

STATEMENT OF PURPOSE:

All schools should have trained personnel able to respond to a student/staff member having a severe allergic reaction. Written allergy emergency health care protocols should be readily available.

[Act 68 of 2013](#), an Act Relating to Health and Schools, requires the State Board, in consultation with the Department of Health, to “adopt policies for managing students with life-threatening allergies and other individuals with life-threatening allergies who may be present at a school.” The complete language can be found starting on Page 10 of Act 68 here: <http://www.leg.state.vt.us/DOCS/2014/ACTS/ACT068.PDF>.

AUTHORIZATION/LEGAL REFERENCE:

12 V.S.A. Chapter 23 § 519 - Emergency Medical Care
<http://legislature.vermont.gov/statutes/section/12/023/00519>

16 V.S.A. § 1388 (2016) Stock supply and emergency administration of epinephrine auto-injectors
<http://legislature.vermont.gov/statutes/section/16/031/01388>

26 V.S.A. Chapter 28 – Nurse Practice Act
<http://legislature.vermont.gov/statutes/chapter/26/028>

State Board Policies on Epinephrine Auto-Injectors as Required in Act 68 of 2013
<http://education.vermont.gov/sites/aoe/files/documents/edu-state-board-agenda-item-121713-h3-epinephrine-auto-injectors.pdf>

Vermont Agency of Education – VT Standards Board for Professional Educators 5440-65/65A School Nurse/ Associate School Nurse (April 12, 2017) <http://education.vermont.gov/documents/educator-quality-licensing-rules#page34> pg. 132- 137

REQUIRED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

- Nurses should read the package insert of each medication to ensure that your procedure and protocol align with those for each specific medication.
- Gather and verify allergy information with parents and physician.
- Develop Individual Health Plan/Protocol for children with known allergies.
- Obtain needed medication from the parent.
- Train staff and document staff training for response to allergic emergency situations
- Use policy documents approved by the Vermont State Board of Education
- FROM NASN RE: Instruction protocol for **EPI-PEN ONLY* have changed: see package insert**
 - A student’s Allergy Emergency Care Plan may be different from protocols offered by NASN or the [Food Allergy Research and Education, Inc.](#) **BUT:**
 1. Must be evidence-based
 2. Must be renewed ANNUALLY
 3. Must be completed and signed annually by the school or Local Education Agency (LEA) medical provider (Webinar: NASN (Dec. 2016)

Please use 2017 updated sections listed below and linked separately on the Manual website.

Policies by Section in Vermont [Standards of Practice: School Health Services](#) Manual

SUGGESTED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

- Educate school community about allergic reactions and treatment.
- Collaborate with administration to develop preventative measures (i.e., peanut-safe areas, screens on windows, etc.).
- For unknown allergies develop a protocol to be used only by the nurse with the school physician's authorization and have both the physician's and nurse's signatures on the document. Obtain a written medical order for the EpiPen and/or EpiPen Jr. annually and stock an up-to-date syringe of the medication.
- *Nut Restricted Accommodations* may be appropriate for some younger age classrooms depending on the needs of the student as assessed by the medical provider and by the school nurse.

RESOURCES:

Personal communication from Dr. Elizabeth Jaffe, August 26, 2016 to Sharonlee Trefry, State School Nurse Consultant at sharonlee.trefry@vermont.gov

“Most of the medication is delivered in the first 3 seconds. We still recommend 10, but tell people not to worry if they were only able to hold it in place for 3. Hope that helps.”

Annotated Bibliography:

AAAAI American Academy of Allergy Asthma & Immunology (2016)

Epinephrine autoinjectors save lives but can cause lacerations and other injuries

[https://www.aaaai.org/global/latest-research-summaries/New-Research-from-JACI-In-Practice/epinephrine-autoinjectors-\(1\)](https://www.aaaai.org/global/latest-research-summaries/New-Research-from-JACI-In-Practice/epinephrine-autoinjectors-(1))

Brown, et al., (2015) Lacerations and Embedded Needles Caused by Epinephrine Autoinjector Use in Children.

