Students

Administrative Procedure - Anaphylaxis Prevention, Response, and Management Program

The following procedure implements Board policy 7:285, *Anaphylaxis Prevention, Response, and Management Program*, which is based upon the Ill. State Board of Education's (ISBE) *Anaphylaxis Response Policy for Schools* (*ISBE Model*), available at: www.isbe.net/Documents/Anaphylactic-policy.pdf (105 ILCS 5/2-3.190, amended by P.A. 104-391). The District's Anaphylaxis Prevention, Response, and Management Program is developed and collectively implemented by local school officials, District staff, students and their families, and the community. This administrative procedure contains three sections as follows:

1. Glossary of Terms
2. Anaphylaxis Prevention, Response, and Management Program
3. Individual Allergy Management (Three Phases)
   - Phase One: Identification of Students with Allergies
   - Phase Two: Plan to Reduce Risk of Allergic Reactions
   - Phase Three: Response to Allergic Reactions

Glossary of Terms

The Terms Related to This Model Anaphylaxis Response Policy of the *ISBE Model* (p. 4) is incorporated here by reference. In this procedure, the term **epinephrine injector** is used in lieu of **epinephrine auto-injector** (*ISBE Model*, p. 4) because that is the term used in the School Code, but they have the same meaning.

Anaphylaxis — A severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. An anaphylactic reaction can occur up to one to two hours after exposure to the allergen. Common allergens include animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat.

Anaphylaxis Prevention, Response, and Management Program (Program) — The overall process that the Superintendent and other District-level administrators use to implement Board policy 7:285, *Anaphylaxis Prevention, Response and Management Program*, which is based upon the *ISBE Model*.

Anaphylaxis Prevention, Response, and Management Committee (Committee) — A District-level team that the Superintendent creates to develop an Anaphylaxis Prevention, Response, and Management Program. It monitors the District's Anaphylaxis Prevention, Response, and Management Program for effectiveness and establishes a schedule for the Superintendent to report information back to the Board once every three years.

CDC Guidelines — The *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*, published by the Centers for Disease Control and Prevention (2013) and available at: www.cdc.gov/school-health-conditions/media/pdfs/20_316712-A_FA_guide_508tag.pdf. The CDC Guidelines are referred to in the *ISBE Model* as "a full food allergy and prevention of allergen exposure plan." The CDC Guidelines are focused on the management of food allergies, but they also mention other allergens that may result in anaphylaxis (p. 21).

Individual Allergy Management — The process at the building level used to manage and prevent anaphylaxis. The process identifies: (a) students with allergies, (b) procedures to prevent exposure to known allergens, and (c) appropriate responses to allergic reactions. It is synonymous with the third section in this sample administrative procedure.

Individualized Educational Program/Plan (IEP) — A plan or program developed to ensure that a child who has a disability identified under the law and is attending a public elementary or secondary school receives specialized instruction and related services.

Individual Health Care Plan (IHCP) — A document that outlines an allergic student's needs, and at minimum, includes the precautions necessary for allergen avoidance and emergency procedures and treatments. Its function is similar to a 504 Plan (see below). **Important**: Consult the Board Attorney about whether the Program should implement a 504 Plan or IHCP. This Program's procedures implement 504 Plans only. Insert IHCP in place of or in addition to 504 Plan in this document if the District will also implement IHCPs.

504 Plan — A document that outlines an allergic student's needs, necessary accommodations, and individual staff member responsibilities. Its function is identical to an IHCP while also including procedural protections (see above). This Program's procedures implement 504 Plans only. Important: Consult the Board Attorney about whether implementing only 504 Plans is the best method. Many attorneys agree that a 504 Plan is the best (although not universal) practice for a student with a diagnosis of an allergy.

504 Team — A building-level team that implements the phases of Individual Allergy Management in a student's 504 Plan. Insert "IHCP Team" in place of or in addition to "504 Team" if the district will also implement IHCPs. **Note:** If the District implements IHCPs, gathering information, identifying methods to prevent exposure, and assigning staff responsibilities will rely heavily on the Nurse/Designated School Personnel (DSP), not a 504 Team.

