guardians will be notified of the administration and contact with emergency services. The student will not be allowed to remain at school or return to school on the day epinephrine is administered. The school nurse or health clinic assistant will complete a Report of Anaphylactic Reaction report and provide a copy of the report to the Office of the Superintendent with a request for replacement epinephrine.

Adopted:

Legal References: Code of Virginia §8.01-225, §22.1-274.2 and §54.1-3408

Recognize Anaphylaxis Symptoms



STANDING ORDER

AUTO-INJECTOR EPINEPHRINE ADMINISTRATION FOR ANAPHYLAXIS

In the event of an anaphylactic reaction in an individual in the school setting, epinephrine will be administered by the school nurse or trained unlicensed school personnel. This Standing Order is for the use of auto-injector epinephrine in such situations.

In the case of students with a history of anaphylaxis or other severe allergic reactions, epinephrine should be administered according to specific individualized prescriptive orders documented in their individualized health care plans. If no such orders exist or are not readily available, the Standing Orders given in this document should be used.

DEFINITION: Anaphylaxis is a severe allergic reaction which can be life threatening and occur within minutes after a triggering event or up to hours later.

CAUSES: Extreme sensitivity to one or more of the following:

Medication	Exercise induced	Foods	Latex
Idiopathic (unknown)	Insect stings	Other	Asthma triggers

PHYSICAL FINDINGS: Common symptoms associated with anaphylaxis:

1. Difficulty breathing, wheezing
2. Hives, generalized flushing, itching, or redness of the skin
3. Swelling of the throat, lips, tongue, throat; tightness/change of voice; difficulty swallowing
4. Tingling sensation, itching, or metallic taste in mouth
5. Feeling of apprehension, agitation

STANDING ORDER:

1. Based on symptoms, determine that an anaphylactic reaction appears to be occurring. Act quickly. It is safer to give epinephrine than to delay treatment.
Anaphylaxis is a life-threatening reaction.
2. **(If you are alone and are able to provide epinephrine,** call out or yell for help as you immediately go get the epinephrine. Do not take extra time seeking others until you have provided the epinephrine.)
3. **(If you are alone and do not know how to provide epinephrine,** call out or yell for help. If someone is available to help you, have them get the personnel trained to provide epinephrine and the epinephrine while you dial 911 and follow the dispatcher's instructions. Advise 911 operator that anaphylaxis is suspected and epinephrine is available. Your goal is to get someone (EMS or trained personnel) to provide epinephrine and care as soon as possible.)
4. Select appropriate epinephrine auto-injector to administer, based on weight.

Dosage: 0.15 mg Epinephrine auto-injector IM, if less than 66 pounds
 0.30 mg Epinephrine auto-injector IM, if 66 pounds or greater

Frequency: If symptoms continue, a second dose should be administered 5 to 15 minutes after first dose

5. Inject epinephrine via auto-injector: Pull off safety release cap. Swing and jab firmly into upper, outer thigh, (through clothing if necessary). **Hold in place for 10 seconds to deliver medication and then remove.** Massage the area for 10 more seconds. Note the time.
6. Call or have a bystander call 911 immediately or activate the Emergency Medical System (EMS). Advise 911 operator that anaphylaxis is suspected and epinephrine has being given.
7. Keep the individual either lying down or seated. If they lose consciousness, check if they are breathing and have a pulse. If not, begin CPR (cardiopulmonary resuscitation), call out for help and continue CPR until the individual regains a pulse and is breathing or until EMS arrives and takes over.
8. Call School Nurse/Front Office school personnel and advise of situation.
9. Repeat the dose after 5 to 15 minutes if symptoms persist or return.
10. Stay with the individual until EMS arrives, continuing to follow the directions in No. 7 above.
11. Provide EMS with Epinephrine auto injector labeled with name, date, and time administered to transport to the ER with the student.

FOLLOW UP (to be done the same day as the event):

1. Assure parents/guardians have been notified.
2. Complete required documentation of incident.
3. Order replacement epinephrine auto injector(s).

Physician/Licensed Prescriber Signature _____ Date _____

Print Name, please _____

* Effective for School Year _____

*Must be renewed annually and with any change in prescriber.

