

Staff Administration of Non-Student Specific Epinephrine

Policy

Any district employee may be authorized to administer epinephrine who:

- is willing to assume that responsibility,
- is authorized in writing by the school principal or his/her designee,
- has received Department of Public Instruction approved training, within four years, for the administration of epinephrine
- Has been sufficiently instructed by the school district's School Nurse:
 - i. In recognizing the signs and symptoms of anaphylaxis
 - ii. On the proper administration of epinephrine auto-injector
 - iii. On proper follow up procedures following administration of epinephrine auto-injector
- Has successfully completed an annual return demonstration of administration of epinephrine auto-injector and has been deemed competent by the district's Professional Nurse

Procedure:

**Any SEVERE SYMPTOMS after suspected or known ingestion:
One or more of the following:**

LUNG: Short of breath, wheeze, repetitive cough

HEART: Pale, blue, faint, weak pulse, dizzy, confused

THROAT: Tight, hoarse, trouble breathing/swallowing

MOUTH: Obstructive swelling (tongue and/or lips)

SKIN: Many hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)

GUT: Vomiting, diarrhea

1. If student is suspected of having an anaphylactic reaction (see symptom list in box above)
INJECT EPINEPHRINE IMMEDIATELY
2. Call 911, tell rescue squad epinephrine was given; request an ambulance with epinephrine.

Handwritten signature and date:
8-16-20

3. Continue monitoring.
4. Stay with student.
5. Request that someone alert healthcare professionals and parent.
6. Note time when epinephrine was administered.
7. If available, a second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur.
8. For a severe reaction, consider keeping student lying on back with legs raised.
9. Treat student even if parents cannot be reached.

After epinephrine administration:

1. Complete appropriate paperwork (incident report, epinephrine administration report, medication administration form, etc).
2. Request permission from student's parent/guardian to send a copy of paperwork (epinephrine administration report, medication administration form, etc to student's healthcare provider.
3. Parents of student who suffered anaphylactic reaction and school staff involved in emergency response and those on the emergency response team should meet to debrief on the incident and make any necessary changes to policy or procedure or emergency action plan.

References:

Food Allergy and Anaphylaxis Network. (2011). *Food Allergy Action Plan*. Available at: <http://www.foodallergy.org/files/FAAP.pdf>.

Food Allergy and Anaphylaxis Network (FAAN). (2001). *School Guidelines for Managing Students With Food Allergies*. Available at: <http://www.foodallergy.org/school/guidelines.html>.

National Association of School Nurses. (2011). *Suggested Nursing Protocol for Students without an Emergency Care Plan*. Available at: http://www.nasn.org/portals/0/resources/faat_no_ECP.pdf.

Acknowledgment of Reviewers:

Bette Carr, MSN, RN, NCSN
 Marcia Creasy, BSN, RN
 Sharon Daun, RN,BSN, MS, NCSN
 Rachel Gallagher, RN, CPNP, NCSN
 Kathy Graham, RN MPH
 Mary Kay Kempken, RN, BSN, NCSN
 Jill Krueger, RN, BSN
 Mary Kay Logemann, RN, BSN, MEd
 Barbara Brancel Maley, RN, BSN
 Kerri Schmidt, BSN, RN, NCSN
 Joan Simpson, RN, BSN, MPH
 Lynne Svetnicka, RN, MS, CPNP

Handwritten signature and date:
 8-10-22