

ADDENDUM TO THE 2002 MODEL POLICY AND GUIDELINES FOR ADMINISTERING MEDICATIONS TO PUPILS AT SCHOOL

GUIDELINES FOR RESPONDING TO AN ANAPHYLAXIS EMERGENCY AT SCHOOL

Definition: Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death. A variety of allergens can cause anaphylaxis, but the most common are food, insect bites, medications, and latex. Anaphylaxis typically begins within minutes or even seconds of exposure. Initial emergency treatment is the administration of injectable epinephrine along with immediate summoning of emergency medical personnel and emergency transportation to the hospital. These guidelines are intended to help schools respond to the challenge of an emergency anaphylaxis situation.

Individuals with Known Allergies:

For students who have a known severe allergy:

- The provisions and requirements of the district's/school's existing policy regarding self-possession and self-administration of prescription medications also apply to epinephrine. ⁽¹⁾
- All students who have had a prior anaphylactic reaction or have otherwise been identified as at-risk for having a severe allergic reaction should have this addressed specifically in an individualized health care plan and parent/guardian should provide the plan to the school.
- At the start of the school year or upon transfer to the school, parent/guardian of a student with known allergies that may be severe enough to cause anaphylaxis should provide the school with student-specific medical orders, a medical management plan, and their own supply of epinephrine.
- The parent/guardian of a student with a known serious allergy may be requested to provide an extra epinephrine auto-injector or asthma inhaler to the school for use by authorized personnel in case of emergency. ⁽¹⁾
- A school official will notify each of the student's teachers when aware that a student is in valid possession of an epinephrine auto-injector or asthma inhaler in accordance with the school's medication policies. ⁽¹⁾

Individuals with Unknown Allergies:

For students, staff, and any other individual on school grounds:

- Every school building shall maintain a stock of at least two epinephrine auto-injector devices at all times regardless of whether or not any student/staff have been diagnosed with allergies. ⁽²⁾
- Each school district should determine the appropriate dose of epinephrine auto-injector based on their student school population. (e.g. Junior or Adult).

- Each school building with ten or more instructional and administrative staff will designate at least two employees at the school for authorization to administer an epinephrine auto-injector. Schools with fewer than ten staff will designate at least one such employee. Licensed, registered professional nurses who are employed or contracted by the school to be present during regular school hours may be considered authorized personnel. ⁽²⁾
- It is recommended schools maintain documentation of the training course(s) successfully completed by each employee who is authorized to administer epinephrine and make such documentation available upon request.
- Schools are encouraged to train and authorize more than the legally required minimum number of school staff to administer epinephrine. All school staff should have a basic awareness of the major signs of anaphylaxis and know whom to alert in case of an emergency and where the stock epinephrine auto-injectors are located.
- Designated school staff shall check the expiration dates of the stock auto-injector devices at least twice per year and discard expired stock in a biohazard sharps container or locate a needle disposal facility and replace any device past its expiration date. ⁽²⁾

Local School Board Anaphylaxis Policy Requirements:

Each school board shall adopt and implement a policy consistent with that of the Michigan Department of Education (MDE) for the training, possession, and administration of epinephrine in every school. ⁽²⁾

Policies shall include:

- Identification, assignment, and training of at least two staff persons per school building to administer epinephrine in the case of anaphylaxis. Schools with fewer than ten staff will designate at least one such employee. All trainings shall be conducted under the supervision of, and shall be evaluated by, a licensed, registered professional nurse.
 - Each school building operated by the district school board shall possess at least two epinephrine auto-injectors.
 - Recognition of common allergens, anaphylaxis symptoms, and emergency treatment for a life-threatening anaphylaxis situation.
 - Procedures for documenting, tracking, and reporting of a suspected anaphylaxis event to parent/guardians (as soon as possible) and to MDE (annually).
 - Procedures for obtaining a prescription, purchase, reorder, storage, and maintenance of at least two epinephrine auto-injectors in each school building.
- ❖ Recommended but not required:
- Training is recommended annually as is new employee training, and refresher training as needed.

- Consideration should be given to utilizing school health services staff when developing the local school board anaphylaxis policy.
- Consideration should be made to have four epinephrine auto-injectors in a school building. In the case of an emergency anaphylaxis, more than one dose of epinephrine may be needed.

Training Guidelines for Designated Staff on Allergies, Anaphylaxis, and Emergency Response:

The training program for non-nursing staff designated to use an epinephrine auto-injector shall be conducted under the supervision of, and shall include evaluation by a licensed, registered professional nurse. ⁽²⁾ The training shall include:

- Instruction on the provisions of state laws regarding the emergency use of epinephrine at school for situations of a suspected life-threatening anaphylaxis reaction
- Instruction on the district's or school's medications policies and procedures
- Orientation to the causes, signs, symptoms, and treatment of anaphylaxis and the anticipated effects and possible adverse effects of epinephrine
- Demonstration and instruction using realistic auto-injector models
- Skill-based practice using epinephrine auto-injectors in simulated anaphylaxis emergency response situation
- Development and implementation of an emergency anaphylaxis response plan of action
- Instruction on the procedures for informing emergency contacts, completing a school incident report, and notifying parent/guardian of a student to whom an epinephrine auto-injector has been administered
- Instruction on the procedures regarding epinephrine acquisition, expiration date monitoring, maintenance, and storage requirements
- A licensed, registered professional nurse is responsible for providing and the supervision of the training which shall include a training evaluation. Documentation of the training competency assessment should be provided to the school demonstrating that the employee was adequately trained.