VIRGINIA SCHOOL HEALTH GUIDELINES

Report of Anaphylactic Reaction

Demographics and Health History	
1. Name: _____	Name of School: _____
2. DOB: _____	Status of Person: Student <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Gender: M <input type="checkbox"/> F <input type="checkbox"/>
3. History of allergy: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If known, specify type of allergy: _____	
If yes, was allergy action plan available? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> History of prior anaphylaxis: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Diagnosis/History of asthma: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
School Plans and Medical Orders	
4. Individual Health Care Plan (IHCP) in place? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
5. Does the student have a student specific order for epinephrine? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
6. Source of epinephrine (ex. student provided, stock epinephrine) _____ Expiration date of epinephrine _____ Unknown <input type="checkbox"/>	
Epinephrine Administration Incident Reporting	
7. Date/Time of occurrence: _____ Vital signs: BP _____/_____/____ Temp _____ Pulse _____ Respiration _____	
8. Specify suspected trigger that precipitated this allergic episode:	
Food <input type="checkbox"/> Insect Sting <input type="checkbox"/> Exercise <input type="checkbox"/> Medication <input type="checkbox"/> Latex <input type="checkbox"/> Other <input type="checkbox"/> _____ Unknown <input type="checkbox"/>	
If food was a trigger, please specify suspected food _____	
Please check: Ingested <input type="checkbox"/> Touched <input type="checkbox"/> Inhaled <input type="checkbox"/> Other <input type="checkbox"/> specify _____	
9. Did reaction begin prior to start of school day? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
10. Location where symptoms developed:	
Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Health Office <input type="checkbox"/> Playground <input type="checkbox"/> Bus <input type="checkbox"/> Other <input type="checkbox"/> specify _____	
11. How did exposure occur? _____ _____	
12. Symptoms: (Check all that apply)	
<u>Respiratory</u> <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Hoarse voice <input type="checkbox"/> Stuffy or runny nose <input type="checkbox"/> Swollen throat or tongue <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Stridor <input type="checkbox"/> Tightness (chest, throat) <input type="checkbox"/> Wheezing	<u>GI</u> <input type="checkbox"/> Abdominal discomfort <input type="checkbox"/> Diarrhea <input type="checkbox"/> Difficulty swallowing <input type="checkbox"/> Oral itching <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting
<u>Skin</u> <input type="checkbox"/> Angioedema <input type="checkbox"/> Flushing <input type="checkbox"/> General Itching <input type="checkbox"/> General rash <input type="checkbox"/> Hives <input type="checkbox"/> Lip swelling <input type="checkbox"/> Localized rash <input type="checkbox"/> Paleness	<u>Cardiac/Vascular</u> <input type="checkbox"/> Chest discomfort <input type="checkbox"/> Cyanosis <input type="checkbox"/> Dizziness <input type="checkbox"/> Faint/Weak pulse <input type="checkbox"/> Headache <input type="checkbox"/> Low blood pressure <input type="checkbox"/> Rapid heartbeat
<u>Other</u> <input type="checkbox"/> Sweating <input type="checkbox"/> Irritability <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Metallic taste <input type="checkbox"/> Red eyes <input type="checkbox"/> Sneezing <input type="checkbox"/> Uterine cramping	
13. First Epinephrine Dose (amt.) _____ Site (ex. upper left thigh) _____ Time: _____ Initials: _____	
Second Epinephrine Dose (amt.) _____ Site _____ Time: _____ Initials: _____	

VIRGINIA SCHOOL HEALTH GUIDELINES

14. Location where epinephrine administered: Health Office Other specify _____

15. Location of epinephrine storage: Health Office Other specify _____

16. Epinephrine administered by: RN Self Other (print name) _____

17. Parent or guardian notified of epinephrine administration: Yes No Time: _____
By whom: _____

18. Biphasic reaction: Yes No Don't know

Disposition

19. EMS notified at: (time) _____ By whom _____
Transported to hospital emergency department: Yes No If "No", reason _____
If yes, transferred via ambulance Parent/Guardian Other

20. Student/Staff/Visitor outcome: _____

School Follow-up

21. Were parents or guardians advised to follow up with student's medical provider? Yes No

22. Were arrangements made to restock epinephrine? Yes No

.NOTES: _____

24. Form completed by: _____ Date: _____
(please print)

Signature: _____ Title: _____