



CONNECTICUT STATE DEPARTMENT OF EDUCATION

**Annual Epinephrine Training Program for
Connecticut's Unlicensed
School Personnel**

Revised September 2018

Developed by the Connecticut State Departments of Education and Public Health
in consultation with the Connecticut School Nurse Advisory Council

Objectives

- Attendees will be able to
 - Increase their knowledge about allergies to food and other allergens
 - Describe the signs and symptoms of anaphylaxis
 - Describe the emergency response to anaphylaxis
 - Demonstrate the administration of emergency epinephrine auto-injectors



Introduction

- Emergency First Aid: For students who experience allergic reactions was developed in response to Public Act 14-176, AN ACT CONCERNING THE STORAGE AND ADMINISTRATION OF EPINEPHRINE AT PUBLIC SCHOOLS
- This Public Act required that not later than December 31, 2014, the Departments of Education and Public Health must jointly develop in consultation with the School Nurse Advisory Council, an annual training program for unlicensed personnel regarding emergency first aid to students who experience allergic reactions



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Trainer Notes:

Public Act No. 14-176 AN ACT CONCERNING THE STORAGE AND ADMINISTRATION OF EPINEPHRINE AT PUBLIC SCHOOLS.

Sec. 2. (NEW) (Effective July 1, 2014) Not later than December 31, 2014, the Departments of Education and Public Health shall jointly develop, in consultation with the School Nurse Advisory Council, established pursuant to section 10-212f of the general statutes, an annual training program regarding emergency first aid to students who experience allergic reactions. Such annual training program shall include instruction in (1) cardiopulmonary resuscitation, (2) first aid, (3) food allergies, (4) the signs and symptoms of anaphylaxis, (5) prevention and risk-reduction strategies regarding allergic reactions, (6) emergency management and administration of epinephrine, (7) follow-up and reporting procedures after a student has experienced an allergic reaction, (8) carrying out the provisions of subdivision (2) of subsection (d) of section 10-212a of the general statutes, as amended by this act, and (9) any other relevant issues and topics related to emergency first aid to students who experience allergic reactions. The Department of Education shall make such annual training program available to local and regional boards of education.

<http://www.cga.ct.gov/2014/act/pa/pdf/2014PA-00176-R00HB-05521-PA.pdf>

Cardiopulmonary Resuscitation (CPR)

- Any school personnel volunteering to be trained to administer epinephrine auto-injectors are required to receive annual instruction in CPR



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Trainer Notes:

- School districts may choose to provide their staff with certified CPR and first aid training.
- The requirement is for annual instruction in CPR.
- Training must be provided by a person who is certified to teach CPR.

First Aid

- Any school personnel volunteering to be trained to administer epinephrine auto-injectors are required to receive annual instruction in first aid
- This training may serve as an annual instruction in first aid for Connecticut's unlicensed school personnel



Overview of Allergies

- Allergies are an abnormal response by a person's immune system
- People who have allergies have an immune system that reacts to a usually harmless substance in the environment
- These substances (pollen, mold, certain foods, for example) are called allergens



What is Anaphylaxis versus allergy?

- A potentially life-threatening medical condition occurring in allergic individuals after exposure to an allergen
- The immune system responds to otherwise harmless substances in our diet or from the environment
- Unlike less severe other allergic reactions, anaphylaxis can result in death
- Reaction can begin within seconds, minutes, or even longer



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Trainer Notes:

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to an allergen. People with allergies have over-reactive immune systems that target otherwise harmless elements in our diet and environment. During an allergic reaction to food, the immune system identifies a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators trigger inflammatory reactions in the tissues of the skin, the respiratory system, the gastrointestinal tract, and the cardiovascular system. When the inflammatory symptoms are widespread and systemic, the reaction is termed “anaphylaxis,” a potentially life-threatening event.

CSDE <http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=334632>

What is a Food Allergy?

