

**Administrative Procedures for Policy #3920 (Students) of the Board of Education Regarding
Availability and Use of Auto-Injectable Epinephrine**

I. DEFINITIONS

- A. Anaphylaxis – A sudden severe, potentially life-threatening reaction that affects multiple organ systems of the body. Anaphylaxis can be fatal and requires immediate medical attention. Allergens such as insect bites or stings, foods, latex or medications may cause the reaction, or it may be idiopathic, or exercise induced. Anaphylaxis usually occurs immediately and progresses rapidly but may also be delayed several hours after exposure to the allergen.
- B. Student Day – The hours from Monday through Friday when a school is open and scheduled to provide academic instruction to students enrolled in Calvert County Public Schools.
- C. Employee – An individual whose compensation is paid by Calvert County Public Schools.
- D. Overview – Anaphylaxis is one type of allergic reaction, in which the immune system responds to otherwise harmless substances from the environment (called “allergens”). A variety of allergens can provoke anaphylaxis, but the most common culprits are food, insect venom, medications, and latex. Unlike other allergic reactions, however, anaphylaxis is potentially lethal and can be fatal in a matter of minutes. Anaphylaxis typically begins within minutes or even seconds of exposure, and can rapidly progress to cause airway constriction, skin and intestinal irritation, and altered heart rhythms. Without treatment, in severe cases, it can result in complete airway obstruction, shock, and death. Initial emergency treatment is the administration of injectable epinephrine (also known as “adrenaline”) coupled with immediate summoning of emergency medical personnel and emergency transportation to the hospital. Appropriate timely treatment can totally reverse anaphylaxis and return a child or adult to their prior state of health.
 - 1. Reports of anaphylaxis have increased in recent years. As it is impossible to totally eliminate allergens from the school setting, all school districts, all schools, and all school staff must be prepared to help students who experience anaphylaxis. All school staff should know what to do in case of anaphylaxis, whether or not they are personally responsible for administration of epinephrine. They need to know what anaphylaxis is, how to tell if someone might be experiencing anaphylaxis, and how to get timely help for that child or adult. In addition, designated personnel need to go one critical step further and be able to provide the life-saving medication epinephrine while quickly summoning emergency care.

II. COMMON ALLERGENS

- 1. Animal dander (ex., cats)
- 2. Insect venom

- | | |
|------------|----------------------------|
| 3. Milk | 8. Tree nuts (ex., pecans) |
| 4. Soy | 9. Fish |
| 5. Eggs | 10. Medication |
| 6. Latex | 11. Shellfish |
| 7. Peanuts | 12. Wheat |

B. Non-food items, such as arts and crafts materials, may contain trace amounts of food products capable of causing an allergic reaction in susceptible individuals.

III. SIGNS AND SYMPTOMS OF AN ANAPHYLACTIC REACTION (MAY INCLUDE, BUT ARE NOT LIMITED TO)

Organ System	Signs / Symptoms
Mouth / Throat	Itching, tingling, or swelling of lips, tongue, or mouth; blue-gray color of lips; hacking cough; tightening of throat; hoarseness; difficulty swallowing.
Nose / Eyes / Ears	Hay fever-like symptoms: runny, itchy nose; redness and/or swelling of eyes; throbbing in ears.
Skin	Facial flushing; hives and/or generalized itchy rash; swelling of face or extremities; tingling; blue/gray discoloration.
GI	Nausea; abdominal cramps; vomiting; diarrhea.
Lung	Shortness of breath; wheezing; short, frequent, shallow cough; difficulty breathing.
Heart	Thready or unobtainable pulse; low blood pressure; rapid pulse; palpitations; fainting; dizziness; pale, blue or gray color of lips or nail beds.
Mental	Uneasiness; agitation; unconsciousness.
Other	Any other symptom specific to an individual's response to a specific allergen.

