

Lab Schools Anaphylaxis Response Policy

(Severe Allergic Reaction)

Anaphylaxis

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.

High Risk Areas

- Cafeteria
- Gatherings with shared food items – Banquets, picnics
- Travelling for extracurricular activities where students are eating

Steps to take to prevent exposure to allergens

- Encourage washing hands before and after eating
- Discourage sharing of food items
- Wipe down tables after eating
- Encourage nonfood related celebrations
- Encourage those with known allergies to advocate for themselves
- Alert all appropriate teachers and staff to specific students with allergies
- Share emergency action plans with appropriate teachers and staff
- Yearly training on anaphylaxis and use of an Epi-Pen

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
- Heartbeat 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
- 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

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- 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.**

Responding to Anaphylaxis

All students with known anaphylactic allergies must have a Food Allergy Action Plan on file in the nurse's office or main office. If student-specific orders are on file (Emergency Action Plan / Food Allergy Action Plan), they should be followed for students with known life-threatening allergies and/or anaphylaxis.

For suspected anaphylaxis **without** specific orders (first time reaction):

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.
 - a. 0.15mg for body weight less than 55 pounds
 - b. 0.30mg for body weight 55 pounds or more
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) arrive.
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 (cardiopulmonary resuscitation) if trained to do so.
12. EMS to transport the 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.

How to use an EpiPen / EpiPen Jr

1. Remove the EpiPen or EpiPen Jr Auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks.' Hold firmly in place for 3 seconds (count slowly 1,2,3).

4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

(Instructions provided courtesy of Food Allergy Research & Education (FARE) 5/2020)

Post Event Actions

- Once epinephrine is administered, local Emergency Medical Services (911) shall be activated, and the student transported to the emergency room for follow care. 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.
- Document the event
- Complete incident report
- Alert healthcare provider and physician writing standing order for Epinephrine
- Replace epinephrine stock medication immediately
- Document use of undesignated Epinephrine within 3 days online at <https://www.isbe.net/Pages/School-Nursing.aspx>

Yearly Mandatory Training for Anaphylaxis (Illinois School Code ILCS 5/22-30)

The training curriculum to recognize and respond to anaphylaxis, including the administration of an undesignated epinephrine injector shall include but not be limited to:

- How to recognize signs and symptoms of an allergic reaction, including anaphylaxis
- How to administer an epinephrine injector
- A review of high-risk areas within a school and its related facilities
- Steps to take to prevent exposure to allergens
- Emergency follow-up procedures, including the importance of calling 911
- How to respond to a student with a known allergy, as well as a student with a previously unknown allergy
- All faculty and staff will be trained at the beginning of each school year, upon hire, or when an individual is identified at risk
- Only trained personnel should administer epinephrine to a student believed to be having an anaphylactic reaction.

Storage, Access, and Maintenance

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. It should be protected from exposure to heat, cold or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures. The expiration date of epinephrine solutions should be periodically checked; the drug should be replaced if it is approaching the May 2023

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.

Each school will maintain documentation that stock epinephrine has been checked monthly to ensure proper storage, expiration date, and medication stability.

The school shall maintain enough extra doses of epinephrine for replacement of used or expired school stock on the day it is used or discarded. Expired auto-injectors or those with discolored solution or solid particles should not be used. Discard them in a sharp container.

Undesignated EpiPen Locations in the Lab Schools

Metcalf	Nurses' office EpiPen 0.15mg (1) EpiPen 0.30mg (1)	Cafeteria Hallway EpiPen 0.15mg (1) EpiPen 0.30mg (1)
U-High	Main office EpiPen .030mg (2)	Lounge EpiPen 0.30mg (2)

This policy shall be reviewed and re-evaluated every three (3) years to reflect any necessary and appropriate revisions.