- Food allergy is an exaggerated response by the immune system to a food that the body mistakenly identifies as being harmful
- Once the immune system decides that a particular food is harmful, it produces specific antibodies to that particular food
- The next time the individual eats that food, the immune system releases moderate to massive amounts of chemicals, including histamine, to protect the body
- These chemicals trigger a cascade of allergic symptoms that can affect the respiratory system, gastrointestinal tract, skin and cardiovascular system



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Trainer Notes:

1. Explain that although this slide talks about “food” allergies, the information is pertinent to other allergies (for example, bee sting allergy or medication allergy).
2. What is a Food Allergy? - A food allergy occurs when the body has a specific and reproducible immune response to certain foods.³ The body’s immune response can be severe and life threatening, such as anaphylaxis. Although the immune system normally protects people from germs, in people with food allergies, the immune system mistakenly responds to food as if it were harmful.

[CDC: Food Allergies in Schools](http://www.cdc.gov/healthyyouth/foodallergies/)

<http://www.cdc.gov/healthyyouth/foodallergies/>

Food Allergies, cont'd

- In some people, symptoms appear in only one body system, while in others symptoms appear in several systems
- Symptoms can range from mild to severe and may be life-threatening depending on the individual and type of exposure
- An individual can have a life-threatening allergic reaction to any food, including fruits, vegetables, and meats
- Over 90% of allergic reactions are caused by the following foods
 - peanuts, tree nuts (walnuts, cashews, pecans, hazelnuts, almonds, etc.), milk, eggs, fish, shellfish, soy, and wheat



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Trainer Notes:

Eight foods or food groups account for 90% of serious allergic reactions in the United States: milk, eggs, fish, crustacean shellfish, wheat, soy, peanuts, and tree nuts.

Reference: CDC: Food Allergies in Schools

<http://www.cdc.gov/healthyyouth/foodallergies/>

Symptoms

- An allergic reaction to food or other allergens can affect the following systems
 - skin
 - gastrointestinal tract
 - respiratory tract
 - cardiovascular (most serious cases)
- Reactions can range from mild to severe, including potentially life-threatening
- Symptoms can appear within minutes to several hours after eating the food to which a person is allergic



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Trainer Notes:

Explain:

- Skin - The external tissue that covers the body. As the body's largest organ (it makes up about one twenty-fifth of an adult's weight).
- GI – refers to the mouth, stomach and intestines.
- Respiratory tract - lungs
- Cardiovascular – heart and blood.

Mild Symptoms of Allergies

- Hives (reddish, swollen, itchy areas on the skin)
- Eczema (a persistent dry, itchy rash)
- Redness of the skin or around the eyes
- Itchy mouth, eyes or ear canal
- Nausea or vomiting
- Diarrhea
- Stomach pain
- Nasal congestion or a runny nose
- Sneezing
- Slight, dry cough
- Odd taste in mouth
- Uterine contractions
- Other



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Trainer Notes:

1. Mild allergy may include one or more of the symptoms listed on the slide.
<http://www.foodallergy.org/symptoms>
2. Multiple mild symptoms of allergy may be a cause for epinephrine administration.
3. These symptoms could progress into a more severe reaction and therefore the student should be monitored and a medical professional should be contacted immediately.
4. When the school nurse is absent or unavailable, do not hesitate in seeking appropriate medical follow up (per school district policy and procedures) when students complain of health concerns.
5. When in doubt, refer the student to a medical professional.

Severe Allergic Symptoms

- Swelling of the lips, tongue, and/or throat
- Trouble swallowing
- Shortness of breath or wheezing
- Turning blue
- Feeling faint, confused, weak, passing out
- Loss of consciousness
- Chest pain or tightness



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Trainer Notes:

1. Severe allergy may include one or more of the following symptoms on the slide.
2. Severe symptoms, alone or in combination with milder symptoms, may be signs of anaphylaxis and require immediate treatment. Give the EpiPen!

