

**SAN FRANCISCO UNIFIED SCHOOL DISTRICT
GUIDELINES FOR MANAGEMENT OF LIFE-THREATENING ALLERGIES BY LICENSED
AND NON-LICENSED SCHOOL STAFF**

RATIONALE

It is estimated that severe allergies affect nearly 40 million Americans in all age groups and put those individuals at risk of death from anaphylaxis. Anaphylaxis is a potentially life-threatening severe allergic reaction to a substance. Epinephrine is a drug that can be successfully utilized to counteract anaphylaxis.

CALIFORNIA EDUCATION CODE SECTION 49414

(a) A school district or county office of education may provide emergency epinephrine auto-injectors to trained personnel, and trained personnel may utilize those epinephrine auto-injectors to provide emergency medical aid to persons suffering from an anaphylactic reaction. Any school district or county office of education choosing to exercise the authority provided under this subdivision shall not receive state funds specifically for the purposes of this subdivision.

(b) For purposes of this section, the following terms have the following meaning:

(1) "Anaphylaxis" means a potentially life-threatening hypersensitivity to a substance.

(A) Symptoms of anaphylaxis may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma.

(B) Causes of anaphylaxis may include, but are not limited to, an insect sting, food allergy, drug reaction, and exercise.

(2) "Epinephrine auto-injector" means a disposable drug delivery system with a spring-activated concealed needle that is designed for emergency administration of epinephrine to provide rapid, convenient first aid for persons suffering a potentially fatal reaction to anaphylaxis.

(c) Each public and private elementary and secondary school in the state may voluntarily determine whether or not to make emergency epinephrine auto-injectors and trained personnel available at its school. In making this determination, a school shall evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative to epinephrine auto-injectors and trained personnel. Any school choosing to exercise the authority provided under this subdivision shall not receive state funds specifically for the purposes of this subdivision.

(d) Each public and private elementary and secondary school in the state may designate one or more school personnel on a voluntary basis to receive initial and annual refresher training,

based on the standards developed pursuant to subdivision(e), regarding the storage and emergency use of an epinephrine auto-injector from the school nurse or other qualified person designated by the school district physician, the medical director of the local health department, or the local emergency medical services director. Any school choosing to exercise the authority provided under this subdivision shall not receive state funds specifically for the purposes of this subdivision.

(e)(1) The Superintendent of Public Instruction shall establish minimum standards of training for the administration of epinephrine auto-injectors that satisfy the requirements in paragraph.

(2) For purposes of this subdivision, the Superintendent of Public Instruction shall consult with organizations and providers with expertise in administering epinephrine auto-injectors and administering medication in a school environment, including, but not limited to, the State Department of Health Services, the Emergency Medical Services Authority, the American Academy of Allergy, Asthma, and Immunology, the California School Nurses Organization, the California Medical Association, the American Academy of Pediatrics, and others.

(2) Training established pursuant to this subdivision shall include all of the following:

(A) Techniques for recognizing symptoms of anaphylaxis.

(B) Standards and procedures for the storage and emergency use of epinephrine auto-injectors.

(C) Emergency follow-up procedures, including calling the emergency 911 phone number and contacting, if possible, the pupil's parent and physician.

(D) Instruction and certification in cardiopulmonary resuscitation.

(E) Written materials covering the information required under this subdivision.

(3) A school shall retain for reference the written materials prepared under subparagraph (E) of paragraph (2).

(f) A school nurse, or if the school does not have a school nurse, a person who has received training pursuant to subdivision (d), may do the following:

(1) Obtain from the school district physician, the medical director of the local health department, or the local emergency medical services director a prescription for epinephrine auto-injectors.

(2) Immediately administer an epinephrine auto-injector to a person exhibiting potentially life-threatening symptoms of anaphylaxis at school or a school activity when a physician is not immediately available.

(g) A person who has received training as set forth in subdivision (d) or a school nurse shall initiate emergency medical services or other appropriate medical follow up in accordance with the training materials retained pursuant to paragraph (3) of subdivision (e).

(h) Any school district or county office of education electing to utilize epinephrine auto-injectors for emergency medical aid shall create a plan to address all of the following issues:

(1) Designation of the individual or individuals who will provide the training pursuant to subdivision (d).

(2) Designation of the school district physician, the medical director of the local health department, or the local emergency medical services director that the school district or county office of education will consult for the prescription for epinephrine auto-injectors pursuant to paragraph (1) of subdivision (f).

(3) Documentation as to which individual, the school nurse or other trained person pursuant to subdivision (f), in the school district or county office of education will obtain the prescription from the physician and the medication from a pharmacist.

(4) Documentation as to where the medication is stored and how the medication will be made readily available in case of an emergency.

TRAINING

Every elementary and middle school will designate one staff member on a voluntary basis (preferably one of the administrative assistants) to attend a one day training that includes among other health-related subjects:

Training for the Use of Emergency Epinephrine Auto-injectors including:

- **Pathophysiology of allergies and anaphylaxis**
- **Potential causes of allergies and anaphylaxis**
- **Techniques for recognizing symptoms of anaphylaxis.**
- **Standards and procedures for the storage, documentation, and emergency use of epinephrine auto-injectors**
- **Types of emergency epinephrine auto-injectors**
- **Emergency follow-up procedures, including calling 911 phone and contacting, if possible, the pupil's parent/guardian.**
- **Creating a safe environment for students with life-threatening allergies**
- **CPR Certification**
- **Written materials covering the above information**
- **Training will be conducted initially and then annually by a licensed school district nurse**
- **CPR will be provided by a community-based training provider. Each designated school staff member must be recertified as required by the community-based training provider.**

NECESSARY DOUCMENTS FOR USE OF EPINEPHRINE AUTO-INJECTORS FOR STUDENTS IDENTIFIED WITH ANAPHYLAXIS

- At the start of each school year, parents/guardians are required to complete an emergency card for each student indicating the presence of allergies/anaphylaxis and the need for medication at school.
- Based on this information, parents/guardians will be given a medication form(s) and an allergy/anaphylaxis emergency care plan to be completed by both parents/guardians and health care provider
- Parents/guardians must return these forms along with the prescribed medication before the medication will be given at school.
- School staff is required to maintain documentation and inform staff that “need to know” about the allergy/anaphylaxis.
- School staff should enter allergy and medication information on Synergy.