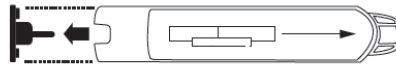
- A. Note: Not all signs and symptoms need to be present in anaphylaxis. Although anaphylactic reactions typically result in multiple symptoms, reactions may vary. A single symptom may indicate anaphylaxis. **Epinephrine should be administered promptly at the first sign of anaphylaxis. It is safer to administer epinephrine than to delay treatment for anaphylaxis.**
- B. Training – Building level administrator shall be responsible for identifying at least two employees, in addition to the school nurse (RN or LPN) to be trained in the administration of auto-injectable epinephrine. Training shall be conducted annually or more often as needed.
- C. Standing Orders – Standing orders are written to cover multiple people as opposed to individual-specific orders, which are written for one person. Calvert County Public

Health Officer is Calvert County Public Schools' licensed medical provider to obtain non-student-specific auto-injectable epinephrine to be administered to any student believed to be having an anaphylactic reaction on school grounds during the student day as defined in this policy. Standing orders must be renewed annually and with any change in prescriber.

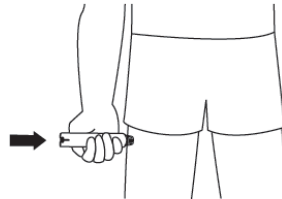
1. The Health Officer is solely responsible, through his license, to authorize the purchase of epinephrine for use under the conditions of SB621. Calvert County Public Schools is responsible for the selection and training of those administering the medication as well as maintaining an appropriate stock of epinephrine in its facilities.
- D. Responding to Anaphylaxis – If student-specific orders are on file, they should be followed for students with known life-threatening allergies and/or anaphylaxis.
1. For suspected anaphylaxis without specific orders:
 - a. Based on symptoms, determine that an anaphylactic reaction is occurring.
 - b. Act quickly. It is safer to give epinephrine than to delay treatment. This is a life and death decision.**
 - c. Determine the proper dose and administer epinephrine. Note the time.
 - d. Direct someone to call 911 and request medical assistance. Advise the 911 operator that anaphylaxis is suspected, and that epinephrine has been given.
 - e. Stay with the person until emergency services arrives.
 - f. Monitor their airway and breathing.
 - g. Reassure and calm the person as needed.
 - h. Call the School Nurse/Front Office school personnel and advise of situation.
 - i. Direct someone to call the parent/guardian.
 - j. Administer CPR if needed.
 - k. Emergency responders to transport individual to the emergency room. Document the individual's name, date, and time the epinephrine was administered on the used epinephrine auto-injector and give to emergency responders to accompany the individual to the emergency room.
 - l. Even if symptoms subside, 911 must still respond and the individual must be evaluated by a physician. A delayed or secondary reaction may occur.
 - m. Document the incident and complete the incident report.
 - n. Replace epinephrine stock medication as appropriate.

Auto-Injector Directions For Use:

- First, remove the Auto-Injector from the plastic carrying case.
- Pull off the blue safety release cap.



- Hold orange tip near outer thigh (always apply to thigh)
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.



- Remove the Auto-Injector and massage the area for 10 more seconds.

E. Post Event Actions

1. Once epinephrine is administered, local emergency services (911) shall be activated and the student transported to the emergency room for follow-up care. In some reactions, the symptoms go away, only to return 1-3 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.
2. Document the event.
3. Complete incident report.
4. Replace epinephrine stock medication immediately.

F. Storage, Access and Maintenance – Epinephrine should be stored in a safe and accessible location, in a dark place at room temperature (between 59-86°F). 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 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.

G. The school system shall 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. Expired auto-injectors or those with discolored solution or solid particles should not be used. Discard them in a sharp’s container.

