Queen City Independent School District
Stock Epinephrine Policy/Protocol

In accordance with Texas SB 66 as well as Chapter 38 of the Education Code Subchapter E, and the NASN guidelines for stock Epinephrine policies and protocols, it is the policy of Queen City ISD to provide at least two auto-injectors of each dosage of epinephrine (herein after called 'unassigned or stock epinephrine') on each campus. Epinephrine is to be administered by a school nurse or employee who is authorized and trained in the administration of epinephrine to anyone believed to be having an anaphylactic reaction on school premises, during the academic day. SB66 38.208 C(1)

Policy Limitations
Parents of students with known life threatening allergies and/or anaphylaxis are to provide the school with written instructions from the student's health care provider for handling anaphylaxis and all necessary medications for implementing the student specific order on an annual basis. This stock epinephrine policy is not intended to replace student specific orders or the need for parents to provide individual medications. This policy does not extend to activities off school grounds (including transportation to and from school, field trips, etc.) or outside of the academic day (sporting events, extra-curricular activities, etc.).

Overview
Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. Common allergens include: animal dander, fish, latex, milk, shellfish, tree nuts, peanuts, eggs, insect venom, medications, soy and wheat. Other allergens may be idiopathic (unknown). A severe allergic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can also occur one or two hours after the exposure to the allergen.

Symptoms of Anaphylaxis:
Symptoms may include any or several of the following:

**Skin**
- Hives, rash, generalized flushing, itching, swelling of the lips and tongue, itchy or watery eyes, sweating, anxiety

**Respiratory**
- Chest tightness, shortness of breath, tingling of the lips, mouth tongue, and/or throat, nasal congestion, runny nose, sneezing, wheezing, shallow respirations, difficulty breathing, difficulty swallowing, hoarseness, change in voice quality, coughing, choking

**Gastro-intestinal**
- Nausea, vomiting, abdominal cramps, and diarrhea

**Cardiovascular**
- Dizziness, fainting, loss of consciousness, flushed or pale skin, cyanosis, low blood pressure, weak thready pulse, shock

Although anaphylactic reactions typically result in multiple symptoms, reactions may vary.

Epinephrine should be administered promptly at the first sign of anaphylaxis. It is safer to administer epinephrine than to delay treatment for anaphylaxis.
Who can administer epinephrine auto-injector

Training
Campus level administrators shall be responsible for identifying at least two employees, in addition to the school nurse, to be trained in the administration of epinephrine to a student believed to be having an anaphylactic reaction. Each campus must have one or more school personnel members authorized and trained to administer epinephrine auto-injector present during all school hours the campus is open. Training shall be conducted in accordance with the American Heart Association guidelines which include (a) recognizing signs and symptoms of anaphylaxis, (b) administering epinephrine auto injector, (c) implementing emergency procedures, if necessary, after administering an epinephrine auto injector, and (d) properly disposing of used or expired epinephrine auto injector. This training will be completed annually. Documentation of the training will be kept by the school nurse.

SB66 38.208 B(1) C(3) D

Standing Orders
Standing orders are written to cover multiple people as opposed to individual-specific orders, which are written for one person. Standing orders can be exercised when certain pre-determined conditions have been met. The standing order is obtained annually, and will be kept with the stock epinephrine. Standing orders must contain the following information:
1) The name and signature of the prescribing physician or other person;
2) The name of the school district
3) The quantity of epinephrine auto-injectors to be obtained and maintained under the order; and
4) the date of issue.
Queen City Independent School District shall designate an authorized medical provider (MD, DO, PA, or NP with prescriptive authority) to prescribe non-individual specific epinephrine in the name of the district, to be administered to persons believed to be having an anaphylactic reactions on the school grounds, during the academic day. There is no need for a previous physician-patient relationship. Standing orders are to be renewed annually and with any change of provider. Supervision or delegation by a physician is considered adequate if:
1. the physician periodically reviews the orders; and
2. is available through direct telecommunication as needed for consultation, assistance and direction

SB66 38.211 A, B, C, D (1-4)

Responding to Anaphylaxis
If student-specific orders are on file they should be followed for students with known life threatening allergies and/or anaphylaxis.

