

# Minooka CCSD 201

## Anaphylaxis Procedure & Response

### Overview

This procedure establishes guidelines for all employees at Minooka Community Consolidated District 201 to meet the health needs of a student or staff member experiencing anaphylaxis in the school environment. This is in alignment with Illinois School Code (105 ILCS 5/2-3.182(a-g) and Section 22-30) and District 201 (policy 7:285).

Parents of students with known life-threatening allergies and/or anaphylaxis should provide the school with written instructions (Allergy & Anaphylaxis Emergency Action Plan) from the student's health care provider for handling anaphylaxis and all necessary medications for implementing the student-specific order every school year. This anaphylaxis response is not intended to replace student-specific orders or parent-provided individual medications; instead, it is to supplement standing orders in place for undesignated epinephrine. These guidelines address 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.

### 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 four hours after exposure to the allergen. During anaphylaxis, allergic symptoms can affect several areas of the body and may threaten breathing and blood circulation. Food allergy is the most common cause of anaphylaxis, although several other allergens-- insect bites, medications, and latex--are other potential triggers.

### Emergency Response

1. Recognize the severity of anaphylactic symptoms. Symptoms may occur within minutes up to approximately 4 hours after exposure. Students should always be taken seriously. **(see tables below)**
2. Anaphylactic reactions typically result in multiple symptoms, but reactions may vary. A single symptom may indicate anaphylaxis.
3. Other reactions that may mimic allergic symptoms include: Hyperventilation, Anxiety Attacks, Alcohol Intoxication, and Low Blood Sugar.

## Possible Symptoms of Anaphylaxis

Itching (any part of body)	Hives or Rash	Flushed Skin
Cyanosis (blue skin, nails, lips)	Elevated Heart Rate	Swelling of any body part
Dizziness	Red, Watery Eyes, Runny Nose	Swollen Lips, Tongue, Mouth, Throat
Throat Tightness/Closing, Hoarse voice	Change in Mental Status	Shortness of Breath or Tightness
Wheezing or Coughing	Anxiety; Impending Sense of Doom	Difficulty Swallowing
Sweating	Nausea, vomiting, diarrhea, abdominal pain	Burning Sensation (especially face and chest)

### Differentiating Between a Mild (Local) and a Severe (Systemic) Allergic Reaction\*\*

Sign or Symptom	Mild Reaction	Systemic Reaction
Itching	Localized	Generalized
Hives	Localized Only	Generalized
Flushed Skin	Localized	Widespread
Cyanosis ( blue skin, lips, nails)	No	Yes
Heart Rate	Normal/Slight Increase	Weak or thready
Blood Pressure	Normal	Decreased
Peripheral Pulses	Present and Normal	Very Weak to Absent
Mental Status	Normal	Decreased to Unresponsive
Breathing Rate	Normal/Slight Increase	Severely Increased/Decreased and/or Absent Respirations
Shortness of Breath or Wheezing	No	Yes
Difficulty Swallowing, Throat, tongue, lips swelling	No	Yes

**\*\*Severe symptoms alone, or a combination of mild symptoms may be signs of anaphylaxis and require immediate treatment.**

- Administer emergency medication as directed. If the student does not have a known allergy with an epinephrine auto-injector at school, refer to the use of the Undesignated Epi-Pens (see below) and call 911 immediately. Note time medication was given.

# Treating Allergic Reactions

## MILD SYMPTOMS



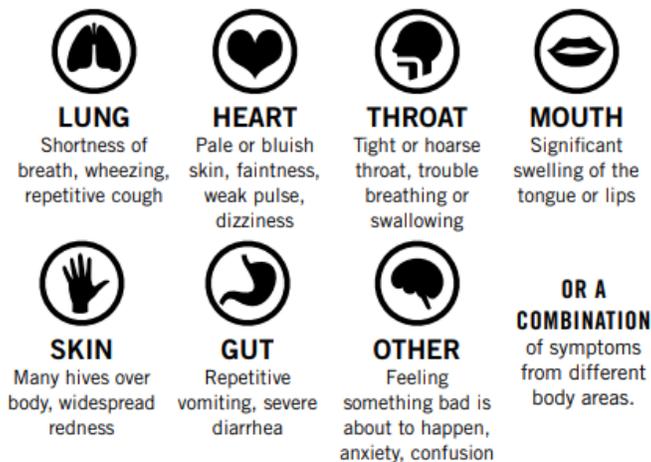
### Essential Steps:

Following the Allergy & Anaphylaxis Emergency Care Plan, the Nurse may administer Antihistamines if ordered by a healthcare provider.

Stay with the student and alert emergency contacts.

Watch the student closely for changes. **IF SYMPTOMS WORSEEN, GIVE EPINEPHRINE.**

## SEVERE SYMPTOMS



### Emergent and Essential Steps:

**INJECT EPINEPHRINE IMMEDIATELY**

**CALL 911**

Nurse may consider administering Antihistamine or Inhaler (bronchodilator) if wheezing (If MD order)

Lay the student flat, raise legs, and keep warm. If breathing difficulties or vomiting, sit them up or lie them on their side.