IV. RESPONSIBILITIES

Student 3920.1

Written: 3/09/16; 10/30/19; 11/29/22

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A. CALVERT COUNTY PUBLIC SCHOOLS RESPONSIBILITIES

1. The Calvert County Public School System (CCPS) will support the efforts of individual schools and parents to provide a safe and nurturing educational environment for the student with a severe allergy.
2. Eating in the classroom should be avoided. However, CCPS must recognize the rights of students with diabetes and certain other health conditions. These students may need to eat during class and should not be required to leave the classroom. Parents of students who need to snack in the classroom should be encouraged by school staff to provide foods that do not pose a potential risk for food allergic students in the same classroom. Additionally, CCPS recognizes scheduling concerns including numerous lunch shifts and the need to provide snacks in the classroom for students on late lunch shifts, returning from field trips, and other school-sponsored events.
3. Schools should allow the storage of auto-injectable epinephrine in a safe location in the classroom and other student areas, as appropriate, to facilitate prompt access if needed. At least one Auto-injectable epinephrine must be stored in the health room.
4. CCPS will provide training for teachers, assistants, or others in the school building in the recognition of a severe allergic reaction, the use of auto-injectable epinephrine, and proper follow-up emergency procedures when a student with a recognized life-threatening allergy is enrolled in the school.
5. School staff should avoid the use of foods in curricular activities if possible. For example, the use of food is integral to the Family and Consumer Science curriculum.
6. Schools are encouraged to consider student allergies when planning incentive and promotional activities.
7. Schools are encouraged to develop alternatives to the use of food for celebrations or as rewards.
8. **Maryland Law, Education Article § 7-426, requires schools to designate a table in the cafeteria as peanut and tree-nut free. For a student with a physician-documented anaphylactic allergy (e.g., physician's order for auto-injectable epinephrine) to peanuts or tree nuts, or a physician-documented anaphylactic allergy to another food, provisions for an allergen-free table will be made on a case-by-case basis, based on student need, physician-input, and parent request.**
9. **For the student with a physician-documented anaphylactic allergy, and the parent has not provided auto-injectable epinephrine at school, at the first report of ingestion or first experience of symptom(s), 911 will be activated.**

B. PARENTAL RESPONSIBILITIES

1. Parents of students with severe allergies are expected to notify the school administration and health room staff each year of the student's allergy. This is to be done in writing prior to the beginning of each school year.
2. Parents of students with severe allergies must provide at least one auto-injectable epinephrine in the appropriate dose along with a complete physician's order to the school each year prior to the student attending. School medication orders must be renewed each year by an authorized prescriber and the order must be signed on or after July 1. If students are to carry auto-injectable epinephrine with them, the physician's order must state this requirement.
3. Parents will reinforce safe and healthy eating habits with the student.
4. Parents will assess risk factors for any trip outside the school building, and discuss these factors with their child and with staff.
5. Parents are encouraged to meet with the student's teachers, and the school nurse to discuss the student's special needs. This meeting should take place at the end of the school year for the next year, but may take place before students return in the fall. Parents should take the initiative to set up these meetings.
6. Parents are expected to provide their allergic children with an appropriate Medic Alert bracelet or necklace indicating their allergy.
7. Parents are expected to assure that their child knows how to self-administer auto-injectable epinephrine when age and developmentally appropriate.
8. Parents are expected to educate their child in self-management of their allergy, including:
 - a. The early signs of anaphylaxis;
 - b. How and when to tell an adult that they may be having a reaction;
 - c. Strategies for avoidance of exposure to the offending allergen;
 - d. Safe and unsafe foods for that child;
 - e. The risks of unauthorized food sharing;
 - f. The need for good hand washing;
 - g. The need to report teasing by other child to parents and school staff.
9. Parents are encouraged to provide the school with safe snacks for their child in the event of school parties or special events involving food.
10. Parents must recognize that risk of accidental exposure to foods can be reduced in the school setting, but not eliminated.
11. Parents will assure that current emergency information is completed with alternative telephone numbers and alternate emergency contacts listed.
12. Parents will notify the school administrator, health and teaching staff of changes in their child's needs during the school year.

13. Parents will review food and beverage ingredients information via the School Meals Info page available on the CCPS website.