For suspected anaphylaxis without specific orders:
1. Based on symptoms, determine that an anaphylactic reaction appears to be occurring. Act quickly. It is safer to give epinephrine than to delay treatment. **Anaphylaxis is a life-threatening reaction.**
2. If you are alone and unable to provide epinephrine, call out or yell for help and have someone immediately retrieve the epinephrine. Stay with the person.
3. If you are alone and do not know how to provide epinephrine, call out or yell for help.
   a. If someone is available to you, have them get personnel trained to provide epinephrine and the epinephrine auto-injector.
   b. Immediately call 911 or direct someone to call 911 and get the AED. Follow the dispatcher’s instructions. Advise the dispatcher that anaphylaxis is suspected and epinephrine has been given. Your goal is to get emergency medical services (EMS or trained personnel) to provide epinephrine and care as soon as possible.
When using the auto-injector:

4. Select appropriate epinephrine auto-injector to administer. This is based on weight:
   a. Dosage: 0.15 mg Epinephrine (Epi-pen Junior) auto-injector IM, for victims less than 66 pounds
   b. 0.30 mg Epinephrine (Epi-pen) auto-injector IM, for victims 66 pounds or greater.
   c. Note the time the Epinephrine was administered.

   *If symptoms continue or get worse after the first dose of Epinephrine, a second dose should be given 5-15 minutes after the first dose.*

To use the auto-injector:

   See example below

5. Stay with the person until emergency medical services (EMS) arrives.
6. Monitor airway and breathing.
7. Keep the victim lying down or seated. If the victim loses consciousness, check for breathing. If not breathing, begin CPR and attach the AED as soon as it arrives. Follow AED voice prompts.
8. Nurse to monitor heart rate, respiratory effort and breath sounds, O2 sat, level of consciousness, and progression of symptoms every 5 minutes or more frequently if needed.
9. Provide EMS with the Epinephrine auto-injector(s) labeled with the name of the victim, the date and time administered. This will accompany the victim to the emergency room.
10. **Any time** Epinephrine is injected, EMS will be called. Even if symptoms subside, the victim needs to be evaluated by a physician. A delayed or secondary reaction may occur.
Follow Up (to be completed same day as the event)

1. Assure that parents/guardians have been notified
2. Complete the Epinephrine Administration form and document the incident
3. Order replacement of Epinephrine auto injector
4. Notify the prescriber of the stocked epinephrine within 4 hours if possible.

Post Event Consideration

* Be aware that in some reactions, the symptoms may go away, only to return one to three hours later. This is called a “biphasic reaction”. Often these second phase symptoms occur in the respiratory tract and may be more severe than the first phase symptoms. Therefore, follow up with a health care provider is necessary. A student or employee will not be allowed to remain at school or return to school on the day the epinephrine is administered.

Immunity from Liability

A person who in good faith takes, or fails to take, any action under sub chapter 38.215 is immune from civil or criminal liability or disciplinary action resulting from that action, or failure to act, including:

1. issuing an order for epinephrine auto injectors;
2. supervising or delegating the administration of an epinephrine auto injector;
3. possessing, maintaining, storing, or disposing of an epinephrine auto injector;
4. prescribing an epinephrine auto injector;
5. dispensing an epinephrine auto injector;
6. administering, or assisting in administering, an epinephrine auto injector;
7. providing or assisting in providing, training, consultation, or advice in the development, adoption or implementation of policies, guidelines, rules, or plans; or
8. undertaking any other act permitted or required under this subchapter.