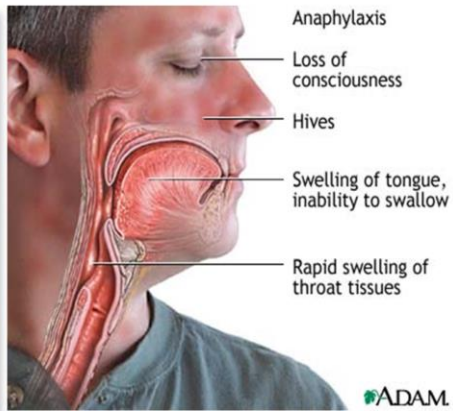
<http://www.foodallergy.org/symptoms>

Other

- Sense of Impending Doom
- Anxiety



Anaphylaxis



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Trainer Notes:

Not all cases of anaphylaxis will appear like this.

Point out demonstrated conditions.

Anaphylaxis

Common causes include:

- food (e.g., milk, eggs, peanuts, tree nuts, sesame seeds, wheat, soy, fish, shellfish)
- food additives (e.g., sulfites in dried fruit, wine, pickles)
- insect venom (e.g., bee, wasp, or ant stings)
- medication or vaccines
- latex
- other



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Responding to the student with Anaphylaxis

- Anaphylaxis usually is an immediate reaction, occurring within minutes of exposure, although onset may occur one to two hours after ingestion of or exposure to an allergen
- The initial symptoms may be followed by a second wave of symptoms two to four hours later and possibly longer
- Children experiencing anaphylaxis should be observed in a hospital emergency department for a minimum of four to six hours or longer after initial symptoms subside, to monitor for signs or symptoms of a secondary reaction



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Trainer Notes:

Anaphylaxis characteristically is an immediate reaction, occurring within minutes of exposure, although onset may occur one to two hours after ingestion.

A second dose of epinephrine may be required!

Children experiencing anaphylaxis should be observed in a hospital emergency department for a minimum of four to six hours or longer after initial symptoms subside, to monitor for signs or symptoms of a biphasic reaction. In the event a biphasic reaction occurs, intensive medical care can immediately be provided.

CSDE – Allergy Guidelines

<http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=334642>

Fatal Anaphylaxis

- Fatal and near-fatal anaphylactic reactions are sometimes associated with not using epinephrine auto-injector or delaying the use of epinephrine treatment.
- When in doubt, it is better to give the epinephrine auto-injector and then immediately call the Emergency Medical System for an ambulance (911)
- Fatalities are more likely to occur when epinephrine administration is withheld



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Trainer Notes:

Studies (Sampson, 1992 and Bock, 2001) show that fatal and near-fatal anaphylactic reactions are sometimes associated with not using epinephrine auto-injector or delaying the use of epinephrine treatment. When in doubt, it is better to give the epinephrine auto-injector and call the Emergency Medical System for an ambulance. Fatalities are more likely to occur when epinephrine administration is withheld.

CSDE - Allergy Guidelines

<http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=334642>

Summary of Anaphylaxis

- The severity and rapid onset of anaphylaxis emphasizes the need for an effective emergency plan that includes
 - early recognition of the symptoms of anaphylaxis
 - immediate administration of an epinephrine auto-injector
 - call 911
 - facilitate prompt transfer of the student by the emergency medical system to the closest hospital



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Trainer Notes:

Summary of Anaphylaxis

Food allergies are more prevalent in younger children. Every food allergy reaction has the potential of developing into a life-threatening event. Several factors may increase the risk of a severe or fatal anaphylactic reaction: asthma or a history of asthma; a previous history of anaphylaxis; peanut, tree nut, and/or shellfish allergies; presentation with gastrointestinal or respiratory symptoms, and delay in the administration of or failure to administer epinephrine auto-injector.

The severity and rapid onset of food-induced or other induced anaphylaxis emphasizes the need for an effective emergency plan that includes early recognition of the symptoms of anaphylaxis, immediate administration of epinephrine auto-injector and prompt transfer of the student by the emergency medical system to the closest hospital.