C. SCHOOL NURSE RESPONSIBILITIES

1. School nurses will review records and emergency forms each year to identify students who have allergies. A determination of the seriousness of the allergy for that student should then be made by the school nurse to identify students who are at risk for severe life-threatening reactions.
2. School nurses in collaboration with the parent, classroom teacher(s), and school administrator/designee will develop an individual health care plan for the student which outlines the student's needs and the specific interventions appropriate to meet those needs. This plan should address classroom modifications, lunchroom modifications, possible transportation issues, and an emergency plan.
3. School nurses, in the development of the individual health care plan, may discuss the need and benefits of the allergen-free table with the parent, considering the following:
 - a. While most students do not experience severe reactions with skin-only contact with their allergen, some students need more protection in the cafeteria. An allergen-free table should be considered when:
 - 1) The student experiences severe frequent and/or disruptive symptoms after skin exposure to their allergen.
 - 2) There is concern that other students' food may be ingested.
 - 3) The student experiences symptoms from inhalation of food odors/dust (e.g., peanut shells), etc.
 - 4) The parents make a request.
 - b. To prevent social isolation, the student with the food allergy should invite a friend to sit at this table who is eating a lunch that has been screened to be free of peanuts and tree nuts.
4. School nurses in collaboration with the parent and the school administrator/designee will determine which school staff members should be informed of the student's allergy and the level of information and training that should be provided. At a minimum, the classroom teacher should receive written information from health services staff on the signs and symptoms of a severe allergic reaction and the appropriate first aid response to be taken for that student.
5. School nurses will be competent to administer auto-injectable epinephrine.
6. School nurses will train at least two other appropriate school staff in the use of auto-injectable epinephrine. Included in this training may be teachers, instructional assistants, school administrators, front office personnel, and others as indicated. School nurses will provide training for bus drivers and bus aides for those students who have an auto-injectable epinephrine order

form on file in the health room that specifically states student must carry auto-injectable epinephrine.

7. School nurses will carry out all related routine health services procedures as directed in the health services manual.
8. School health services staff will promote food allergy awareness when a food allergic student is enrolled in the school.
9. School Nurses will forward a copy of Diet Modification Forms, Food-related Epi-Pen forms or other Physician signed documentation impacting diet to the Child Nutrition Program Dietitian so that the student's point-of-service meal account can be updated to reflect modifications needed.

D. STUDENT RESPONSIBILITIES

1. Students will become informed about symptoms of allergic reactions.
2. Students will practice age appropriate behavior regarding health and safety.
3. Students should wear an appropriate Medic Alert bracelet or necklace indicating their allergy at all times while in school.
4. Students will inform the school administrator, teacher, counselor, school nurse, or other responsible adult if they are being harassed or bullied about their allergies.

E. SCHOOL ADMINISTRATOR RESPONSIBILITIES

1. School administrators, in collaboration with the school nurse will identify teachers and other school staff who will be trained in the use of auto-injectable epinephrine.
2. School administrators should request parents of other students in a life-threatening food allergic student's class to avoid bringing foods to school that contain certain offending foods. In addition, school administrators should encourage parents to use alternate non-food treats when a food allergic student is in the class. The assistance of the school support organization should be sought to support this practice.
3. School administrators will enforce the "no-eating" policy in areas that are normally off limits to eating (e.g., computer labs, media center, etc.).
4. School administrators will assure that students will receive instructions on proper hand washing. **School administrators will designate an allergen-free table in the cafeteria, as needed.**
5. School administrators will identify appropriate areas within the school where special events involving food may be held.
6. School administrators will direct staff to carefully clean table surfaces and any other areas that may have food residues after activities involving food to reduce the potential for accidental exposure.
7. School administrators will assist students and staff to provide a safe and nurturing environment for the life-threatening allergic child by promoting

understanding and acceptance of the student and his or her allergic condition.

8. School administrators will monitor classroom activities to avoid those activities that may involve the use of certain foods in the presence of a life-threatening food allergic child. For example, do not use peanuts for counting activities or craft activities (e.g., bird feeders, egg crates).
9. School administrators will develop a plan that includes strategies to address possible bullying or teasing of the allergic student.
10. School administrators are responsible for assuring that substitutes are notified of students with severe allergies.

