Regional School Unit 5
Durham · Freeport · Pownal

"Empower and equip every learner with skills, curiosity, character, and purpose to thrive and live fulfilling lives in an ever changing world"

Tom Gray, Superintendent of Schools
Kelly Wentworth, Director of Finance & Human Resources
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Protocol and Standing Order for the Treatment of Anaphylaxis by Licensed Nursing Personnel for School Year 2026-2027

This protocol will be followed unless superseded by written specific instructions regarding a student by their personal physician.

Definition:
A rare, extremely serious form of an allergic reaction, which may occur in persons not previously known to have an allergy. The reaction ranges from mild, self-limiting symptoms to rapid death. An anaphylactic reaction usually (but not always) begins with the development of hives, a blotchy itchy rash resembling mosquito bite which spreads over a large area of the body, possibly followed by swelling of the eyes, lips, joints and airway. Immediate action may be required to prevent fatality.

Causes:
Extreme sensitivity to contact with one or more of the following:

1. Insect sting, usually bee or wasp
2. Medication or immunizations
3. Food or pollen
4. Industrial or office chemicals or their vapors
5. Latex

Forms of contact may or may not include: inhalation, touch, ingestion, injection or sting, eye splash or other mucous membrane exposure,

Physical Findings:
Most allergic reactions are not severe enough to cause anaphylaxis. Intervention is not necessary unless the student or adult develops any of the following symptoms;

1. Sudden onset. Symptoms beginning within 15 minutes after exposure to inciting agent usually result in the more severe type of anaphylactic reaction.
2. Feeling of apprehension, sweating, weakness
3. Feeling of fullness in the throat. Tightness in throat
4. Respiratory difficulty: difficulty breathing or wheezing.
5. Changes in quality of voice
6. Tingling sensation around mouth or face, nasal congestion, itching
7. Low blood pressure with weak, rapid pulse
8. Loss of consciousness, shock, coma
9. Large number of hives, blotchy itchy rash
10. Swelling of the eyes, lips, joints and airway.
11. With some victims, severe unremitting abdominal pain and vomiting

Management:
Should any student or staff member exhibit signs of a severe allergic reaction to any substance, the nurse or designated responder should:

1. Follow the **emergency care plan** first, for those with **a known anaphylaxis history.**
2. If no known history, Administer cetirizine:
    A. Ages 6 years and under - 5mg.
    B. Ages 7 years and up - 10mg.
3. ***If any difficulty breathing, swellings of the airway*** and or ***loss of consciousness*** **Call 911 and use the Epinephrine.** Injectable: Epi-pen (0.3mg) or Epi-Jr (0.15mg) for 60 lbs or less (~1st grade and younger). It should be administered in the outer region of the upper thigh, count slowly for 10 seconds OR administer
    Neffy 2mg to be used for children 4 yrs and older weighing more than 66lbs
    Neffy 1mg to be used for children 4 yrs and older weighing less than 66lbs

   Nasal Spray: Give one spray into one nostril. May repeat in 5 minutes if needed, if repeated administer in same nostril as 1st dose was given.
4. If there is any question about whether cetirizine or Epinephrine should be given, one should err on the side of giving them since these medications have no significant side effects if given at these doses.
5. **If Epinephrine is used, 911 must be called.**
6. If loss of consciousness, treat for shock. Assess for need to begin CPR.
7. If rescue personnel are not present and symptoms return or worsen, epinephrine may be repeated if available. Injectable dose may be repeated in 5-15 minutes if rescue personnel have not arrived or if symptoms begin to reappear or worsen. Nasal spray: May repeat in 5 minutes if needed, if repeated administer in same nostril as 1st dose was given.
9. Use the Emergency Report Form. Have someone photocopy student or employee emergency card to send with ambulance and/or emergency medical services (EMS). Student information which should be sent with EMS should include:
    A. Medication or allergen to which patient is reacting, if known.
    B. Signs and symptoms of distress.
    C. Emergency measures instituted.
    D. Patient response to emergency measures.
    E. Time of all activities.
    F. Signature of nurse and telephone number.
10. Notify parents.

Post Incident:
Meet with staff and/or students for explanation and reassurance.

Debriefing:
After any allergic incident, the school nurse, school physician and principal should meet with family, appropriate school personnel etc. to

1. Evaluate response
2. Plan for prevention of future exposures
3. Identify policy changes or education needs and implement them.

This procedure should be reviewed annually by the School Physician, School Nurses and School Administrator and signed by the School Physician and School Administrator.

School Physician _____ Date 5/21/26
Stephanie Phelps, MD

School Administrator: _____ Date 5/21/26
Tom Gray, Superintendent

Administrative Procedure Approved: 5/4/10
Administrative Procedure Revised: 12/8/15; 6/5/18; 5/8/25; 5/19/26