

# ADMINISTRATIVE PROCEDURE

## MANAGEMENT OF STUDENTS WITH A KNOWN AND UNKNOWN RISK FOR ANAPHYLACTIC REACTION

5165  
Procedure No.

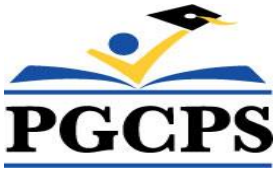
October 25, 2021  
Date

- I. **PURPOSE:** To provide guidelines and define roles and responsibilities of school nurses, school administrators, school food services personnel, other staff, parents and guardians in planning and managing students that present with signs and symptoms of anaphylaxis whether documented or not by a health care provider.
- II. **POLICY:** The Board of Education directs the Chief Executive Officer (CEO) to require training of all appropriate school staff regarding students with special health needs. (Policy 5165)
- III. **BACKGROUND:** Maryland law requires local Boards of Education to create policies to authorize school nurses and certain school personnel to administer an auto injectable epinephrine to students that present with life threatening allergic reactions regardless of whether the student has been identified as having an anaphylactic allergy or has a prescription for epinephrine.
- IV. **DEFINITIONS:**
  - A. **Anaphylaxis:** A sudden, severe, potentially life-threatening allergic reaction that affects multiple organ systems of the body. Anaphylaxis requires immediate medical attention as it can be fatal if not reversed within seconds or minutes of coming in contact with the allergen. Also symptoms may occur several hours after allergen exposure.

**Table 1**

<b>SIGNS and SYMPTOMS OF AN ANAPHYLACTIC REACTION</b>	
<b>Organ System</b>	<b>Sign(s)/Symptom(s)</b>
<i>Mouth/Throat</i>	Itching, tingling, or swelling of lips, tongue, or mouth; blue/grey color of lips; hacking cough; hoarseness; difficulty swallowing
<i>Nose/Eyes/Ears</i>	Runny itchy nose; redness and/or swelling of eyes; throbbing in ears
<i>Skin</i>	Facial flushing; hives and/or generalized itchy rash; swelling of face or extremities; tingling; blue/grey discoloration
<i>Lung</i>	Short, frequent, shallow cough; difficulty breathing
<i>Heart</i>	Fainting; dizziness; blue, or gray color of lips or nail beds
<i>Mental</i>	Agitation; unconsciousness

**NOTE: Not all signs and symptoms need be present for anaphylaxis.**



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- B. **Allergen:** A substance that causes an allergic reaction.
- C. **Auto injector:** A medication delivery device designed to automatically administer an injectable medication (e.g. epinephrine) that does not require manipulation or handling of a syringe or needle; nor the measurement of the medication dose.
- D. **Emergency Care Plan:** A plan written for a student that provides information and directives to non-medical staff such as: the student's teachers (including substitute teachers and aides), classroom assistants, food service staff, coaches, transportation staff, and the parent(s)/guardian(s) of the student
- E. **Epinephrine:** A quick-acting hormone that works to relieve and prevent all of the physiological processes that occur with anaphylaxis.
- F. **Plan B:** A book which contains operational, clinical and special information about students with particular health care needs for a substitute or contracted nurse who is filling in for a during the absence of a full-time nurse.
- G. **School Nurse:** An individual licensed in the State of Maryland and employed or contracted by PGCPS as a Registered Nurse (RN) or a Licensed Practical Nurse (LPN).
- H. **SHERe** (School Health Electronic Record): An electronic health record in which nurses document care and services given to students.
- V. **PROCEDURES:**
- A. **Parent Responsibilities**  
For students with known allergies the parents/guardians should:
1. Notify the school nurse/school upon their child being diagnosed with a food allergy or other life threatening allergy.
  2. Submit a completed and signed, health care Prescriber's Medication Order Form Emergency Medication– EPINEPHRINE.”
  3. Provide Epi-Pen or Epinephrine auto-injector.
- B. **School Nurse Responsibilities**
1. For students with known history of potential life-threatening allergies, follow the students health care provider orders for when to administer epinephrine.



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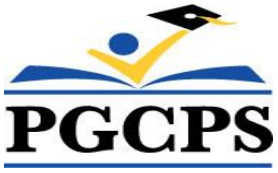
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2. In the absence of the health care provider’s orders, and/or epi-pen present in the school, stock epinephrine should be used if any student presents or complains of signs and symptoms of potential life threatening allergies.
3. Identify individual student allergies in SHERe.
4. Develop an Emergency Care Plan for all students diagnosed with potential life threatening allergies.
5. Disseminate the student’s Emergency Care Plan to all staff who supervise the student during the school day and at school sponsored activities. Plan distribution includes, but is not limited to, the student’s teachers (including substitute teachers and aides), classroom assistants, food service staff, coaches, transportation staff, and the parent(s)/guardian(s) of the student. The plan should be reviewed and updated annually.
6. Train all school staff (on an annual basis) to recognize the signs and symptoms of anaphylaxis and on the administration of Epi-Pen or Epinephrine auto-injector.
7. Place sign-in sheet of individuals who have completed the training and a return demonstration in the Plan B. A copy of the sign-in sheet should also be given to the Principal/designee.
8. Store the Emergency Care Plan in a secure location that is easily accessible to all designated school personnel.
9. Replace auto-injector epinephrine if discolored. Store at 68 – 77 F. Do not refrigerate.
10. Routinely check expiration dates of the auto-injector epinephrine.