F. TEACHER RESPONSIBILITIES

1. Teachers of a student with severe allergies will know the signs and symptoms of severe allergic reaction as provided in the student's individual health care plan and be aware of and implement the emergency plan if a reaction is suspected.
2. Teachers will assist students in the same classroom(s) as a student with allergies to understand the nature and seriousness of severe allergy.
3. Teachers will develop a plan for notification of substitutes about a student with a severe allergy.
4. Teachers will review planned classroom activities and omit those activities that involve the use of certain food products, if known, in the presence of a life-threatening food allergic student in the class. The activity may be used if it can be modified to use an alternative to the life-threatening food allergic student in the call. The activity may be used if it can be modified to use an alternative to the life-threatening food products.
5. Teachers should request parents of other students in a life-threatening food allergic student's class to avoid foods for a class treat containing certain food products, and to provide an ingredients list for any food sent in for a class treat. Staff will notify parents of occasions when class treats will be shared and share any ingredient list with the parent for their review. Parents of life-threatening food allergic students will review this list. If no list is provided, the product is not to be shared with the student's class. In addition, teachers should encourage the use of alternative non-food treats when a food allergic student is in the class. The assistance of the school support organization should be sought to support this practice.
6. Teachers will assure that any classroom surface that has been exposed to food be thoroughly cleaned by an adult at the conclusion of the activity. This is to prevent possible cross contamination of educational materials.
7. Teachers will provide students the opportunity to wash their hands after every classroom activity involving food.

8. Teachers will notify parents and health services staff in advance of parties, field trips, or other special events so that appropriate plans for the student's safety may be made.
9. Teachers will respond immediately and appropriately to reports of students being teased or bullied about their allergies.

G. FOOD SERVICES RESPONSIBILITIES

1. The Child Nutrition Dietitian will, ensure menus are made available online via School Meals Info tab on the CCPS website. School-based Child Nutrition Program Staff will ensure menus are posted and visible to program participants.
2. If product packaging does not clearly indicate the presence of peanuts in a snack food that is known to contain peanuts (including bulk items that may not come packaged with labels), Food Services personnel will identify those as containing peanuts
3. Food Services personnel will adhere to the diet modification as documented on the Diet Modification for Meals at School for Children with a Diagnosed Disability or Life-Threatening Food Allergy form. Parent/Guardian is responsible for providing an updated form to the School Nurse if diet modifications change.

H. TRANSPORTATION SERVICES RESPONSIBILITIES

1. Bus drivers will be notified of a student with severe food allergy on their bus by School Health personnel or by Transportation personnel.
2. Bus drivers will assure that students are aware of the "no eating on the bus" rule.
3. Bus drivers will notify their supervisor if students violate the "no eating on the bus" rule.
4. Bus drivers of a student with a severe life-threatening allergy will know the signs and symptoms of a severe allergic reaction and understand how to respond to a medical emergency.

V. RESOURCES FOR SCHOOLS

- A. Asthma and Allergy Foundation of America
1235 South Clark Street Suite 305, Arlington VA 22202
Phone: 1-800-727-8462
National website: aafa.org

1. The AAFA Maryland can provide training for school nurses online and onsite. They offer programs and materials to help educate professionals and patients. The programs can be used in the classroom or in-home. Programs range from providing basic information about asthma and allergies to advanced disease management. They offer posters, fact sheet and brochures. Some are available in Spanish.

- B. Maryland State School Health Services Guideline

Management of Students at Risk for Anaphylactic Reaction (Aug 2009)
Maryland State Department of Education
Student Services and Alternative Programs Board
200 West Baltimore Street
Baltimore MD 21201
Phone: 410-767-0311 / TTY/TDD: 410-333-6442

C. The American Lung Association

Maryland State Office
211 East Lombard Street
Baltimore, MD 21201
Phone: 302-565-2073 / Toll Free: 1-800-586-4872

1. The American Lung Association has two programs for schools: Award Winning Open Airways for Schools and Back to School with Asthma Toolkit.

D. Food Allergy Research & Education (FARE)

7901 Jones Branch Drive Suite 240
McLean, VA 22033-3309
Phone: 703-691-3179 Toll Free: 1-800-929-4040

1. Offer a Program for Schools: "Food Allergies: Keeping Students Safe and Included"
2. The program is designed to help school staff and administrators to learn how to effectively work with students with food allergies and confidently respond to food allergy emergencies