



## **ALLERGY POLICY**

### **Policy**

Anaphylaxis is a severe, systemic allergic reaction resulting from exposure to an allergen. It is often 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. An anaphylactic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction may also occur up to one to two hours after exposure to the allergen.

It is the practice of Windsor Central Supervisory Union to provide at least two (2) doses of auto-injectable epinephrine (hereafter called ‘unassigned or stock epinephrine’) in each school. This stock epinephrine is to be administered by a school nurse or school employee who is trained in the administration of epinephrine to any person believed to be having an anaphylactic reaction on school premises. Act 68 of 2013, State of Vermont, provides civil protection for employees of a school who are appropriately trained to administer epinephrine (p. 10 of Act 68).

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.**

### **IMPLEMENTATION**

#### **Parent / Guardian Responsibilities**

Parents of students with known allergies that have caused anaphylaxis in the past or have been identified by a medical provider as having the potential to cause an anaphylactic reaction, must provide the school with an Allergy Action Plan (Emergency Care Plan) written by the student’s medical provider. The medical provider must be an MD, DO, NP, PA, or Naturopath with specific licensure to prescribe. This provider shall not be related to the student in accordance with AMA’s Code of Medical Ethics. This should include written instructions for handling anaphylaxis and all necessary medications for implementing the student specific order and must be provided on an annual basis. This policy is not intended to replace student specific orders or parent provided individual medications.

#### **Training**

Building level administration in conjunction with the school nurse shall be responsible for identifying at least two employees, in addition to the school nurse (RN), to be trained in the administration of epinephrine by auto-injector. Only trained personnel should administer epinephrine to a student believed to be having an anaphylactic reaction. Training shall be conducted in accordance with the National Association of School Nurse Standards. Training shall be conducted annually or more often as needed.

## Standing Orders

Standing orders are written to cover multiple people as opposed to individual-specific orders, which are written for one person. Windsor Central Supervisory Union shall designate an authorized medical provider (MD, DO, PA, or NP with prescriptive authority) to prescribe non-student specific epinephrine for the school division. This epinephrine may be administered to any student believed to be having an anaphylactic reaction on school grounds, during the academic day or school sponsored activities including field trips and off site events. Standing orders must be renewed annually and with any change in prescriber.

Note: see Standing Order for Epinephrine Auto Injector and Protocol

## Students with Known Allergies

All students with known allergies will have an Allergy Action Plan, completed annually by their primary care provider (MD, DO, NP, PA, or Naturopath with specific licensure to prescribe). This provider shall not be related to the student in accordance with AMA's Code of Medical Ethics. Students identified with food allergies who are participating in the school meal program and will require food accommodations, will have a completed Special Dietary Medical Statement from Vermont Agency of Education Child Nutrition Program on record with the WCSU Director of Food Services unless this allergy is already included in a 504 or IEP. Students may self-carry Epinephrine if designated to do so by their primary care provider.

Any requests for allergen restrictions in the school or specific classrooms must be a written order from a licensed medical provider who specializes in allergy and immunology and must state that this allergen ban is medically necessary for the student's safety. The allergist must have evaluated the student within the past calendar year and may NOT be a relative of the child.

## Responding to Anaphylaxis

If a student has an Allergy Action Plan on file, follow the plan if the child is suspected to be having an anaphylactic reaction.

For suspected anaphylaxis without specific orders:

1. Act quickly. It is safer to give epinephrine than to delay treatment. **This is a life or death decision.**
2. Determine the proper dose and administer epinephrine and note the time. Note: the Epi-Pen junior should be used for a child under 65 pounds.
3. Direct someone to call 911 and request medical assistance. Advise the 911 operator that anaphylaxis is suspected and that epinephrine has been given.
4. Stay with the person until emergency medical services (EMS) arrives.
5. Monitor their airway and breathing.
6. Reassure and calm person as needed.
7. Call the school nurse.
8. Call Front Office school personnel and advise of situation. Direct someone to call parent/guardian.
9. If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine 5 to 15 minutes after the initial injection. Note the time.
10. Administer CPR if needed.
11. EMS to transport individual to the emergency room. Document individual's name, date, and time the epinephrine was administered and give to EMS with the used auto-injector to accompany individual to the emergency room.
12. Even if symptoms subside, 911 must still respond and individual must be evaluated by a physician. A delayed or secondary reaction may occur.
13. Document the incident and complete the incident report.
14. Replace epinephrine stock medication as appropriate.

## **Storage, Access and Maintenance**

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. 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.

The school division shall maintain a sufficient number of extra doses of epinephrine for replacement of used or expired 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 sharps container or as recommended by the Vermont Department of Health.

*Date Warned: November 2, 2020*

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