[http://www.annemergmed.com/article/S0196-0644\(15\)00588-0/abstract](http://www.annemergmed.com/article/S0196-0644(15)00588-0/abstract). DOI

10.1016/j.annemergmed.2015.07.011

Recommendations (adapted from Brown, et al. [2016]):

1. The child's leg should be immobilized. Whenever possible, a child should be well restrained during injection to minimize any leg movement during medication administration and to prevent injuries.
2. Hold the auto-injector against the thigh and push until the device click is heard. The swing approach is not necessary.
3. The needle should remain inserted in the thigh for as short a time as possible.
4. The needle should be strong enough that it does not bend during use.
5. The needle should never be reinserted.

FARE Blog, (June 15, 2016) Updates to Instructions for Use of Epinephrine Auto-Injectors

<https://blog.foodallergy.org/2016/06/15/updates-to-instructions-for-use-of-epinephrine-auto-injectors/>

Given the life-threatening nature of severe allergic reactions, it is critical that patients and caregivers be trained in the proper use of auto-injectors. The U.S. Food and Drug Administration (FDA) has made updates to the [patient instructions](#) for epinephrine auto-injectors. Please note that **there are no changes being made to the devices themselves.**

The updates are as follows, as provided by Mylan, makers of EpiPen® and EpiPen Jr® Auto-Injectors:

*FDA Updates Patient Instructions for Usage

https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/019430s061lbl.pdf

Trainings to administer epinephrine auto-injectors

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

FARE (Food Allergy Research & Education) Free poster: download at <https://www.foodallergy.org/file/common-symptoms-poster.pdf>. Or you can purchase larger posters (11 x 17, color) at <http://store.foodallergy.org/ProductDetails.asp?ProductCode=PCSA>. c/o Marie Malloy, National Director, Community Engagement Programs, Food Allergy Research & Education (FARE). Tel: 703-563-3068 | Fax: 703-691-2713, mmalloy@foodallergy.org, www.foodallergy.org

National Association of School Nurses

Food Allergy and Anaphylaxis Toolkit (August 2016)

<http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis>

**Sicherer SH, Simons FER, AAP SECTION ON ALLERGY, AND IMMUNOLOGY. Epinephrine for First-aid Management of Anaphylaxis. Pediatrics. 2017;139(3):e20164006

<http://pediatrics.aappublications.org/content/pediatrics/139/3/e20164006.full.pdf>

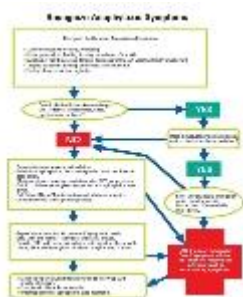
This clinical report from the American Academy of Pediatrics is an update of the 2007 clinical report on this topic. It provides information to help clinicians identify patients at risk of anaphylaxis and new information about epinephrine and epinephrine autoinjectors (EAs).

Wang J, Sicherer SH, AAP SECTION ON ALLERGY AND IMMUNOLOGY. Guidance on Completing a Written Allergy and Anaphylaxis Emergency Plan. Pediatrics. 2017;139(3): e20164005

<http://pediatrics.aappublications.org/content/139/3/e20164005.long>

SAMPLE POLICIES, PROCEDURES, AND FORMS:

Recommended Vermont documents and forms



1. [Sample Allergy Checklists for Allergy Management during Vermont School Activities 2017](#)
2. [Protocol for the Use of Stock Epinephrine Auto-Injectors during Vermont School Activities 2017](#)
3. [Emergency Healthcare Plan for Individuals with Known Life-threatening Allergies 2017](#)
4. [Prevention, Protocols, Implementation, Training Resources 2017](#)
5. [Standing Order Form and Instructions 2017](#)
6. [Storage, Handling and Disposal 2013](#)

Please note * FDA Updated Clinical Guidelines, above. You may have to copy the link and paste it into your browser for the page to open.