Anaphylaxis Prevention, Response and Management Program

This section relies heavily upon District-level administrators to implement the Program even if the District has no students with food or other allergies. 105 ILCS 5/2-3.190, amended by P.A. 104-391. This is because identification of students at risk of anaphylaxis cannot be predicted, and it is possible that a student who has not been identified could have his or her first reaction at school. CDC Guidelines, p. 9. This section references the *ISBE Model* and aligns with governance principles so that District-level administrators can: (a) integrate the Program into the District's existing policies and procedures, (b) engage in ongoing monitoring of the Program, (c) assess the Program's effectiveness, and (d) inform the Board about the Program along with recommendations to enhance its effectiveness.

> **Note:** Modify this section based upon the District's specific implementation needs. The only mandate in 105 ILCS 5/2-3.190 was that school boards implement a policy based upon the ISBE Model by 8-17-22. Implementation methods are many; this Program provides one method.

Actor	Action
Superintendent or designee	Establish a District-wide Anaphylaxis Prevention, Response, and Management Committee (Committee) to operate as a Superintendent committee. Consider including: District-level administrators Building Principals (Building Principals are mandatory for successful implementation of the Program) District Safety Coordinator (see administrative procedure 4:170-AP1, *Comprehensive Safety and Security Plan, Part C, District Safety Coordinator and Safety Team; Responsibilities*) District 504 Coordinator (see Board policy 6:120, *Education of Children*

	with Disabilities and exhibit 6:120, AP1, E1 *Notice to Parents/Guardians Regarding Section 504 Rights*) Staff members, e.g., school nurse/health aide, teachers, paraprofessionals, food service staff, bus drivers, athletic coaches Parents/Guardians Community members, e.g., individuals with expertise in allergens and anaphylaxis Students Chair and convene Committee meetings for the purpose of implementing the Program. **Note:** The Committee is not required by State law. However, establishing it provides a best practice for aligning with governance principles and examining implementation issues specific to each individual school district. While smaller school districts, i.e., one-building districts, may be able to implement a Program through one meeting, larger school districts will likely require the uniform coordination that this Committee provides. Some school districts may choose to use the *ISBE Model* document, available at: www.isbe.net/Documents/Anaphylactic-policy.pdf, or create a document that is consistent with the requirements of the *ISBE Model*, but also reflects the specific needs of the school district. Inform the School Board of the Committee's progress and needs by adding information items to the Board's agendas at least once every three years.
Anaphylaxis Prevention, Response, and Management Committee	Identify existing policies, procedures, and exhibits that affect implementation of the Program, including, but not limited to: 1:20, *District Organization, Operations, and Cooperative Agreements* 2:20, *Powers and Duties of the School Board; Indemnification* 2:240, *Board Policy Development* 4:110, *Transportation* 4:120, *Food Services* 5:100, *Staff Development Program* 5:100-AP, *Staff Development Program* 6:65, *Student Social and Emotional Development* 6:120, *Education of Children with Disabilities* 6:120-AP1, *Special Education Procedures Assuring the Implementation of Comprehensive Programming for Children with Disabilities* 6:240, *Field Trips* 7:180, *Prevention of and Response to Bullying, Intimidation, and Harassment* 7:250, *Student Support Services* 7:270, *Administering Medicines to Students* 7:270-AP1, *Dispensing Medication* 7:270-AP2, *Checklist for District Supply of Undesignated Medication(s)* 7:270-E1, *School Medication Authorization Form* 7:285-AP, E, *Allergy and Anaphylaxis Emergency Plan* 8:100, *Relations with Other Organizations and Agencies* At least once every three years, recommend to the Superintendent any necessary policy changes that must be brought to the School Board for consideration. See

