ISBE'S MODEL POLICY

Anaphylaxis Response Policy

for Illinois Schools

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Illinois State Board of Education

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Students at risk for anaphylaxis benefit from a school district policy that coordinates a planned response in the event of an anaphylactic emergency. The outline for a model policy and links to policies can be found in this document. This policy relates to the care and response to a person having an anaphylaxis reaction and addresses the use of epinephrine in a school setting (National Association of School Nurses [NASN], 2014). See "Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs," a document compiled by the Centers for Disease Control and Prevention, for a full food allergy and prevention of allergen exposure plan. Applicable state law as written in School Code (105 ILCS 5/22-30) and rule as provided in Administrative Code (23 Ill. Admin. Code 1.540) will serve as guidance for this Anaphylaxis Response Policy for Illinois Schools.

Food Allergy and Prevention of Allergen Exposure Control Planning Tool

National Association of School Nurses Allergies and Anaphylaxis Resources/Checklists

NASN recommends the following considerations for a comprehensive anaphylaxis school policy. School districts and schools need to prepare for school anaphylactic reactions in all children and youth — with or without a prior history of allergies — considering state and local laws, policy, and protocol. A comprehensive school policy should address these elements:

1. Individuals covered, including those with first-time anaphylactic emergencies.
2. School programs and environments covered.
3. Epinephrine:
    a. School prescription and standing order.
    b. Stock Locations, usually multiple.
    c. Ensure secure access.
    d. Stock supply — dosages, number of doses.
    e. Procurement — initial and periodic.
    f. Disposal — after use and expiration.
    g. Administration and documentation.
    h. Reporting.
4. Individuals authorized to administer.
5. Emergency protocol for administration.

(NASN, 2014)

Every staff member needs to be trained to know the signs and symptoms of anaphylaxis and know how to initiate the emergency protocol. A district's all-hazard emergency plan should address schools, parents, health care providers, emergency medical services (EMS), and the community at large.

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. Illinois' model anaphylaxis policy is based on the Virginia Department of Education Anaphylaxis Policy.

It is the policy of the Illinois State Board of Education, according to Public Act 102-0413, that each school district must have an anaphylaxis policy. Illinois School Code (105 ILCS 5/2-3.182(a-g) and Section 22-30) require that all public schools, nonsectarian nonpublic schools, and charter schools create and implement policies concerning anaphylaxis prevention and treatment. These policies must also be reviewed and reevaluated every three years and be updated to reflect any necessary and appropriate revisions.

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. This may be provided as an Individual Health Care Plan, an Emergency Action Plan, or as part of a student's Individualized Education Program or Section 504 Plan.

This anaphylaxis response policy is not intended to replace student-specific orders or parent-provided individual medications. This model policy is intended to supplement the standing protocol in place for schools that already have undesignated epinephrine. This policy should address all school-sponsored activities (including transportation to and from school, field trips, and sporting events) in alignment with School Code (105 ILCS 5/2-3.182(a-g) and Section 22-30).

This policy addresses a school's response to anaphylactic reactions in a typical setting of a school and may not specify extenuating circumstances that may occur in a standard school setting. Schools should address anaphylactic emergencies in memoranda of understanding and contract agreements as they consider their response plan to take into account contracted providers who may have a presence in your buildings and provide health care. Not all schools have a school nurse or certified health staff on a regular basis. Schools are encouraged to take this into consideration in developing plans for the district. If your school has a school-based health center, consider collaboration to develop a comprehensive plan.

Terms Related to This Model Anaphylaxis Response Policy

Epinephrine auto-injector — A single-use device used for the automatic injection of a pre-measured dose of epinephrine into the human body.

There are different brands so make sure to become familiar with the one at your school. Provide specific directions for school personnel on how to administer. School personnel or volunteers who are trained to administer auto-injectors and know cardiopulmonary resuscitation (CPR) and use of an automated external defibrillator are considered trained personnel for the purposes of this policy.

School nurse — A registered nurse working in a school with or without licensure endorsed in school nursing.

Secure location — An unlocked location that is inaccessible to the students and/or is visually monitored by an adult during the normal school day under routine circumstances.

All personnel should know the location(s) where the undesignated epinephrine is kept for your school. A school's undesignated epinephrine auto-injector is meant to be administered to a person believed to be having an anaphylactic reaction.

Self-administration — A pupil's discretionary use of his or her prescribed epinephrine auto-injector.

Self-carry — A pupil's ability to carry his or her prescribed epinephrine auto-injector.

Students who have a known allergy may carry an auto-injector prescribed to them. Be sure trained personnel know who has prescribed epinephrine auto-injector and where they keep it on their person or in their bag. A student-specific epinephrine auto-injector is one that is prescribed to an individual who has a known allergy.

Standing protocol — According to 105 ILCS 5/22-30, may be issued by a physician licensed to practice medicine in all its branches, a licensed physician assistant with prescriptive authority, or a licensed advanced practice registered nurse with prescriptive authority.

Schools with established policies for undesignated epinephrine are to have a standing protocol in place.

