

## **SAVE ACT –Safe Access to Vital Epinephrine**

### **Epinephrine Policy for Legacy Early College**

#### **Background:**

The incidence of severe allergic reactions has been rising, especially with regard to food. Anaphylaxis is a severe systemic allergic reaction, resulting from exposure to an allergen that is rapid in onset and can cause death. Other common causes of anaphylaxis include allergies to latex, medications, scents and insect bites.

#### **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

- o Epinephrine
- o Antihistamines

Treatment of anaphylaxis is centered on treating the rapidly progressing effects of the histamine release in the body with epinephrine (drug of choice).

#### **Creating an Allergen-Safe School Environment**

- Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis.
- All food and product (art, garden and building) labels are considered to avoid unnecessary contact. Legacy is a “Nut Free” school for the cafeteria service and social programs.
- 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 Administration
- School Nurse
- Teachers
- Food Service Personnel
- Coaches, Athletic Director, and School Volunteers
- Transportation Personnel

#### **Action Steps for Anaphylaxis Management**

- First Responders and those adults (staff in transportation, classrooms, cafeteria and gymnasium) with students of known allergens will be trained in anaphylaxis and epinephrine administration by registered nurse and/or online training with live return demonstration to the registered nurse.



- Creating Individual Health Plans (IHP), Emergency Care Plans (ECP), 504 Plans, or Individualized Educational Plans (IEP) as indicated;
- Having standing emergency protocols for nursing staff and authorized personnel;
- Maintaining stock supplies of life saving emergency medications (epinephrine) **when available**, as allowed by the laws of South Carolina, such as Epi-Pens, in designated area for use in first time emergencies;
- Dr. Kerry Sease of the Bradshaw Institute for Child Health ([KSease@GHS.org](mailto:KSease@GHS.org)) will approve standing orders for non-specific epinephrine.
- Replacement of auto-injectors due to usage, expired prescriptions or solution issues will be made by contacting Karen M Brown RN, DSN, MSN ([drbrown@legacyearlycollege.org](mailto:drbrown@legacyearlycollege.org))
- Auto injectors are to be stored in the Yellow Emergency box near teacher mailboxes in the office area of the Elementary and Parker Campus.
- Following specific legal documents duly executed in accordance with the laws of South Carolina with medical orders regarding the care of students with severe life-threatening conditions and reporting the use of the Epi-Pens when indicated;
- Allowing self-directed students as assessed by the school nurse to carry life-saving medication with prior approval by the medical provider and parent, 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 their medicines.
- Stock epinephrine is intended for use on school premises and should not be carried offsite.

### Resources

- Student Health History
- Care Plan ( IHP or ECP or 504 Plan)
- Parents/guardian of student of known allergies are responsible for providing the school with specific medical orders and a supply of epinephrine at the start of the school year or upon transfer to the school.

**STANDING PROTOCOL...ANAPHYLAXIS (Severe Allergic Reaction)**

Anaphylaxis is a very serious sudden, intense, rapidly progressing whole body allergic reaction that can be fatal. It can occur in a person who has a hypersensitivity to foods, insect stings, medications, or other allergens (identified or unidentified). The risk is higher in people with asthma. The purpose of the protocol is to provide designated trained staff with a recommended standard by which is respond to this **life-threatening event** in students with **no known history** of anaphylaxis.

**NOTE: For students with known history of anaphylaxis, follow the student's health care provider orders for when to administer epinephrine. In the absence of provider orders and/or medication present in the school, follow this standard protocol and the stock epinephrine auto-injector should be used.**

**SUSPECT ANAPHYLAXIS IF STUDENT PRESENTS WITH OR COMPLAINS OF:**

- A. Onset of symptoms that occur suddenly and progress rapidly;
- B. Possible exposure to an allergen (most often foods, insect sting, or medications; or Students' known allergen);
- C. Student meets **one** of the criteria below:

**Criteria 1:** Complaint of **one or more throat, lung, or heart** system signs and symptoms:

Body System	Signs and Symptoms
Throat	Swelling of the back of the mouth/throat or tongue: tightness of throat: feeling like the throat is closing; difficulty swallowing; hoarseness or change in quality of voice.
Lung	Coughing; wheezing; shortness of breath; difficulty breathing; noisy breathing; "air hunger" or gasping for air.
Heart	Dizzy/lightheaded; fainting; loss of consciousness or unresponsiveness. If able to obtain: weak or absent pulse; low blood pressure (may be accompanied by a rapid pulse.)