	Board policy 2:240, *Board Policy Development*. Recommend to the Superintendent any amendments to administrative procedures. **Note:** The Committee may want to utilize exhibit 7:285-AP, E, *Allergy and Anaphylaxis Emergency Plan (AAEP)*, for allergy management purposes. The sample exhibit is an adaptation of the *American Academy of Pediatrics'* sample emergency action plan form, *Allergy and Anaphylaxis Emergency Plan* available at: https://downloads.aap.org/AAP/PDF/AAP_Allergy_and_Anaphylaxis_Emergency_Plan.pdf; it includes the parent/guardian acknowledgment of district immunity and the hold harmless/indemnification agreement required by 105 ILCS 5/22-30 and 5/10-22.21b. See Board policy 7:270, *Administering Medicines to Students*, at f/n 7, for more information. The Committee should also assess the feasibility of adding staff training during a Periodic Emergency Response Drill (CDC Guidelines, p. 50) to the District's School Safety Drill Plan (see administrative procedure 4:170-AP1, *Comprehensive Safety and Security Plan*, paragraph F., **School Safety Drill Plan**). Adding this suggested drill is not required and exceeds the mandate contained in 105 ILCS 128/. If added, revise paragraph **E., Annual Safety Review** of administrative procedure 4:170-AP1, *Comprehensive Safety and Security Plan* to include the applicable bolded items (a)-(f) listed in the CDC Guidelines on preparation for food allergy emergencies (p. 31-34). Convene a District-wide meeting with all Building Principals, other appropriate administrative and special education staff, and the Board Attorney to discuss this Program and the *ISBE Model*, and to prepare each individual Building Principal to implement it in his or her building. **Note:** The Board Attorney will be a necessary participant in the District's efforts to manage anaphylaxis management issues. The Superintendent may want to authorize individual Building Principals to consult with the Board Attorney in some circumstances. If so, the Superintendent should outline this process during this meeting. Educate and train all staff by coordinating, through the Superintendent or Building Principals, the required annual in-service training program(s) for staff working with students. The in-service must be conducted by a person with expertise in anaphylactic reaction management and include administration of medication with an injector (105 ILCS 5/10-22.39(b-5)(2), added by P.A. 103-542). This training will also be incorporated into new school employee training. **Note:** State law requires the in-service training to be conducted within six months of employment and renewed at least once every five years, but the *ISBE Model* states that schoolwide training be conducted annually, when new employees are onboarded, and when an individual is identified as being at risk. *Person* with expertise is not defined, but the use of the word *expertise* suggests that using a lay person to provide training is not appropriate. Consider the list of training resources in the CDC Guidelines (p. 100-101). This training should include (CDC Guidelines, p. 36): • A review of policies and building procedures • An overview of food allergies • Definitions of key terms, including *food allergy, major allergens, epinephrine, and anaphylaxis* • The difference between a potentially life-threatening food allergy and other food-related problems

	• Signs and symptoms of a food allergy reaction and anaphylaxis (see *ISBE Model*, p. 5) and information on common emergency medications • General strategies for reducing and preventing exposure to allergens (in food and non-food items) • Policies on bullying and harassment and how they apply to children with food allergies • The District's emergency plans, including who will be contacted in the case of an emergency, how staff will communicate during a medical emergency, and what essential information they will communicate Consider implementing the above issues by informing staff of the goals established in each of the following Board policies: 6:65, *Student Social and Emotional Development*. This policy requires the District's educational program to incorporate student social and emotional development into its educational program and be consistent with the social and emotional development standards in the Ill. Learning Standards. 7:180, *Prevention of and Response to Bullying, Intimidation, and Harassment*. This policy prohibits students from engaging in bullying, intimidation, and harassment, which diminish a student's ability to learn and a school's ability to educate. It states that preventing students from engaging in these disruptive behaviors is an important District goal. **Note:** Including bullying and sensitivity awareness in the required in-service exceeds State law requirements. Because State law requires districts to have policies addressing bullying (105 ILCS 5/22-110) and social and emotional development (405 ILCS 49/) and the CDC Guidelines highlight that increasing awareness of these issues is a best practice consideration, the required in-service is a logical place to include this education. Be sure locally adopted board policies contain the referenced policy language. In grades K-8, provide developmentally appropriate allergy education for students as part of a curriculum topic, e.g., health, physical education, general science, consumer science, character education, so that students can: (1) identify signs and symptoms of anaphylaxis, (2) know and understand why it is wrong to tease or bully others, including people with allergies, (3) know and understand the importance of finding a staff member who can help respond to suspected anaphylaxis, and (4) understand rules on hand washing, food sharing, allergen-safe zones, and personal conduct. In grades 9-12, provide instruction, study, and discussion on the dangers of allergies. See administrative procedure 6:60-AP1, *Comprehensive Health Education Program.* Provide community outreach through Building Principals by providing information to students and their parents/guardians about the Program. A successful Program needs support and participation from parents of children with and without allergies. Parents and families need to learn about the District's food allergy policy and practices through communications from administrators, school health staff, classroom teachers, and food service staff. See CDC Guidelines, p. 38 and p. 100-102 (National Nongovernmental Resources, including resources for Parent Education). Monitor the Program by assessing its effectiveness at least once every three years. Incorporate updated medical best practices into all areas of the Program. Establish a schedule for the Superintendent to report any recommendations to