If 5 minutes has passed with no improvement of symptoms and EMS has not arrived--**REPEAT THE EPINEPHRINE**

Alert student emergency contacts.

Student will be transported to ER, even if symptoms resolve since they may reappear.

# Epinephrine

Epinephrine is a medication that can reverse the severe symptoms of anaphylaxis. It is given as a “shot” and is available as a self-injector, also known as an epinephrine auto-injector, that can be carried and used if needed. Epinephrine is a highly effective medication, but it must be administered promptly during anaphylaxis to be most effective. Delays can result in death in as little as 30 minutes. It is imperative that all Minooka 201 staff be familiar with the symptoms of an allergic reaction, Anaphylaxis, and use of an Epi-pen. *Global Compliance Network’s (GCN) Allergy Management/Food Allergies as well as Anaphylaxis and Anaphylactic Shock are mandatory annual trainings. GCN training modules are required for all Minooka 201 employees and are completed yearly.*

**IT IS SAFER TO ADMINISTER EPINEPHRINE THAN TO DELAY TREATMENT FOR ANAPHYLAXIS; ADMINISTER PROMPTLY AT THE FIRST SIGN OF ANAPHYLAXIS.**

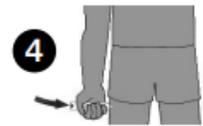
## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



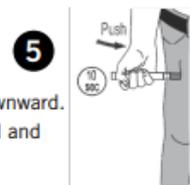
## HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

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.



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



## HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the “twist arrow” to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. 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).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



## HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## Prevention

1. Parent/guardian shall notify the school nurse of the student's diagnosis, and the need to administer an epinephrine auto-injector in the case of anaphylaxis.
  - a. Parent/guardian will report the foods/items student must avoid
  - b. Parent/guardian will describe the signs/symptoms of an allergic reaction
  - c. Parent/guardian will report the way the student might describe an allergic reaction
2. Parent/guardian will provide an Allergy & Anaphylaxis Emergency Action Plan completely filled out and signed by the student's health care provider. This form will need to be rewritten and signed by the health care provider at the beginning of each school year.
3. The Emergency Action Plan should include the following:
  - a. Complete list of foods or items student is allergic to.
  - b. Possible symptoms of student's allergic reaction.
  - c. Treatment to be administered to student for specific circumstances.
  - d. Contact information for emergency medical services, student's allergist/medical professional, and parent/guardian.
  - e. Signature of student's allergist or other licensed health care provider.
4. Medication Authorization Form will also need to be completed for the use of Epinephrine auto-injectors if the medication is not written on the Allergy Emergency Action Plan by the signing allergist/health care provider and does not clearly identify the student's name, name of medication, dose, frequency, indication for use, and time to administer.
5. Parent/guardian will periodically, or immediately when changes are diagnosed, review prevention and Emergency Action Plan with the school nurse.
6. These plans will be distributed to all staff that have regular interaction with the student during the school year, including but not limited to: teachers, aides, monitors, office staff, bus drivers and food services.
7. Student allergies will be updated yearly from registration health information and will be shared with all relevant staff via PowerSchool medical icon.
8. Parent/guardian must also provide the school with at least one up-to-date epinephrine auto-injector.
  - a. Label clearly identifies the student's name, name of medication, dose, frequency, indication for use, and time to administer.
  - b. Expiration date should be checked before giving Epinephrine auto-injector to school as auto-injectors have a shelf life of one year.
  - c. Parent/guardian may want to provide two auto-injectors in case a second dose is needed.
9. Parent/guardian will provide the school with additional medications, as needed, such as antihistamines, steroids, and/or asthma inhalers.
  - a. Medication Authorization Form is necessary for the use of medications.
  - b. Parent/guardian will discuss when the additional medication is needed.
10. If students self-carry their Epinephrine auto-injector, they must have it with them at school on a daily basis.
  - a. Students may not participate in extracurricular activities without their emergency medication.
  - b. Students may not attend field trips without their emergency medication.
11. Parent/guardian will provide allergen-free treats to be used in the school setting as appropriate.
12. Students will carry, if permitted, their prescribed epinephrine, will avoid trading or sharing food with classmates, should learn and be able to recognize first signs of an allergic/anaphylactic reaction, and will tell an adult immediately if they suspect an allergic reaction.

