

STUDENTS

Management of Allergic Reactions in the School Setting/School Age Child Care: Administering Epinephrine Auto-Injection

- I. Epinephrine may be given in school, during school-sponsored activities, or during School Age Child Care (SACC) hours with the health care provider and parent/guardian signed Food Allergy and Anaphylaxis Emergency Care Plan (FAAECP) (Attachment II). Parents/guardians are also required to complete the Student Allergy History Form (Attachment I).
- II. Epinephrine administration training is offered by the school nurse to all staff members at the beginning of every school year and as needed throughout the school year. A minimum of three staff members designated by the building principal, excluding the school nurse will serve as epinephrine administration trained staff.
- III. Parents/guardians must notify the teacher/sponsor about the child's allergy when the student will be staying for any school-sponsored after school activities. The clinic is closed after dismissal and the nurse/health clinic assistant is not in the building. It is strongly suggested that middle and high school students carry their own auto-injector for quick access to epinephrine. For students to carry an epinephrine auto-injector, the health care provider, parent/guardian, and student are required to sign and date the Permission for Student to Carry and/or Self Administer Epinephrine form (Attachment IV). The Department of Social Services licensing does not allow students in SACC to self-carry or self-administer epinephrine. Parents/guardians will be notified prior to child's enrollment in SACC.
- IV. Any school staff member or Child Care Contractor (CCC) may, without prejudice, decline to accept responsibility for administering the epinephrine medication to the student.
- V. The Parent/Guardian Request for Administration of Medication for Allergic Reactions form (Attachment III) shall be completed and signed prior to administration of medication by any Prince William County Public Schools (PWCS) or CCC employee.
- VI. A copy of the completed FAAECP and Severe Allergy Individual Health Care Plan (SAIHCP), will be kept in the school health office. The SAIHCP will be distributed to all essential staff and SACC.
- VII. Parents/guardians shall be responsible for supplying the necessary medication to the school health office as prescribed in the FAAECP, ensuring that the medication has not exceeded the expiration date. The medication must be in the official prescription

packaging with pharmacy label. Any over-the-counter medication must be in the original unopened container. Parents/guardians are also responsible for ensuring that medication carried by a student for the purpose of self-carry and self-administration meet these requirements.

- VIII. Any person who, in good faith and without compensation, administers medication to an individual for whom epinephrine has been prescribed shall not be liable for any civil damages for acts or omissions resulting from the rendering of such treatment if he/she has reason to believe that the individual receiving the injection is suffering, or is about to suffer, a life-threatening anaphylactic reaction.
- IX. An FAAECP shall be effective for one school/SACC year and must be renewed at the beginning of each school/SACC year and dated after May 1.
- X. Guidelines for the “Management of Life-Threatening Allergies in Schools and School Age Child Care” was developed to assist PWCS in implementing comprehensive procedures which promote healthy nutrition for all students with emphasis on students with life-threatening food allergies. This document may be found on the Office of Student Services web page under School Health Services.

The Associate Superintendent for Special Education and Student Services (or designee) is responsible for implementing and monitoring this regulation.

This regulation and related policy shall be reviewed at least every five years and revised as needed.

**Student Allergy History Form**

Student:	School:	Effective Date:
Date of Birth:	Grade:	Teacher:

Please note: Food Allergy and Anaphylaxis Emergency Care Plans must be submitted annually at the beginning of each school/SACC year dated after May 1, and whenever modifications are made to this plan.

**To be Completed by Parent/Guardian**

Contact Information		
Parent/Guardian #1:		
Address:		
Telephone – Home:	Work:	Cell:
Parent/Guardian #2:		
Address:		
Telephone – Home:	Work:	Cell:
Emergency Contact #1:		
Telephone – Home:	Work:	Cell:
Emergency Contact #2:		
Telephone – Home:	Work:	Cell:
Health Care Provider’s Name:	Office Phone:	
Medical History		
What is your child allergic to?		
What age was your child when diagnosed?		
Has your child ever had a life-threatening reaction?		
What is your child’s typical allergic reaction?		
Does your child have asthma?		
Does your child know what food/allergens to avoid?		
Will your child eat the school provided breakfast and/or lunch?		
Will you be providing meals and snacks for your child at school/SACC?		
How does your child travel to school/SACC?		
<input type="checkbox"/> Bus # <input type="checkbox"/> Car <input type="checkbox"/> Walk		



# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

**PLACE  
STUDENT'S  
PICTURE  
HERE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  **Yes (higher risk for a severe reaction)**  **No**

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms. **Call 911.**
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent. **Call 911**

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**



**LUNG**

Shortness of breath, wheezing, repetitive cough



**HEART**

Pale or bluish skin, faintness, weak pulse, dizziness



**THROAT**

Tight or hoarse throat, trouble breathing or swallowing



**MOUTH**

Significant swelling of the tongue or lips



**SKIN**

Many hives over body, widespread redness



**GUT**

Repetitive vomiting, severe diarrhea



**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A COMBINATION**  
of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS**