	enhance the Program's effectiveness to the Board for consideration.
Building Principal	Inform the school community of the Program by providing the information to students and their parents/guardians. For an outline of a sample letter, see www.stlouischildrens.org/sites/legacy/files/2022-09/FAMEToolkit2022-section3-Admin.pdf, p. 14. Inform the school community of the opportunities to better understand food allergy management issues. Implement the Program in the building by meeting with the Nurse or, if a nurse is not available, other designated school personnel (DSP) and special education staff in the building to examine the *ISBE Model*. Identify and follow: All best practices that apply to the conditions in the school building, including classrooms and the cafeteria, as well as on school transportation, at school-sponsored events (including activities before and after school, and field trips), and during physical education/recess to reduce exposure to allergens. See *ISBE Model*, p.3, and CDC Guidelines, p. 43-45. All items from the actions for School Administrators and Registered School Nurses that apply to the working conditions in the school settings listed immediately above. CDC Guidance, p. 59-64. Educate staff members about the Program and their likely involvement with the daily management of food (or non-food) allergies for individual students (Individual Allergy Management). CDC Guidelines, p. 27-31. Inform staff members about healthy and active non-food rewards, see: www.actionforhealthykids.org/activity/healthy-active-non-food-rewards/ Identify at least two employees in the building, in addition to the Nurse/DSP, to be trained in the administration of epinephrine by auto-injection. Only *trained personnel* may administer epinephrine to a student believed to be having an anaphylactic reaction. (*ISBE Model*, p. 6). For training requirements, see administrative procedure 7:270-AP2, *Checklist for District Supply of Undesignated Medication(s)*. **Note:** Although 105 ILCS 5/22-30 permits any "personnel authorized" under a student's specific individual plan to administer an undesignated epinephrine injector, the *ISBE Model* makes no such distinction and requires all personnel administering epinephrine (whether prescribed to a student or undesignated) to a student to complete the training required of *trained personnel*. Annually notify parents/guardians in the student handbook(s) of Board policy 7:285, *Anaphylaxis Prevention, Response, and Management Program*, and include the contact information of a staff member who parents/guardians can contact if they have questions about how the policy applies to their child. To increase awareness of the bullying issues faced by students with allergies, consider including information for students and their parents/guardians about the goals established in Board policy 7:180, *Prevention of and Response to Bullying, Intimidation, and Harassment*.
School Board	Monitor Board policy 7:285, *Anaphylaxis Prevention, Response, and Management Program*, at least once every three years, and consider changes recommended by the Committee. See Board policy 2:240, *Board Policy Development*. Consider all policy changes recommended by the Superintendent. Provide the appropriate resources for the Superintendent to successfully

	implement the Program.