CSDE Allergy Guidelines:

<http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=334642>

What to communicate to EMS?

- Suspected allergen
- Signs and symptoms observed
- When epinephrine auto-injector was given to the student
- Student has no known history of anaphylaxis
- Student's response to epinephrine administration



Signs and Symptoms of Anaphylaxis: Skin

Classic Symptoms

- Swelling of any body part
- Multiple hives or severe rash on any part of body
- Obstructive swelling (mouth or tongue)

Other Symptoms

- Itching of any body part
- Itchy lips
- Other



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Trainer Notes:

These symptoms are usually severe and in combination with other body systems such as respiratory symptoms.

Signs and Symptoms of Anaphylaxis: Respiratory (lung)

- Persistent cough
- Wheezing, difficulty breathing, shortness of breath
- Throat tightness or closing
- Itching in the throat
- Difficulty swallowing
- Difficulty breathing, shortness of breath
- Change in voice (hoarseness)



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Trainer Notes:

- In addition to these symptoms, some people also experience a runny nose.
- Each person reacts differently, therefore do not hesitate to consult with a medical professional.

Signs and Symptoms of Anaphylaxis: Gastrointestinal (mouth, stomach, intestines)

- Itchy tongue, mouth and/or throat
- Vomiting
- Stomach cramps
- Abdominal pain
- Nausea
- Diarrhea
- Other



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Trainer Notes:

1. Each person responds differently.
2. Do not hesitate to consult with a medical professional and monitor the student when the school nurse is absent or unavailable.

Signs and Symptoms of Anaphylaxis: Cardiovascular (heart and blood)

- Heartbeat irregularities
- Flushed or pale skin
- Coughing, cyanotic (bluish) lips and mouth area
- Fainting or loss of consciousness
- Dizziness, change in mental status
- Shock
- Other



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Trainer Notes:

Shock may result from trauma, heatstroke, blood loss, an allergic reaction, severe infection, poisoning, severe burns or other causes. When a person is in shock, his or her organs aren't getting enough blood or oxygen. If untreated, this can lead to permanent organ damage or death.

Various signs and symptoms appear in a person experiencing shock:

The skin is cool and clammy. It may appear pale or gray.

The pulse is weak and rapid. Breathing may be slow and shallow, or hyperventilation (rapid or deep breathing) may occur. Blood pressure is below normal.

The person may be nauseated. He or she may vomit.

The eyes lack luster and may seem to stare. Sometimes the pupils are dilated.

The person may be conscious or unconscious. If conscious, the person may feel faint or be very weak or confused. Shock sometimes causes a person to become overly excited and anxious.

If you suspect shock, even if the person seems normal after an injury:

Call 911 or your local emergency number.

Have the person lie down on his or her back with feet about a foot higher than the head. If raising the legs will cause pain or further injury, keep him or her flat. Keep the person still.

Check for signs of circulation (breathing, coughing or movement) and if absent, begin CPR.

Keep the person warm and comfortable by loosening any belts or tight clothing and covering the person with a blanket. Even if the person complains of thirst, give nothing by mouth.

Turn the person on his or her side to prevent choking if the person vomits or bleeds from the mouth.

Seek treatment for injuries, such as bleeding or broken bones.

ner: Describe Shock -

Signs and Symptoms of Anaphylaxis: Other

- Sense of impending doom
- Anxiety
- Itchy, red, watery eyes



Prevention and Risk-reduction Strategies



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Prevention and risk-reduction strategies

- No cure for food or other allergies
- Strict avoidance of the food or other allergens is the only way to prevent a reaction
- However, since it is not always easy or possible to avoid certain foods, staff in schools should develop plans to deal with allergic reactions, including anaphylaxis
- Early and quick recognition and treatment of allergic reactions that may lead to anaphylaxis can prevent serious health problems or death



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Trainer Notes:

There is no cure for food allergies. Strict avoidance of the food allergen is the only way to prevent a reaction. However, since it is not always easy or possible to avoid certain foods, staff in schools and childcare programs should develop plans to deal with allergic reactions, including anaphylaxis. Early and quick recognition and treatment of allergic reactions that may lead to anaphylaxis can prevent serious health problems or death” (CDC, 2013, Treatment and Prevention of Food Allergies in Children, <http://www.cdc.gov/healthyyouth/foodallergies/>).