Storage of Epinephrine Auto-Injectors and Additional Materials:

- All epinephrine auto-injectors should be stored according to manufacturer's directions to maintain effectiveness and in a clearly labeled, unlocked, easily accessible cabinet at room temperature (between 59-86 degrees F).
- Expiration dates on epinephrine auto-injector should be monitored and documented on an appropriate log. The shelf-life of an epinephrine auto-injector is approximately 12 to 18 months.
- The fluid should be clear and colorless. Discard if the fluid has turned brown or is cloudy. Do not expose epinephrine auto-injectors to sunlight, heat, cold, or freezing temperatures.
- Additional materials associated with responding to suspected anaphylaxis should be stored with the epinephrine auto-injectors (e.g. copy of emergency

anaphylaxis emergency response plan with emergency contact numbers, school incident report).

How to Obtain a Physician Prescription and the Purchase of Epinephrine Auto-Injectors:

- School boards shall obtain a written prescription for at least two epinephrine auto-injectors in each school operated by the school board. Any local community prescriber can write a prescription to a school board.
- School boards can seek the purchasing or donation of the epinephrine auto-injector through pharmacy companies.

Examples of epinephrine auto-injectors:

- AUVI-Q www.auvi-q.com
- EpiPEN www.epipen.com
- AdrenaClick www.adrenaclick.com

School District Reporting: ⁽²⁾

At least annually, a school district shall report to MDE all instances of administration of an epinephrine auto-injector to a student at school. The reporting shall include at least each of the following:

- The number of instances of administration of an epinephrine auto-injector to a student at school in a school year.
- The number of students who were administered an epinephrine auto-injector at school that were not previously known to be severely allergic.
- The number of students who were administered an epinephrine auto-injector at school using the school's stock of epinephrine auto-injectors.

Immunity/Liability:

- According to state law, authorized school personnel who use an epinephrine auto-injector in good faith are immune from criminal charges or civil damages unless an act or failure to act was due to gross negligence or willful and wanton misconduct. ⁽³⁾
- A prescriber who issues a prescription for or a dispensing prescriber or pharmacist who dispenses auto-injectable epinephrine to a school board as authorized under this section is not liable in a civil action for a properly stored and dispensed epinephrine auto-injector that was a proximate cause of injury or death to an individual due to the administration of or failure to administer the epinephrine auto-injector. ⁽⁴⁾

Funding/Reimbursement:

School boards are expected to seek funding or donations from sources other than the State of Michigan for this program. If a school board is unable to obtain alternative funding, it may apply to MDE if funds are appropriated. Currently there

are no appropriated funds to reimburse local school districts. If funding becomes available, the department will notify districts in a timely manner.

References:

- (1)MCL 380.1179 <http://legislature.mi.gov/doc.aspx?mcl-380-1179>
- (2)MCL 380.1179a <http://legislature.mi.gov/doc.aspx?mcl-380-1179a>
- (3)MCL 380.1178 <http://legislature.mi.gov/doc.aspx?mcl-380-1178>
- (4)MCL 333.17744a <http://legislature.mi.gov/doc.aspx?mcl-333-17744a>

SAMPLE

❖ *Please note this does not replace formal staff training but rather as guidance only*

Responding to Anaphylaxis - CALL 911

1. Based on symptoms; determine that an anaphylactic reaction appears to be occurring. Look for a medical alert bracelet or necklace. Act quickly. It is safer to give epinephrine than to delay treatment. Anaphylaxis is a life-threatening reaction.
2. If you *are alone and are able* to provide epinephrine, call out or yell for help as you immediately go to get the epinephrine. Do not take extra time seeking others until you have provided the epinephrine.
3. If you *are alone and do not know how* to provide epinephrine, call out or yell for help. If someone is available to help you, have them get the personnel trained to provide epinephrine and the epinephrine while you dial 911 and follow the dispatcher's instructions. Tell the 911 operator that anaphylaxis is suspected and epinephrine is available. Your goal is to get someone [designated, trained school staff, or emergency medical staff (EMS)] to provide epinephrine and care as soon as possible.
4. Select appropriate dose of epinephrine auto-injector to administer, based on weight.
 - Dosage: Junior 0.15 mg epinephrine auto-injector if estimated weight is between 33 and 66 pounds; Regular 0.30 mg epinephrine auto-injector if estimated weight is 66 pounds or greater.
 - Frequency: If symptoms persist or return, a second dose should be administered 5 to 15 minutes after first dose.
5. Inject epinephrine via auto-injector:
 - Pull off safety release cap.
 - Place gently on the upper, outer thigh and push firmly (through clothing if necessary).
 - Hold in place for 10 seconds (5 seconds if using Auvi-Q) to deliver medication and then remove.
 - Massage the area for 10 seconds. Note the time.
6. Keep the individual either lying down or seated. Watch for vomiting or choking. If they lose consciousness, check if they are breathing. If breathing, position on side and continue to monitor. If not breathing, begin cardiopulmonary resuscitation (CPR), call out for help.
7. Call school nurse/front office school personnel and advise of situation.

8. Provide EMS with epinephrine auto-injector labeled with name, date, and time administered to transport to the emergency room with the student.

FOLLOW UP (to be done the day of the event):

1. Notify parent/guardian as soon as possible and advise them to let the student's primary care physician know about the episode of suspected anaphylaxis.
2. Complete required documentation of incident [school incident report, Michigan Electronic Grants System Plus (MEGS+) report].
3. Order replacement epinephrine auto-injector(s).