Individual Allergy Management

This section's procedures are implemented each time the school identifies a student with an allergy. It follows policy 6:120, *Education of Children with Disabilities*, and references additional considerations based upon the *ISBE Model*. It relies heavily upon Building Principals and the Nurse/DSP to identify the necessary accommodations for each student and determine which staff members are responsible to provide them. Accommodations are impacted by a number of factors, e.g., the student's age, the allergen(s) involved, the facilities at each school building, etc.

Phase One: Identification of Students with Allergies

Actor	Action
Parent/ Guardian	Inform the Building Principal of the student's food allergy. Complete an Allergy History Form, (for a sample, see the *Family Food Allergy Health History Form*, available at: www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis and AAEP. Return them to the Building Principal or Nurse/DSP. If the District participates in the U.S. Dept. of Agriculture's Child Nutrition Programs and the student has a disability that requires meal modifications, complete a medical statement signed by a licensed healthcare provider. CDC Guidelines, p. 28. See www.isbe.net/Documents/2017-ACCOM-MANUAL-SP40.pdf for information and the *Medical Authority Modified Meal Request Form* at: www.isbe.net/Documents/Medical-Authority-Modified-Meal-Request-Form.pdf. Cooperate with school staff to provide the medical information necessary directly from the student's health care provider to develop plans for managing individual care and emergency actions. CDC Guidelines, p. 27. Participate in all meetings to assess and manage the individual student's health needs.
Building Principal and/or Nurse/DSP	Follow the District's procedural safeguards for convening a meeting to assess the individual student's allergy management needs.
IEP or 504 Team	Modify this section if the District implements IHCPs. See **Glossary** above for more information. For a student who is not already identified as a student with a disability, determine whether a referral for an evaluation is warranted using the District's evaluation procedures for determining whether a student is a student with a disability within the meaning of IDEA or Section 504 (see Board policy 6:120, *Education of Children with Disabilities*). For a student with an existing IEP or Section 504 plan, or who qualifies for one on the basis of his or her allergy, determine: 1. Whether the student's allergy requires *related services* to ensure the provision of a "free appropriate public education" (FAPE), and/or 2. Whether the student's allergy requires appropriate *reasonable accommodations* for the student's disability. If the answer to either of the above questions is negative, notify the parent/guardian in writing of the reasons for the denial and the right to appeal. Provides any required procedural safeguard notices. See 23

Actor	Action
	Ill.Admin.Code §226.510; Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Parts 104 and 300); and exhibit 6:120-AP1, E1, *Notice to Parents/Guardians Regarding Section 504 Rights*. **If the answer to either of the above questions is positive:** 1. Gather appropriate health information by using the completed *Allergy History Form* and AAEP. 2. Identify all necessary accommodations and complete a 504 Plan (use the District's established forms). For meal substitutions, the parent/guardian must submit a medical statement signed by a licensed healthcare provider. 3. Determine which staff provides the identified accommodations. Remember that accidental exposures are more likely to happen when an unplanned event or non-routine event occurs, and special care should be taken to address procedures for staff members who provide transportation, substitute teaching, coaching or other activities, field trips, and classroom celebrations. For staff members to consider, see CDC Guidelines, Sec. 3, *Putting Guidelines into Practice: Actions for School Administrators and Staff*, p. 59-80. 4. Assign responsibilities to individual staff members for providing the identified accommodations. Inform staff members absent during the creation of the 504 Plan of their responsibilities. 5. Identify willing 504 Team members trained in emergency response to respond to any allergic reactions the student may have. Only *trained personnel* may administer epinephrine to a student believed to be having an anaphylactic reaction. *ISBE Model*, p. 6. **Note:** Consult the Board Attorney if options are limited or the classroom teacher is not willing to administer epinephrine. While classroom teachers are a logical choice to provide emergency response due to their continual close proximity to students, such an assignment may: (1) impact terms and conditions of employment and may trigger collective bargaining rights, and/or (2) violate 105 ILCS 5/10-22.21b, which states that under no circumstances shall teachers or other non-administrative school employees, except certified school nurses and non-certificated registered professional nurses, be required to administer medication to students. 6. Provide the required procedural safeguard notices. See 23 Ill.Admin.Code §226.510; Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Parts 104 and 300); and exhibit 6:120-AP1, E1, *Notice to Parents/Guardians Regarding Section 504 Rights*.