Prevention Measures

- Each school district should consider districtwide preventative measures regarding allergic reactions
- Suggested measures include
 - establishing effective sanitation and cleaning measures
 - promoting good hand-washing practices following eating to prevent cross-contact



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Trainer Notes:

Each school district should consider district-wide preventive measures. If these issues are not addressed district-wide, consideration of these measures may be incorporated into IHCP (Individualized Health care Plan) and action plans, when appropriate. These measures include:

- establishing effective sanitation and cleaning measures, such as cleaning of lunch table and classroom surfaces with disposable paper towels and cleaning products known to effectively remove food proteins;
- promoting hand-washing practices following eating to prevent cross-contact using recommended procedures of soap and water or hand wipes when soap and water are not available. Hand sanitizers are not effective for removing food allergens or dirt;

Prevention Measures, continued

- enforcing safe practices among students, such as prohibiting meal/snack swapping or sharing, utensil sharing among students and prohibiting eating on school transportation
- options for allergen-free zones such as the classroom, lunch tables or cafeteria zone to decrease exposure to allergens
- options for food-free common areas (such as libraries, music, and art rooms)



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Trainer Notes:

Each school district should consider district-wide preventive measures. If these issues are not addressed district-wide, consideration of these measures may be incorporated into IHCP and action plans, when appropriate. These measures include:

- enforcing safe practices among students, such as prohibiting meal/snack swapping, utensil swapping among students and prohibiting eating on school transportation;
- options for allergen-free zones such as the classroom, lunch tables or cafeteria zone to decrease exposure to allergen;
- options for food-free common areas (such as libraries, music and art rooms);

Prevention Measures, continued

- developing common practices for alerting and assigning substitute staff for school nurses and teachers
- providing supervision in the cafeteria and on school grounds by school staff trained in recognizing adverse symptoms of food allergies
- planning for school celebrations (such as birthdays, school parties, and holiday events) which may include alternatives to food for celebrations and provisions for allergy-free foods for celebrations



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Trainer Notes:

- developing common practices for alerting and assigning substitute staff for school nurses and teachers;
- providing supervision in the cafeteria and on school grounds by school staff trained in recognizing adverse symptoms of food allergies and GSD (such as anaphylaxis and hypoglycemia) and action plans;
- planning for school celebrations (such as, birthdays, school parties and holiday events) which may include alternatives to food for celebrations and provisions for allergy-free foods for celebrations;

Prevention Measures, continued

- planning for school emergencies (such as fire drills and lockdowns)
- adhering to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use



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Trainer Notes:

- planning for school emergencies (such as, fire drills and lockdowns) which should include considerations for access to medications, access to food or dietary supplements for students with GSD or allergy-free foods for students with food allergies; and
- adhering to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use and tubes for tube-feedings after use.

Reducing the Risk of Exposure to Food Allergens

- Recommendations from the CDC include strategies for the
 - classroom
 - cafeteria
 - transportation
- school or ECE program events (field trips, activities before or after school)
- physical education and recess



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Trainer Notes:

1. Make copies to hand out at the training session. The Handout is available at <http://www.foodallergy.org/document.doc?id=285>
2. CDC – Centers for Disease Control and Prevention

Emergency Management and Administration of Epinephrine: Demonstration



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What is an Epinephrine Auto-Injector?