USE OF STOCK EMERGENCY EPINEPHRINE AUTO-INJECTORS IN SCHOOLS

In accordance with EC 49414, each K-12 school with a school-based school district nurse will be issued stock emergency epinephrine auto-injectors (.15 mg (2) and .30 mg (2)) to be used immediately on a person exhibiting potential life-threatening symptoms of anaphylaxis.

In accordance with EC 4941.4, each K-12 school without a a school-based school district nurse will be issued stock emergency epinephrine auto-injectors (.15 mg (2) and .30 mg (2)) if a designated voluntary staff member completes the anaphylaxis training and CPR certification to be used immediately on a person exhibiting potential life-threatening symptoms of anaphylaxis.

SFUSD’s Program Administrator for School District Nurses will be responsible for working with SFUSD’s Medical Consultant (currently Shannon Udovic-Constant, MD) to obtain a prescription for the emergency epinephrine auto-injectors.

SFUSD’s Program Administrator for School District Nurses will maintain a database of licensed and non-licensed trained staff that have been issued emergency epinephrine auto-injectors at each school. The database will also include names, titles, schools and training dates of all non-licensed personnel who have volunteered and been trained to administer an epinephrine auto-injector.

STORAGE

According to the manufacturer, epinephrine auto-injectors should be **stored at room temperature** until the marked expiration date, at which time the unit must be replaced. Auto-injectors should not be refrigerated as this could cause the device to malfunction. Auto-injectors should not be exposed to extreme heat, such as in the glove compartment or trunk of a car during the summer and they should not be exposed to direct sunlight. Heat and light

shorten the life of the product and can cause the epinephrine to degrade. To be effective, the solution in the auto-injector should be clear and colorless. If the solution is brown, replace the unit immediately.

Each school site must have a secure, safe, accessible storage area for medications to be kept at school. Accessibility to the student(s) and to the voluntary, designated staff administering epinephrine auto-injector, availability of persons with keys to storage container, must be considered when determining an appropriate storage space.

Students with parent/guardian and health provider permission are able to self-carry epinephrine auto-injectors. Students must be reminded to have the medication accessible throughout the school day, including lunch and physical education, after-school activities, and field trips.

A designated staff member must routinely check the epinephrine auto-injector to make sure that the medication has not expired. The medication must be returned directly to the parent/guardian at the end of each school year. Medication may not be sent home with students. When returning the medication at the end of the school year, parent/guardian will be given a blank Allergy/Anaphylaxis Medication Form and Allergy/Anaphylaxis Emergency Care Plan that should be completed and returned at the start of the new school year.

EMERGENCY CARE

- When symptoms of anaphylaxis are present, it is important to act quickly.
- Administer epinephrine via an epinephrine auto-injector and have another staff member call 911 and request emergency response. Another staff member should notify parent/guardian and school administration. A staff member must stay with the pupil until the paramedics arrive.
- Emergency medical care following the administration of epinephrine auto-injector is essential because severe allergic individuals who have experienced anaphylaxis may need emergency respiratory or cardiac care or resuscitation if they stop breathing. A delayed or secondary reaction may occur.
- If the parent/guardian does not arrive at the school before the student is transferred by ambulance to the ER, or if the parent/guardian plans to meet the ambulance at the ER, assign a staff member to accompany the student in the ambulance. Give the used epinephrine auto-injector to the paramedic and bring a copy of the student's emergency card, emergency care plan and medication form.

DOCUMENTATION

- All Emergency Care Plans and Medication Forms must be kept in the School Health Log binder.
- Copies of Emergency Care Plans should be given to the classroom teacher to keep in the

substitute plan book.

- A student medication log must be maintained for each medication that the student is required to be given at school (see attached). Whenever a dose of medication is administered at school, it must be recorded on the Medication Log.
- Following the administration of emergency epinephrine auto-injector, a school staff must also complete the Epinephrine Auto-Injector Form and return a copy to School Health Programs.

DEVELOPMENT AND APPROVAL OF THESE GUIDELINES:

- A. This guideline was developed through collaboration of the following:
School District Nurse, SFUSD Medical Consultant, School Health Programs Administration

1. SFUSD Medical Consultant

<u>Shannon Ukovic-Constant</u> Name	<u>Shannon Ukovic-Constant</u> Signature	<u>7/3/14</u> Date
--	---	-----------------------

2. Executive Director, School Health Programs, Student, Family and Community Support Department

<u>Kim Coates</u> Name	<u>[Signature]</u> Signature	<u>1/7/15</u> Date
---------------------------	---------------------------------	-----------------------

3. Program Administrator, School District Nurses, School Health Programs, SFUSD

<u>MARY JUE</u> Name	<u>[Signature]</u> Signature	<u>1/6/15</u> Date
-------------------------	---------------------------------	-----------------------