Storage, Access, Maintenance, and Disposal

Epinephrine should be stored in a safe, unlocked and assessable location. It should be kept in the dark and at a temperature of (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. Exposure to light or extremes in temperature will hasten deterioration of epinephrine. The expiration date and appearance of epinephrine solutions should be checked monthly. The solution should be clear; if it is discolored or contains solid particles, replace the unit. Any auto injector that cannot be used will be disposed of in a sharps container. Each campus should maintain documentation that stock epinephrine has been checked on a monthly basis to ensure proper storage, expiration date, and medication stability. SB 38.208 C(2) Any expired medication will be disposed of in a sharps container.
Notification of Parents
By law the district is required to provide written notice of this policy to a parent or guardian of each student enrolled in the district. Notice must be given BEFORE the policy is implemented by the district and before the start of EACH school year. This notice will be included in the yearly packets given to each student at the beginning of the school year. SB66 38.212

Report on Administering Epinephrine
Any time an epinephrine auto-injector is used, a report must be made to:
1) The school district (Superintendent and Board);
2) The physician or other person who prescribed the epinephrine auto-injector;
3) The commissioner of education; and
4) The commissioner of state health services
The report will be filed by the nurse or personnel designated by the Superintendent. The report must be filed no later than the 10th business day after the date that the auto-injector was administered. Included in the report the following information will be included:
1) The age of the person who received the epinephrine;
2) Whether the person who received the administration of the epinephrine auto-injector was a student, school personnel member, school volunteer, or a visitor;
3) The physical location where the epinephrine auto-injector was given
4) the number of doses of epinephrine auto -injector was administered
5) The title of the person who administered the epinephrine auto-injector; and
6) any other information required by the commissioner of education.
SB66 38.209 A(1-4), B(1-6)

Gifts, Grants, and Donations
As per SB 66 Section 38.213, the district may accept gifts, grants, donations, and federal and local funds for implementation of this policy.

*Epinephrine Policies and Protocols Workgroup of the National Association of School Nurses 10/2014
www.NASN.org

Standing Order for Stock Epinephrine Administration for Queen City Independent School District

Anaphylaxis is a severe, systemic, allergic response resulting in cardiovascular collapse (shock) that may be triggered by an insect bite, exposure to latex, ingestion of food, medication, a drug, or an unknown source.

Symptoms of Anaphylaxis

If the following symptoms occur, observe carefully
* Tingling sensation or itching in the mouth
* Hives or generalized flushing, itching, or redness of the skin

If any of the following symptoms occur, administer Epinephrine immediately and then call 911.
* Swelling of the throat, lips, and/or tongue, and/or around the eyes
* Throat tightness, lump in throat or change in the voice (hoarse)
* Difficulty breathing and/or swallowing
* Shortness of breath and/or wheezing

Any of these six symptoms may occur within seconds. Typically, the more immediate the reactions, the more severe the reaction may become. Left untreated, symptoms may progress rapidly and can be fatal.

Any QCISD employee who has met the following criteria may administer epinephrine:
* Has received training in recognizing the signs and symptoms of anaphylaxis
* Has received training on proper use of an auto-injector
* Is aware of proper follow up procedures following administration of epinephrine auto-injector
* Has been authorized by campus administration
* Has successfully completed an annual return demonstration of administration of epinephrine auto-injector and has been deemed competent by the district nurse.

If a student has been deemed to be experiencing a life-threatening, allergic reaction, the authorized staff member is directed to:
* During school hours call the school nurse. If the nurse is not IMMEDIATELY available, administer an Epinephrine as directed and call 911.
* Select Epinephrine or Epinephrine Jr. to administer based on estimated weight of the student.
  a. Dosage
    i. 0.15mg Epinephrine (Epi-pen Junior) auto-injector IM, if victim is less than 66 pounds
    ii. 0.30mg Epinephrine (Epi-pen) auto-injector IM, if victim is 66 pounds or greater.
  b. If symptoms continue or get worse after first dose of Epinephrine, a second dose should be administered 5-15 minutes after first dose.

Each campus is to maintain at least two auto-injectors of the epi-pen 0.30mg dosage, and 0.15mg dosage of epinephrine in each school including the Dawson-Hillman Center. This order is good for one school year.

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Dr. Richard Hozdic, MD                                                                                                      Date