- A disposable drug delivery system that contains the proper dose of epinephrine and is used to treat anaphylaxis
- It is supplied as a spring-loaded syringe that can be easily transported
- The disposable system is designed to treat a single anaphylactic episode and must be properly discarded (in compliance with applicable state and federal laws) after its use



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Trainer Notes:

Emergency administration of epinephrine auto-injectors (California Department of Education)

“An epinephrine auto-injector is a disposable drug delivery system that contains the proper dose of epinephrine and is used to treat anaphylaxis. It is supplied as a spring-loaded syringe that can be easily transported. The disposable system is designed to treat a single anaphylactic episode and must be properly discarded (in compliance with applicable state and federal laws) after its use. It is generally recommended that two epinephrine auto-injectors be kept on-hand as back-up. The following information on the emergency use of an epinephrine auto-injector is based on the manufacturer's instructions and represents the consensus of the consulting agencies and organizations as listed in EC Section 49414(e)(1).”

Anaphylaxis/EpiPen: How to Respond

- Administer epinephrine via an epinephrine auto-injector
- Call 911 and request a paramedic
- Remain with the student until emergency responders arrive
- Stay calm
- Notify parents/guardians



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Trainer Notes:

Call 911 and tell operator that epinephrine has been administered to the student.

Steps in the Emergency Use of an Epinephrine Auto-Injector

Demonstration technique!



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Trainer Notes:

1. Trainer – may use video materials for demonstration of the “Emergency Use of an Epinephrine Auto-Injector.” Online resources include:

a. Food Allergy Research & Education (FARE) – Training Video for Generic Epinephrine Auto-Injector:

<http://www.foodallergy.org/treating-an-allergic-reaction/epinephrine> or

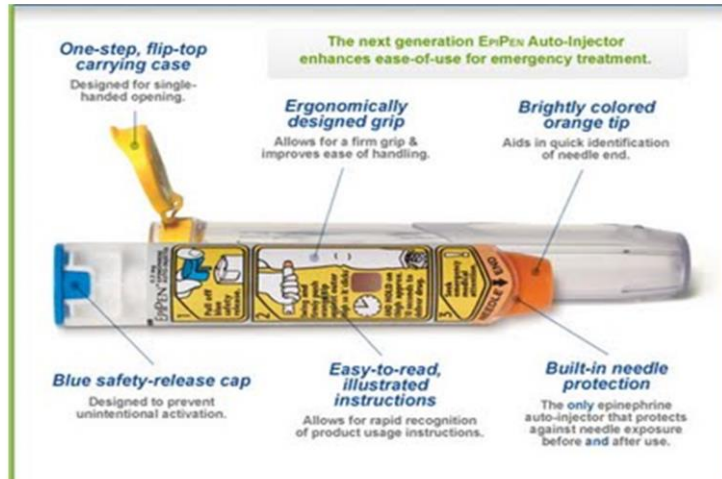
http://www.epinephrineautoinject.com/how_to_use_epinephrine_injection_USP_auto_injector.php

b. Training Video for EpiPen:

<http://www.epipen.ca/en/about-epipen/how-to-use-epipen>

2. Contact the supplier for instructional materials

EpiPen



EpiPen

DIRECTIONS FOR USE

REMOVE AUTO-INJECTOR FROM CARRIER TUBE BEFORE USE.
NEVER PUT THUMB, FINGERS OR HAND OVER ORANGE TIP.
NEVER PRESS OR PUSH ORANGE TIP WITH THUMB, FINGERS OR HAND.
THE NEEDLE COMES OUT OF ORANGE TIP.
DO NOT REMOVE BLUE SAFETY RELEASE UNTIL READY TO USE.
DO NOT USE IF SOLUTION IS DISCOLORED.
DO NOT PLACE PATIENT INSERT OR ANY OTHER FOREIGN OBJECTS IN CARRIER WITH AUTO-INJECTOR, AS THIS MAY PREVENT YOU FROM REMOVING THE AUTO-INJECTOR FOR USE.