### C. Actions with Suspected Anaphylaxis

1. Trained staff must be immediately alerted when an anaphylactic reaction of a child is suspected.
2. Select appropriate epinephrine auto-injector based on dosage below.

<b>Grade</b>	<b>Weight</b>	<b>Age</b>	<b>Epinephrine</b>
<b>Pre-K thru Grade 2</b>	<b>Less than 66 lbs. (25 kg)</b>	<b>Less than 8 years of age</b>	<b>0.15 mg</b>
<b>Grade 3 thru Grade 12</b>	<b>66 lbs. (25 kg)</b>	<b>8 years of age and older</b>	<b>0.3 mg</b>



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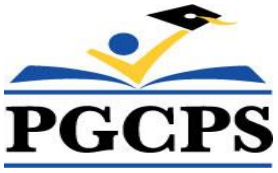
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3. Administer the epinephrine auto-injector intra-muscularly into the outer thigh of the student.
4. Simultaneously call 911(direct someone to call). Specify that an Anaphylactic reaction has occurred and paramedics are needed.
5. If symptoms of anaphylaxis continue without improvement, worsens, ceases and symptoms return and EMS has not arrived, then repeat the same epinephrine dose, 5-10 minutes after the initial dose.
6. Stay with student until EMS arrives.
7. Place student in a reclining position with legs elevated (if comfortable or side lying recovery position until EMS arrives.
8. Do not give anything by mouth.
9. Anyone receiving epinephrine must be transported by EMS for continued evaluation and care.
10. Notify parents/legal guardian or student's emergency contact.
11. Complete MSDE – School Health Services Form. Include suspected allergen and the time and dose of epinephrine.
12. Notify Office of School Health.
13. If individual stops breathing, the designated school personnel who is trained and certified in First Aid and cardiopulmonary resuscitation CPR should begin CPR.

D. **Reduction of Allergens**

Accommodations to reduce the risk of allergen exposure may include, but are not limited to:

1. Removal/replacement of classroom teaching materials that pose an exposure risk.
2. Modification of school/classroom policies on food brought into the school by parents for celebrations or other events.
3. Substitutions or modifications in school meals for children whose disability restricts their diet. Students who obtain school meals as part of any United States



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Department of Agriculture (USDA) school meal program (i.e. school breakfast program or school lunch program) are entitled to meal modifications because of their special health need.

4. Designate a nut or other allergen-free table in the cafeteria for students with nut or other food allergies.
5. Post a sign on classrooms doors stating allergen free classroom for students with specific allergen risks.
6. The school nurse working in collaboration with school administrators and other school staff will assess the school environment in order to identify and address possible allergen exposure risks, including any potential barriers to emergency treatment.

#### E. **School Administrator/Designee Responsibilities**

The school administrator/designee must be aware of students with a known diagnosis of anaphylaxis or at risk for anaphylaxis. Collaborate with the school nurse to support the effective implementation of health care plans for students. The school administrator/designee **MUST**:

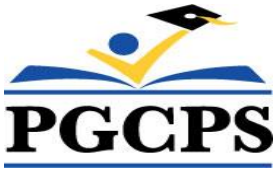
1. Ensure implementation of the school nurse's anaphylaxis education for staff.
2. Ensure that any teacher who has a student(s) with a known diagnosis of anaphylaxis or is at risk of anaphylaxis receives an Emergency Plan for each student(s) and that the Emergency Care Plan is placed in the classroom substitute folder.

#### VI. **MONITORING AND COMPLIANCE**

The Office of School Health will track the electronic submission report(s) for Anaphylactic Reaction/Epinephrine Administration and provide stock epinephrine auto-injectors for each school.

#### VII. **RELATED PROCEDURES:**

- AP 0116 - Health and Wellness
- AP 2805.2 - Student Accident Report
- AP 5162 - Emergency Care in School
- AP 5163 - Medication Procedure
- AP 5167 - Allergen Control in the School



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VIII. **LEGAL REFERENCE:**

- 29 U.S.C. 794;
- 7 CFR Part 15b
- 21 CFR 3.2(e)
- Annotated Code of Maryland, Education Article, Section 7-426.1 and Section 7-426.2.

IX. **MAINTENANCE AND UPDATE OF THESE PROCEDURES:** This procedure originates with the Office of School Health, within the Department of Student Services and will be updated as needed.

X. **CANCELLATIONS AND SUPERSEDURES:** This Administrative Procedure cancels and supersedes Administrative Procedure.5165 dated October 15, 2012.

XI. **EFFECTIVE DATE:** October X, 2021

Attachment: Prescriber's Medication Order Form:  
Emergency Medication --EPINERPHINE