

Category: **STUDENTS**

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Subject: ADMINISTRATION OF EPINEPHRINE TO STUDENTS WITH SEVERE ALLERGIES

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SUMMARY OF CHANGES

This regulation supersedes Chancellor's Regulation A-715 dated May 30, 2007.

Changes:

- The standing order for the administration of epinephrine for nurses working in New York City schools to students without a student-specific medical order on file for epinephrine has been placed on the Office of School Health ("OSH") website. (See Section III)
- The Regulation updates the section on availability of epi-pens to reflect new guidelines from the National School Boards Association ("NSBA"). (See Section VIII)

ABSTRACT

The NYC Department of Education recognizes that severe allergic reactions leading to anaphylaxis are a life-threatening medical emergency. This regulation sets forth a plan to reduce the risk of exposure and allow treatment with single-dose epinephrine auto-injector devices ("epi-pens"). This regulation supercedes Chancellor's Regulation A-715 issued May 30, 2007. The regulation:

- requires that all school nurses be trained in the assessment, management, and treatment of severe allergy and anaphylaxis, and play a primary role in the case management of students at risk for anaphylaxis;
- permits the administration of epinephrine by epi-pen by all nurses working in New York City public schools to any student having an anaphylactic reaction pursuant to the non-patient specific standing order on the Office of School Health (OSH) website;
- requires that at least two non-nursing school staff personnel be trained to administer an epi-pen when a nurse is not available, in any school where there is a student who has a Medication Administration Form on file for the administration of an epi-pen;
- permits a student to carry an epi-pen, as prescribed by his or her medical provider, if that student is determined to be able to self-administer medication.

I. BACKGROUND

A. Anaphylaxis

Anaphylaxis is a life-threatening medical condition occurring in allergic individuals after exposure to specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. These symptoms may include some of the following: hives, itching, difficulty swallowing, coughing, difficulty breathing, nausea, abdominal pain, change in mental status, drop in blood pressure or shock. Most anaphylactic reactions in schools are due to food allergies, although medications, stinging insects, or latex can also result in anaphylaxis. The time between exposure to an allergen and the onset of symptoms can vary from minutes to hours; the majority of reactions occur within one hour, and can progress rapidly.

B. Prevention

The risk of exposure to allergens for a child is reduced when the school, medical provider and parent work together to develop a management plan for the student. This should include both prevention as well as treatment methods in the event of an accidental exposure. The parent and school should refer to the procedures for development of a plan to address a child's life-threatening allergies pursuant to section 504 of the Rehabilitation Act.

Food allergy is the most common cause of anaphylaxis in children in school. The Department of Education does not provide a peanut-, milk- or other allergen-free food service or school because the risk of accidental exposure or cross-contamination is always present. However, arrangements should be made at school to reduce the risk of exposure for identified students with severe food allergies.

C. Importance of Epinephrine

Injection of epinephrine is the treatment of choice for anaphylaxis. Because of the potential speed with which anaphylaxis can progress to death, timely administration of epinephrine is critical. The risk of death from untreated anaphylaxis far outweighs the risk of administering epinephrine, even if administered inadvertently to someone not having an anaphylactic reaction. The “epi-pen” is a single-dose epinephrine auto-injector device that is designed for usage by a lay person. It can also be used by children themselves when their pediatrician or health care provider determines that they are ready for self-administration. Effects of epinephrine begin to wear off after 10-20 minutes; therefore, it is essential that 911 be contacted immediately.

D. Identification of students with severe allergies

1. Parents are responsible for notifying the school about a child with severe allergies. School staff should convey this information to school health staff. A Medication Administration Form (MAF) for the child should be maintained at the school. This form can be found at the following link <http://schools.nyc.gov/Offices/Health/SchoolHealthForms>.
2. Allergy information for a student should be noted by school and health staff on the appropriate information records, e.g., school health records, ATS health alert, emergency blue card.
3. The Allergy Response Plan form must be completed for each student. This form can be found at the following link: <http://schools.nyc.gov/Offices/Health/SchoolHealthForms>.
4. The Medical Review of Student with Severe Allergies form must be completed by the child’s medical provider for each student submitting a MAF with severe allergies. This form can be found at the following link: <http://schools.nyc.gov/Offices/Health/SchoolHealthForms>.

II. LIABILITY

Given the potentially fatal consequences for a child who needs epinephrine and does not receive it in a timely manner, employees who have been trained pursuant to this regulation should not be deterred from administering an epi-pen for fear of being sued. The New York City Law Department has agreed to defend and indemnify any employee who is sued as a result of the administration of an epi-pen pursuant to this regulation.

Furthermore, the emergency administration of an epi-pen by a nurse or school health physician to any adult or non-student having a severe allergic reaction for which there is no current individual medical order at the school, while outside the scope of employment, would be covered under the Good Samaritan Law, NYS Public Health Law § 3000A.

III. ORDERS PERMITTING ADMINISTRATION OF EPINEPHRINE

The Standing Order for the administration of epinephrine for nurses working in New York City schools to students without a student-specific medical order on file for epinephrine may be found by clicking the link below:

<http://schools.nyc.gov/Offices/Health/SchoolHealthForms/default.htm>

Order for Administration of epinephrine by nurse or trained school staff if a nurse is not available to identified students who have a medication order for epinephrine on file¹:

Upon recognition of the symptoms of severe allergic reaction or anaphylaxis, an epi-pen should be administered by the nurse or trained school staff according to the student's Medication Administration Form.