**NOSE**

Itchy or runny nose, sneezing



**MOUTH**

Itchy mouth



**SKIN**

A few hives, mild itch



**GUT**

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE. AND CALL 911.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

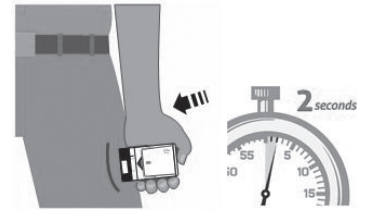


# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

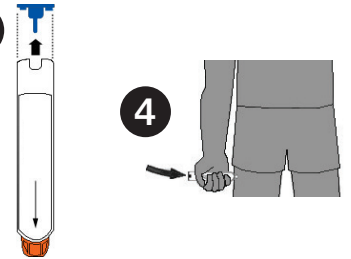
3



## HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

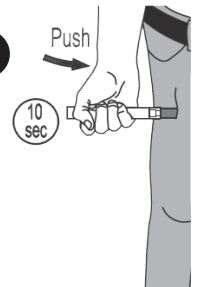
3



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

5



## HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

5



### ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

### OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### DESIGNATED SCHOOL/CCC STAFF TRAINED ON STUDENT'S ALLERGY ACTION PLAN

Printed Name	Signature	Printed Name	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Signature of School Nurse _____		Date _____	

**PARENT/GUARDIAN REQUEST FOR ADMINISTRATION OF MEDICATION  
FOR ALLERGIC REACTIONS**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Schools must obtain specific written parental/guardian authorization before any medical treatment including medication administration can be provided. When signed by the parent/guardian this written informed consent gives trained school/Child Care Contractor (CCC) staff authorization to implement the medical order. When parents/guardians authorize a medical treatment for their child in school/School Age Child Care (SACC) such authorization includes permission for appropriate communications between the school health professional and the medical prescriber related to the specific treatment ordered. Health treatment plans not signed and dated by the parent/guardian will not be implemented until all signatures have been obtained. Legally appropriate school health professional-medical prescriber communications based on the medical orders generally include the following:

- The prescription of treatment itself (e.g., questions regarding dosage, method of administration, potential drug interactions);
- Implementation of the treatment in school (e.g., questions regarding safety concerns, infection control, issues, or modifications in the treatment order related to the school setting or student's academic schedule); and
- Student outcomes from the treatment (e.g., questions regarding observed side effects, possibly untoward reactions, observation of behavior in the classroom).

The student may not attend school until the written parental/guardian authorization has been signed and returned to the school.

In accordance with the Virginia Code § 22.1-274, I agree to the following:

I will not hold the School Board, any of its employees, or CCC liable for any negative outcome resulting from the self-administration of said emergency medication by the student.

\_\_\_\_\_  
Print Parent's/Guardian's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date



Prince William County Public Schools  
Severe Allergy Individual Health Care Plan

Place  
Student's  
Picture  
Here

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Lunch Time: \_\_\_\_\_

Classroom

- Any food given to student must be approved by parent/guardian.
- Emergency food provided by parent/guardian to be kept in the classroom.
- Parent/guardian should be advised of any planned parties as early as possible.
- Classroom projects involving food should be reviewed by the parent/guardian and the teaching staff.
- Middle school or high school student will be making his/her own decision:  YES  NO

Bus

- Transportation will be alerted to student's allergy.
- This student has a physician's order to carry epinephrine on bus:  YES  NO
- Epinephrine can be found in:  backpack  waist pack  other (specify) \_\_\_\_\_
- Student will sit at front of bus:  YES  NO

Field Trip Procedures

- Parent/guardian should be notified of field trips as early as possible.
- Epinephrine should accompany student during any off-campus school sponsored activity.
- The elementary student should remain with the teacher during the entire field trip:  YES  NO
- Middle school/high school student should remain with the teacher during the entire field trip:  YES  NO

Cafeteria

- Food Service Manager and cafeteria hostesses will be alerted to the student's allergy.
- Cafeteria tables where food allergic students eat will be cleaned to eliminate food allergens.
- Student will sit at a specified allergy table:  YES  NO
- Student will sit at the classroom table at a specified location:  YES  NO
- **NO** restrictions where student may sit in the cafeteria:  YES  NO

Students should use their account cards (at elementary) or student identification number (at middle and high school) to identify their allergy. The cafeteria menu is available online. Parents/guardians are encouraged to make food choices from the menu. The complete list of menu ingredients can be accessed through the School Food and Nutrition Services website.

\_\_\_\_\_  
Parent's/Guardian's Signature Date

\_\_\_\_\_  
School Nurse's Signature Date

\_\_\_\_\_  
School