TO REMOVE AUTO-INJECTOR FROM THE CARRIER TUBE:



1. Flip open the yellow cap of the EpiPen[®] or the green cap of the EpiPen[®] Jr Auto-Injector carrier tube.



2. Remove the EpiPen[®] or EpiPen[®] Jr Auto-Injector by tipping and sliding it out of the carrier tube.



TO USE AUTO-INJECTOR:

1. Grasp unit with the orange tip pointing downward.
2. Form fist around the unit (orange tip down).



3. With your other hand, pull off the blue safety release.



4. Hold orange tip near outer thigh.

DO NOT INJECT INTO BUTTOCK.



5. Swing and firmly push against outer thigh until it clicks so that unit is perpendicular (at 90° angle) to the thigh.

(Auto-injector is designed to work through clothing.)

6. Hold firmly against thigh for approximately 10 seconds to deliver drug. (The injection is now complete. The window on auto-injector will be obscured.)



7. Remove unit from thigh (the orange needle cover will extend to cover needle) and massage injection area for 10 seconds.

8. Call 911 and seek immediate medical attention.
9. Take the used auto-injector with you to the hospital emergency room.

Note: Most of the liquid (about 85%) stays in the auto-injector and cannot be reused. However, you have received the correct dose of the medication if the orange needle tip is extended and the window is obscured. Trainer label has blue background color. Blue background labeled trainer contains no needle and no drug.

Follow-up and reporting procedures

- Emergency medical care must be obtained immediately after the administration of epinephrine
- Provide the EMR team with the used epinephrine injector
- Follow-up diagnosis and care by medical professionals is important for recovery
 - A delayed or secondary reaction may occur



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Trainer Notes:

1. "...After epinephrine has been administered, emergency medical care should be obtained immediately because severely allergic individuals who have experienced anaphylaxis may need emergency respiratory or cardiac care, or even to be resuscitated if they stop breathing altogether. At the very least, these individuals will need professional care to determine whether additional epinephrine, steroids, antihistamines, or other treatment is required. Follow-up diagnosis and care by medical professionals after the administration of epinephrine is important for recovery.
2. EMR – Emergency Medical Response

Follow-up and reporting procedures, continued

- Medical supervision is needed for at least four hours after an episode of anaphylaxis
- Emergency administration of epinephrine with a cartridge injector must be reported immediately to the school nurse, administrator, school medical advisor, and the student's parent or guardian



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Trainer Notes:

A delayed or secondary reaction may occur. Therefore the individual needs to remain under medical supervision for at least four hours after an episode of anaphylaxis.
(California)

Follow-up and reporting procedures, continued

- Follow your school district's policy and procedures for documentation and reporting
- Documentation shall be
 - completed and maintained for individual students on forms provided by the school district
 - submitted to the school nurse at the earliest possible time but not later than the next school day
 - completed for every student who receives emergency epinephrine first aid treatment for life-threatening allergies



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Trainer Notes:

Documentation and reporting.

(1) Documentation shall be completed and maintained on forms provided by the local or

regional board of education.

(2) Emergency administration of epinephrine with a cartridge injector shall be reported immediately to the school nurse and the student's parent or guardian.

(3) A separate administration of medication record for each student shall be maintained and shall be submitted to the school nurse at the earliest possible time but not later than the next school day and filed in or summarized on the student's cumulative health record according to local or regional board of education policy.

(4) Medication errors shall be reported immediately to the school nurse, the school nurse supervisor, the medical advisor, and the student's parent or guardian.

Documentation of the medication error shall be submitted to the school nurse at the earliest possible time but not later than the next school day and filed in or summarized on the student's cumulative health record according to local or regional board of education policy.

Monitoring Effectiveness of School District Plan and Procedures

- Ensure periodic assessments of the effectiveness of the school district plan and procedure
- Assessments should occur
 - at least annually with the school district team
 - after each emergency event involving the administration of medication to determine the effectiveness of the process, why the incident occurred, what worked and did not work in the district plan and procedures
- Assessments should include medically accurate, research-based practices in the annual review of the plan and procedures



Handling, Storage and Disposal

- Handling, storage, and disposal of epinephrine maintained for the purposes of emergency first aid shall be in accordance with your school district's policy and procedures



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Trainer Notes:

Review your district's policy and procedures for handling, storage and disposal.

