

KSD Epinephrine Auto-Injector Plan

Purpose and Background

The Board intends to adopt and maintain a plan for managing students with life-threatening allergies and to permit each school to obtain a school prescription for epinephrine auto-injectors and to permit each school nurse and designated school personnel to administer them.

Standing Orders

Standing orders must be updated and signed annually by the district medical advisor. The standing order would permit all appropriate medical and school personnel (including, but not limited to any registered nurse) employed by or acting on behalf of the school system to administer Epinephrine via an Epinephrine auto-injector to an individual using professional judgment, if that individual is experiencing a potentially life-threatening allergic reaction, such as anaphylaxis.

Emergency Treatment Procedure

The following treatment Protocol will be utilized to manage anaphylactic reactions.

1. Symptoms: If itching and swelling are confined to a localized area, observe the patient closely for the development of generalized symptoms. If symptoms are generalized as noted above, activate the Emergency Medical Systems by calling 911. This should be accomplished by a second rescuer while the patient is being evaluated and managed by the first rescuer, if possible.
2. Dosage: If conditions of anaphylaxis are developing or present themselves, administer Epinephrine USP, 1 mg/mL (1:1000) via an auto-injector (such as EpiPen or Auvi-Q) intramuscularly into the antero-lateral (upper, front) aspect of the thigh (through clothing if necessary) according to the manufacturer's recommendation.
 - a. For individuals less than 66 pounds, use one EpiPen Jr auto-injector 0.3 mL epinephrine 1:2000 (or equivalent) to deliver 0.15 mg epinephrine.
 - b. For individuals 66 pounds or greater, use one EpiPen auto-injector 0.3 mL epinephrine 1:1000 (or equivalent) to deliver 0.3 mg epinephrine.
3. Monitoring: Closely monitor the individual until EMS arrives. Perform CPR and maintain the airway, if necessary. Keep the individual in a supine position (lying flat, face up) unless he/she is having difficulty breathing. If having difficulty breathing, the patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. Monitor vital signs frequently, if possible. If EMS has not arrived and symptoms persist, a repeat dose of Epinephrine auto-injector every 5-10 minutes after the first dose may be administered.
4. Documentation: The details of the incident must be documented in the student's Skyward account.
5. Notification: The school must notify the individual's parent/guardian.

Identifying the School Team

Team members who should be involved in creating an allergen-safe school environment and responding to an anaphylactic emergency, if necessary, may include: Building Emergency Response Team (BERT) members, school district administrators, school nurses, building secretaries, teachers, aides, food service personnel, coaches, athletic director and after-school volunteers, transportation personnel and any other staff as delegated by school administrators or school nurses.

Use of Epinephrine Auto-Injector by School Officials

The main office of each school shall keep on hand at least two Epinephrine Auto-Injectors (both junior and regular) for use by trained and willing staff in the event of an anaphylactic emergency situation. The school nurse shall assure that staff are provided with training opportunities to both identify the symptoms of an anaphylaxis emergency and how to administer an epinephrine injection. The school nurse shall assure that epinephrine stock is maintained and that unused expired pens are properly discarded and replaced. This is subject to the ability to obtain the epinephrine Auto-Injector through prescription.

Liability

The school and any school nurse or designated school personnel that provide or administer epinephrine auto-injectors under this plan are immune from civil liability for any harm that may result, regardless of whether there is a parental or medical provider authorization, unless the administration was a result of gross negligence or willful or wanton misconduct