Phase Two: Plan to Reduce Risk of Allergic Reactions

Actor	Action
Building Principal and/or Nurse/DSP	Convene a meeting to educate all the staff members who will provide the identified 504 Plan accommodations about their responsibilities. Ensure individual staff members are properly trained and perform their responsibilities and provide the necessary accommodations

Actor	Action
	for the student's individual health needs. Facilitate the dissemination of accurate information in the building about the student's allergy while respecting privacy rights. **Note:** Request permission from the Superintendent to consult the Board Attorney about best practices for disclosures to volunteers (e.g., field trip chaperones or room parents) of confidential medical information without parental consent. Generally Building Principals have discretion, but these situations are fact-specific. Ideally the District should attempt to get parental permission to disclose the information about the allergy, but practically this cannot always occur. Many agree that safety trumps confidentiality in these situations, especially when volunteers have a legitimate educational interest if knowledge of the information is related to their ability to perform their duties (See, *Letter to Anonymous*, 107 LRP 28330 (FPCO 2007)). Provide a medical alert to parents/guardians that does not name the student. See CDC Guidelines, p. 71, #5. The communication should inform other students and their parents/guardians about the importance of keeping their educational setting free of the food allergen. For a sample letter, see *Notification of a Food Allergy in the Classroom – Parent Letter*, available at: www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis. **Note:** Request permission from the Superintendent to consult the Board Attorney about disclosures and providing joint communications from the Building Principal and the parent/guardian of the food allergic student. While joint communications allow the school to exchange the information needed to protect the food allergic student and balance competing educational interests without violating federal or State laws that govern student records, they can also present other risks (i.e., re-disclosure of the confidential information). See Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, and its implementing rules at 34 C.F.R. Part 99; Ill. School Student Records Act, 105 ILCS 10/, and its implementing rules at 23 Ill.Admin.Code Part 375. FERPA prohibits schools from disclosing personally identifiable information from students' education records without the consent of a parent or eligible student, unless an exception applies. See Board policy 7:340, *Student Records*. Prepare a list of answers to anticipated questions about managing the student's health needs. Check with the Nurse/DSP regarding any known competing educational interests with the student's health needs among other students attending the school (i.e., diabetes, service animals, etc.).

Actor	Action
	Manage identified students' competing educational interests by: 1. Consulting the Board Attorney. 2. Creating a method to monitor identified competing educational interests between students. 3. Responding to future unidentified competing educational interests and managing them immediately. 4. Modifying any other conditions as the facts of the situation require.
IEP or 504 Team	Implement and follow all identified responsibilities in the 504 Plan. Understand that accidental exposures are more likely to occur when an unplanned event occurs, which makes is critical to follow the exact accommodations in the student's 504 Plan. Practice emergency procedures outlined in the student's AAEP and be prepared to follow them. *ISBE Model*, p. 5.
Parent/Guardian	Implement and follow the applicable items at: www.foodallergy.org/resources/getting-started-school, to assist the District in managing food allergies in the school setting.
Student	Implement and follow developmentally appropriate steps for allergy self-management, such as reading labels, asking questions about foods in the school meal and snack programs, avoiding unlabeled or unknown foods, using epinephrine injectors when needed, and recognizing and reporting an allergic reaction to an adult. CDC Guidelines, p. 31.