Student-specific — For purposes of this model policy, student-specific means an epinephrine auto-injector provided to the student under a prescription in the individual's name.

Trained personnel — Any school personnel or volunteer personnel authorized in Sections 10-22.34, 10-22.34a, and 10-22.34b of the School Code who has completed training to recognize and respond to anaphylaxis and who has been certified to use (CPR) and automated external defibrillator.

Undesignated epinephrine auto-injector — A device prescribed in the name of a school district, public school, charter school, or nonpublic school to be used by any person that the school nurse or trained personnel in good faith believes is having an anaphylactic reaction, according to 105 ILCS 5/22-30 and Section 2-3.182.

Recognizing Anaphylaxis

Anaphylactic reactions typically result in multiple symptoms, but reactions may vary. A single symptom may indicate anaphylaxis. Students with allergies that may lead to anaphylactic reactions sometimes have an accompanying diagnosis of asthma that could compound the reaction.

Possible 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. (Watch for signs and behaviors that someone may be experiencing an allergic reaction.)
- 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. (Common symptoms of anaphylaxis may be wheezing; coughing; complaining of itchy throat; swelling of lips, face, tongue, or throat; blue tongue/lips; flushing of skin or paleness; hoarseness.)
- Loss of consciousness.

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

A. Student-specific orders that are on file should be followed for students with known life-threatening allergies and/or anaphylaxis. **Know when to act.** Follow school procedures and the individual's Emergency Action Plan to respond to suspected anaphylactic reaction for a student with a known allergy.

B. If there is a suspected case of anaphylaxis, instruct someone to call 911 immediately.

1. **If your school <u>does not have</u> undesignated epinephrine:**
   a) Stay with the person until EMS arrives.
   b) Monitor the person's airway and breathing.
   c) Implement local emergency notification to activate trained personnel to respond. Call school nurse/front office school personnel immediately and advise of situation.
   d) Direct someone to call parent/guardian.
   e) Administer CPR, if needed.
   f) EMS transports individual to the emergency room. Document individual's name, date, time of onset of symptoms, and possible allergen.

2. **If your school <u>does maintain</u> undesignated epinephrine:**
   a) Activate the emergency procedures of the school's Undesignated Epinephrine Standing Protocol. Implement local emergency notification (as provided in the school's standing protocol) to activate trained personnel to respond with undesignated epinephrine dose(s). **Call school nurse/front office school personnel and advise of situation.**
   b) Select the appropriate dose according to the school's protocol and administer epinephrine. Note the time.

c) Act quickly. It is safer to give epinephrine than to delay treatment. **This is a life-and-death decision.**
d) Stay with the person until EMS arrives.
e) Monitor the person's airway and breathing.
f) Reassure and attempt to calm a person, as needed.
g) Direct someone to call parent/guardian.
h) If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine five to 15 minutes after the initial injection. Note the time.
i) Administer CPR, if needed.
j) EMS transports the individual to the emergency room. Document individual's name, date, and time the epinephrine was administered on the epinephrine auto-injector that was used and give to EMS to accompany individual to the emergency room.

3. **Even if symptoms subside, 911 must still respond and the individual must be evaluated in the emergency department or by their personal allergy health care provider. A delayed or secondary reaction may occur.**

   Once epinephrine is administered, the student should be transported to the emergency room for follow-up care. The symptoms sometimes 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.

Post-Event Actions

A. Reporting
   1. Document the incident and complete local report as stated in the school's standing protocol.
   2. The school's designated personnel should complete the Undesignated Epinephrine Report form. It must be submitted to the Illinois State Board of Education within three days of the incident.
   3. Notify prescriber of undesignated epinephrine auto-injector, according to the school's standing protocol.

B. Replenishing stock
   1. Replace epinephrine stock medication, according to the school's standing protocol.
   2. Reorder epinephrine stock medication, as necessary.

Training

Building-level administration shall be responsible for identifying at least two employees, in addition to the school nurse (registered nurse or licensed practical nurse), 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 Illinois School Code (105 ILCS 5/22-30). Training shall be incorporated into new school employee training, be held when an individual is identified at risk, and conducted schoolwide annually.

Standing Protocol for Undesignated Epinephrine

Acknowledge that the school has an agreement with an authorized physician licensed to practice medicine in all its branches, licensed physician assistant with prescriptive authority, or licensed advanced practice registered nurse with prescriptive authority to prescribe non-student-specific epinephrine to be administered to any individual believed to be having an anaphylactic reaction on school grounds during the academic day or school-sponsored event. Standing orders must be renewed annually and at a time when there is any change in the prescriber. (105 ILCS 5/22-30)

Storage, Access, and Maintenance

Storage, access, and maintenance of stock of undesignated epinephrine auto-injectors shall be included in the

school's standing protocol. 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. Trained staff should be made aware of the storage location in each school. It should be protected from exposure to hot, 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 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 should 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 in accordance with 105 ILCS 5/22-30(f). Expired auto-injectors or those with discolored solution or solid particles should not be used. Discard them in a sharps container.