Confidentiality

- When determining whether personally identifiable information from student health records maintained by the educational agency or institution may be disclosed, school officials at institutions subject to FERPA should refer to FERPA and its requirements
- Family Educational Rights to Privacy Act (**FERPA**)



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Trainer Notes:

The Family Educational Rights to Privacy Act (FERPA) is a federal law that protects the privacy of students' "education records" (20 U.S.C. § 1232g; 34 CFR Part 99). FERPA applies to educational agencies and institutions that receive funds under any program administered by the U.S. Department of Education (USDOE). This includes virtually all public schools and school districts and most private and public postsecondary institutions, including medical and other professional schools. If an educational agency or institution receives funds under one or more of these programs, FERPA applies to the recipient as a whole, including each of its components, such as a department within a university (34 CFR § 99.1(d)) (FERPA, 2008).

Applicable Laws

- Public Act No. 14-176, *An Act Concerning the Storage and Administration of Epinephrine at Public Schools*
<http://www.cga.ct.gov/2014/act/pa/pdf/2014PA-00176-R00HB-05521-PA.pdf>
- Public Act No. 18-185 *An Act Concerning The Recommendations Of The Task Force On Life-threatening Food Allergies In Schools*
<https://www.cga.ct.gov/2018/act/pa/pdf/2018PA-00185-R00HB-05452-PA.pdf>



Applicable Laws, cont'd

- *State of Connecticut Regulations - Administration of Medications by School Personnel and Administration of Medication During Before- and After-School Programs and School Readiness Programs*

[http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/Medication Administration Regs.pdf](http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/Medication%20Administration%20Regs.pdf)



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Activity: Food for Thought

- Where did the emergency take place?
 - Cafeteria
 - Gym
 - Playground
- What happened?
 - Bee sting
- When did it happen?
- When was the last time the student ate?
- Did the student try a new food?
- How severe are the symptoms?



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Trainer Notes:

Activity - Have the attendees think about how they may respond to a scenario in their school when they suspect that a student may be having a anaphylaxis reaction.

Reminder - this law applies during school hours and on school grounds.

Be Prepared!

- What is your school district's policy regarding emergency epinephrine by unlicensed school personnel to students?
- Do you have a medical emergency plan/policy?
- Where are the emergency epinephrine auto-injectors stored?
- Who is in charge or responds when the school nurse is absent or unavailable?



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Trainer Notes:

Homework for attendees:

- Each person who volunteers to administer emergency epinephrine must be knowledgeable about the answers to these questions.

Questions?



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References

- Administration of Epinephrine Auto-injectors (California Department of Education)
<http://www.cde.ca.gov/ls/he/hn/epiadmin.asp>
- Reducing the Risk of Exposure to Food Allergens: Recommendations from the Centers for Disease Control and Prevention (CDC)
<https://www.foodallergy.org/sites/default/files/migrated-files/file/cdc-reducing-risk.pdf>
- Managing Food Allergies at School
<http://www.foodallergy.org/managing-food-allergies/at-school>



References, continued

- Keeping Children with Food Allergies Safe at School (CDC)
<https://www.foodallergy.org/sites/default/files/2017-09/cdc-keeping-children-safe.pdf>
- CSDE's Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools (Includes Guidelines for Managing Glycogen Storage Disease)
<http://portal.ct.gov/SDE/Publications/Managing-Life-Threatening-Food-Allergies-in-Connecticut-Schools>
- Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs (CDC)
https://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_a_food_allergy_web_508.pdf



References, continued

- What is a Food Allergy? (CDC's Food Allergies in School website) <http://www.cdc.gov/healthyyouth/foodallergies/>
- *Get Trained: Trainer Preparation* (National Association of School Nurses (NASN))
<https://www.nasn.org/nasn/programs/skills-training/gettrained>
- NASN. Anaphylaxis Planning Algorithm
<https://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis/AnaphylaxisPlanningAlgorithm>