Phase Three: Response to Allergic Reactions

Actor	Action
IEP or 504 Team	Follow the student's 504 Plan and AAEP.
Nurse/DSP or any Staff Member trained in the District's emergency response procedures (if a Nurse is not immediately available)	If the student does not have an AAEP and there is a suspected case of anaphylaxis, and the District does not maintain an undesignated supply of epinephrine (*ISBE Model*, p. 5-6): 1. Instruct another staff member to call 911 immediately. 2. Stay with the person until emergency medical services (EMS) arrive. 3. Monitor the person's airway and breathing. 4. If school nurse or other *trained personnel* are not at the scene, implement local emergency notification to activate the nurse or *trained personnel* to respond. 5. Direct a staff member to call parent/guardian (if applicable). 6. Administer CPR, if needed. 7. EMS transports individual to the emergency room. Document the individual's name, date, time of onset of symptoms, and possible allergen. **Even if symptoms subside, EMS must still respond, and the individual must be evaluated in the emergency department or by the individual's health care provider. A delayed or secondary reaction may occur, which can be more severe than the first-phase symptoms.**

Actor	Action
	8. Do not allow a student to remain at school or return to school on the day epinephrine is administered.
Anyone implements item #1 of the first numbered list Nurse/DSP or other *Trained Personnel* implements the remaining items	If the Nurse or *trained personnel* have a good faith belief that a person is having an anaphylactic reaction, and the District needs to use its undesignated (not student-specific) supply of epinephrine to respond (*ISBE Model*, p. 5-6): 1. Call the Nurse or front office personnel and advise of the emergency situation so that trained personnel can be activated to respond with undesignated epinephrine dose(s). 2. Instruct someone to call 911 immediately. 3. Implement the District's undesignated epinephrine standing protocol. See administrative procedure 7:270-AP2, *Checklist for District Supply of Undesignated Medication(s)*. 4. Select the appropriate dose according to the standing protocol and administer epinephrine. Note the time. **Act quickly. It is safer to give epinephrine than to delay treatment. This is a life-and-death decision.** 5. Stay with the person until EMS arrives. 6. Monitor the person's airway and breathing. 7. Reassure and attempt to calm the person, as needed. 8. Direct another staff member to call the parent/guardian, or emergency contact (if known). 9. 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. 10. Administer CPR, if needed. 11. EMS transports the individual to the emergency room. Document the individual's name, date, and time the epinephrine was administered on the epinephrine injector that was used and give to EMS to accompany individual to the emergency room. **Even if symptoms subside, EMS must still respond, and the individual must be evaluated in the emergency department or by the individual's health care provider. A delayed or secondary reaction may occur, which can be more severe than the first-phase symptoms.** <u>Post-Event Actions</u> 1. Document the incident and complete all reporting requirements. See administrative procedure 7:270-AP2, *Checklist for District Supply of Undesignated Medication(s)*. 2. Replace epinephrine stock medication, according to the District's standing protocol. Reorder epinephrine stock medication, as necessary.
Nurse/DSP	If a student has no AAEP and 504 Plan, provide the parent/guardian with the AAEP and *Allergy History* forms and refer them to the process outlined in the **Identification of Students with Allergies** phase above. After each allergy emergency, review how it was handled with the

Actor	Action
	Building Principal, health aides/assistants (if applicable), parents/guardians, staff members involved in the response, and the student to identify ways to prevent future emergencies and improve emergency response. CDC Guidelines, p. 63. Assist students with allergies with transitioning back to school after an emergency. CDC Guidelines, p. 63. <u>Storage, Access, and Maintenance of Undesignated Supply of Epinephrine (105 ILCS 5/22-30(f); *ISBE Model*, p. 6-7)</u> 1. Store, access, and maintain the stock of undesignated epinephrine injectors as provided in the District's standing protocol. 2. Maintain the supply of undesignated epinephrine in accordance with the manufacturer's instructions. 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 injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit. 3. Regularly (e.g., monthly) check stock epinephrine to ensure proper storage, expiration date, and medication stability. Maintain documentation when checks are conducted. Expired injectors or those with discolored solutions or solid particles should not be used. 4. Dispose of epinephrine injectors in a sharps container.

LEGAL REF: 105 ILCS 5/2-3.190, 5/10-22.21b, 5/10-22.39, and 5/22-30.
23 Ill.Admin.Code §1.540
Anaphylaxis Response Policy for Illinois Schools, published by the Ill. State Board of Education.

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