13. Students will sit at an allergen-safe lunch table unless parents provide written permission to sit at a regular lunch table. This written permission is required every school year.
14. Adapt curriculum by substituting allergen-free food or nonfood items.
  - a. All teachers, staff, and related service staff must provide a permission form including ingredient labels to parent/guardian before using food during instruction to support the curriculum. This permission form must be approved by the building nurse before sharing with parent/guardian.
    - i. A blanket permission slip to cover the school year is not allowed.
    - ii. Allow sufficient time for parents to provide allergen-safe alternatives.
  - b. Daily classroom snacks are not allowed in Kindergarten through eighth grade classrooms.
  - c. Food items are not allowed to be eaten on the bus.
15. Documentation of student allergy information is in prominent and accessible format for substitute staff.
16. Lunch tables will be washed with district-approved cleaning agents before and after meals. Separate cloths will be used for allergen-safe tables.
17. School lunches are nut free.
18. Birthday treats will be nut-free, will not be processed in a nut facility, or will be nonedible.
19. Encourage students to use proper handwashing technique before and after handling and consuming food.
20. A 504 Plan may be utilized to address the needs of a student with severe allergy and anaphylaxis concerns. All components that are included within the Allergy & Anaphylaxis Emergency Action Plan are incorporated into the 504 plan.

## **Anaphylaxis Intervention**

1. All school staff members need to have an understanding of the management of systemic allergic reactions. GCN's Allergy Management/Food Allergies as well as Anaphylaxis and Anaphylactic Shock are mandatory annual trainings. GCN training modules are required for all Minooka 201 employees and are completed yearly.
2. Assure that at least two staff members in each school building, in addition to the school nurse, are trained to administer emergency medication for Anaphylaxis in accordance with Illinois School Code (105 ILCS 5/22-30) (i.e. administrators, PE, coaches, and staff members that may have an allergy/anaphylaxis student in their classroom).
  - MPC: PE AED/Epinephrine wall case
  - MES: Cafeteria AED/Epinephrine wall case; PE AED
  - AUX: PE AED/Epinephrine wall case
  - JES: PE AED/Epinephrine wall case
  - WT: PE AED/Epinephrine wall case
  - MIS: PE AED/Commons Epinephrine wall case
  - MJHS: West Gym/Commons AED/Epinephrine wall case
  - District Office: AED/Epinephrine
5. Refer to the student's Allergy & Anaphylaxis Emergency Action Plan if available.
6. Administer epinephrine promptly at the first sign of anaphylaxis.
7. A second epinephrine auto-injector may be administered within 5 to 15 minutes after the first dose is given IF symptoms have not improved, they are getting worse, or they are recurring.
8. A student must be transported to the hospital if an epinephrine auto-injector is given.
9. Someone must stay with the student at all times.
10. Call or delegate someone to notify parent/guardian.
11. Document and review event.
  - Document on appropriate school forms and student medical records.
  - Complete the Undesignated Epinephrine Report form (only if used), which must be reported to ISBE within 3 days of the incident.

## Undesignated Epinephrine Auto-injectors (Epi-pens)

1. A copy of the District's Standing Order for the Administration of Undesignated Epinephrine Auto-Injectors must be posted next to the Epi-pen wall cabinet.
2. Each building nurse will maintain documentation that stock epinephrine has been checked monthly to ensure proper storage, expiration date, and medication stability.
3. If an Undesignated Epi-Pen is needed, activate the emergency procedures of the District's Standing Order for the Administration of Undesignated Epinephrine.
4. Call school nurse/front office personnel and apprise of the situation. Direct someone to call 911 and parent/guardian.
5. It is important to select the appropriate dose according to the school's protocol and administer epinephrine. Note the time.
6. Act quickly. It is safer to give epinephrine than to delay treatment. This is a life-and-death decision.
7. Stay with the person until EMS arrives.
8. Monitor the person's airway and breathing.
9. Reassure and attempt to calm the person, as needed.
10. If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine five to 15 minutes after initial injection. Note the time.
11. Administer CPR if needed.
12. EMS to transport the individual to the hospital.
  - a. Document the individual's name, date, and time the epinephrine was administered on the epinephrine auto-injector(s).
  - b. Give the used injector(s) to EMS to accompany the individual to the emergency room.
13. Even if symptoms subside, 911 must still respond and the individual must be evaluated in the emergency room or by their personal allergy health care provider. A delayed or secondary reaction may occur.
14. Complete the Undesignated Epinephrine Report form, which must be reported to ISBE within three days of the incident.
15. Notify prescriber of undesignated epinephrine, according to District's Standing Orders.
16. Reorder and replace epinephrine stock medication, as necessary.

Centers for Disease Control and Prevention. (2013). *Voluntary guidelines for managing food allergies in schools and early care and education Programs*. [https://www.cdc.gov/healthyschools/foodallergies/pdf/20\\_316712-A\\_FA\\_guide\\_508tag.pdf](https://www.cdc.gov/healthyschools/foodallergies/pdf/20_316712-A_FA_guide_508tag.pdf)

Illinois Department of Public Health. (n.d.). *Epinephrine auto-injector and anaphylaxis*. Retrieved 2023, from <https://dph.illinois.gov/topics-services/prevention-wellness/epinephrine-autoinjector-and-anaphylaxis.html>

Illinois State Board of Education. (n.d.). *Anaphylaxis response policy for Illinois schools*. Retrieved 2023, from <https://www.isbe.net/Documents/Anaphylactic-policy.pdf>