**Criteria 2:** Complaint of **skin** signs and symptoms **with** symptoms in **another body system** (i.e. hives with nausea and vomiting; generalized itching and feeling of impending doom):

Body System	Signs and Symptoms
Skin	Hives; generalized itching, tingling and /or swelling of face or extremities

**AND EITHER**

Gastrointestinal	Nausea; abdominal pain or cramps; vomiting; diarrhea
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**OR**

Mental	Uneasiness; agitation; panic; feeling of impending doom
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**FOR A PERSON DETERMINED TO BE OR PERCEIVED TO BE IN ANAPHYLAXIS ADMINISTER EPINEPHRINE IMMEDIATELY\***

NOTE- There are no absolute contraindications to the use of epinephrine in a life-threatening situation. If in doubt, administer epinephrine.

1. Select appropriate epinephrine auto-injector based on dosage below:

Weight+	Grade (if weight is unknown)	Age (if weight is unknown)	Epinephrine Dosage	Epinephrine Device Formulation
33-66 lbs -	Pre-Kindergarten through 2nd grade	Less than 9 years of age	0.15 mg	Junior dose 0.15 mg <b>Green</b>
Greater than or equal to 66lbs	3rd grade through 12th grade	9 years of age and older	0.3 mg	Adult dose 0.3 mg <b>Yellow</b>

**+NOTE- If body weight is known, then dosing by weight is preferred. If weight is not known or not immediately available without delay, dosing by age or grade is appropriate. Do not delay administering epinephrine to obtain weight.**

2. Administer epinephrine auto-injector into the muscle on outer thigh. Count slowly 1-2-3.

**NOTE: For students having anaphylaxis (severe allergic reaction) who also have asthma, always administer epinephrine first then albuterol if ordered.**

3. **Simultaneously call 911** (or direct someone to call 911). Specify that an anaphylactic reaction (severe allergic reaction) has occurred and that paramedics are needed.

4. Administer CPR if indicated and trained to do so. If not trained, call for a CPR trained staff member **simultaneous to administering epinephrine and calling 911.**

5. Observe student for continued or worsening signs of anaphylaxis.
6. If symptom of anaphylaxis continue without improvement, worsen, resolve or lessen and then return and EMS has not arrived, then repeat the same epinephrine dose, if available, 15 minutes after the initial dose.
7. Stay with student until EMS arrives.
8. Place student in a side lying recovery position or reclining position with legs elevated (if comfortable breathing) until EMS arrives.
9. Give nothing by mouth.
10. If possible, monitor and record heart rate, respirations, blood pressure.
11. Anyone receiving epinephrine **MUST** be transported by EMS for continued medical evaluation and care.

**FOLLOW POLICIES AND PROCEDURES FOR FOLLOW-UP**

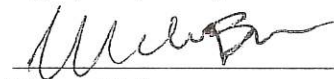
1. Notify parents/legal guardians.
2. Document incident including suspected allergen.
3. Document time of epinephrine administration and dose.
4. Document event on the "Report of Anaphylactic Reaction/Administration" form.
5. Begin Process for replacement of Epi-pen.

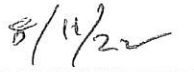




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Date





William W Brown  
Chief Executive Officer  
Legacy Early College

Date

### Resources

Food Allergy Research and Education (FARE) (2014). Retrieved from:  
<http://www.foodallergy.org/>

National Association of School Nurses (NASN). (2014) Sample protocol for treatment of anaphylaxis. Retrieved from:  
[http://www.nasn.org/portals/0/resources/Sample\\_Anaphylaxis\\_Epinephrine\\_Administration\\_Protocol.pdf](http://www.nasn.org/portals/0/resources/Sample_Anaphylaxis_Epinephrine_Administration_Protocol.pdf)