EMS MUST BE SUMMONED IMMEDIATELY

IV. TRAINING

A. Identification of School Personnel

1. For students who are not able to self-administer, the administration of epi-pen is primarily the responsibility of the school nurse. However, because a school nurse is not always available at the time of an anaphylactic reaction, school personnel must be trained to administer epi-pen in the event that a student for whom there is a Medication Administration Form for administration of epi-pen is suffering from a severe allergic or anaphylactic reaction and is unable to self-administer medication.
2. The school principal, in consultation with the school health staff will determine which non-medical school staff should be trained to administer epi-pen, based on the individual student and school circumstances. The principal must ensure the availability of at least 2 appropriately trained staff (in addition to a nurse) to administer an epi-pen to students known to be at risk for anaphylaxis when a nurse is not available, by considering the following:
 - a. The school should first seek volunteers;
 - b. The teacher(s) of an elementary school student(s) who has a Medication Administration Form for epinephrine must be trained. For older children, especially in middle and high school where the student is not based in one classroom, individual circumstances will determine which staff are best to be trained.
 - c. In addition to teachers, the school principal and/or other administrators must be trained so that a trained supervisor is in the school whenever an identified student is in the building.² Depending on circumstances of the individual student(s) at risk, other appropriate staff include: staff who are present in the cafeteria during school meals (for students with food allergies), health aides, paraprofessionals, playground/recess staff (for those with insect bite allergies), etc. Additional staff may need to be trained for after-school activities and programs, school trips, etc. Schools may request additional or follow-up training as needed.

¹ See Guidelines for Administration of Medication in Schools, NY State Education Department, University of the State of New York, April, 2002, with clarification letter, "Use of Epinephrine Auto-injector Devices in the School Setting" NY State Education Department, University of the State of New York, June 2002, which provides: "The administration of epinephrine by epi-pen, prescribed by a licensed prescriber, to a student with a known severe allergy needing an anaphylactic treatment agent may be performed by a school staff member responding to an emergency situation. Such a response is permitted under the Medical Practice Act (Education Law § 6527[4][a]) and the Nurse Practice Act (Education Law § 6908 [1][a][iv]) and is covered by the "Good Samaritan Law" (Public Health Law 3000-a)."

² Principals should ask those staff who have been trained in the use of Automated External Defibrillators (AED) if they are willing to be trained in the administration of epi-pen.

- d. Principals should ensure that trained staff remain available despite staff transfers, absenteeism, and personnel turnover. In addition, if a student transfers to another school, the new principal and school health staff should be informed of the needs of the incoming student by the prior school's principal and health team.
 3. The principal should ensure that information as to who in the school is trained to administer epi-pen as well as the storage location of the epi-pen is entered into the online School Safety Plan. Principals must ensure that the school's internal communication system can summon those staff who have been trained to the site of the emergency.
- B. Training of School Personnel
1. In order to assure quality and uniformity of nursing skills, school nurses will be trained by the School Health Program in the prevention and recognition of severe allergic reactions and anaphylaxis, school management of the severely allergic child, the administration of epi-pen, appropriate handling and disposal of epi-pen, the immediate care of the patient until help (911) arrives, and the teaching thereof to non-medical school personnel.
 2. In schools where there is a child who has a Medication Administration Order for epi-pen, non-medical school staff identified in accordance with the prior section will be trained by school nurses, physicians or other appropriate trainers in the prevention and recognition of severe allergic reactions and anaphylaxis, administration of epinephrine by epi-pen, appropriate handling and disposal of epi-pen, immediate care of the patient until help (911) arrives, and classroom and school management of students at risk for severe allergy and anaphylaxis.
 3. School health professionals will provide training and refresher training to any school staff whenever it is requested, but at a minimum will train/retrain non-medical school staff at least yearly so long as there are students in the school for whom there is a medical order for administration of epinephrine. Please refer to the document entitled "Training Program for Unlicensed school personnel to administer epinephrine by auto-injector in life threatening situations." This form can be found at the following link: <http://schools.nyc.gov/Offices/Health/SchoolHealthForms>.
 4. If there are no on-site nurses or physicians to train school staff, principals should contact their Borough Nursing Director, Children First Network (CFN) Health Liaison, or the Office of School Health at 347-396-4714, to arrange for training of school staff through the School Health Program.

V. RESPONDING TO AN EMERGENCY

- A. The school nurse or a trained staff member must immediately respond to an emergency of a student for whom there is a Medication Administration Order for epi-pen. In the event of apparent anaphylaxis, epi-pen must be administered in accordance with this regulation and the training provided to school staff.
- B. Upon administering an epi-pen, Emergency Medical Services (EMS) must be notified immediately by calling 911. The information reported to them must include, but is not limited to, the event/time/dose/route of administration. If two people respond to the emergency, one trained person should administer the epi-pen and the other should simultaneously contact EMS. If a staff member is alone, the epi-pen must be administered first, and the staff member should then immediately contact EMS/911.
- C. The parent/guardian of a student to whom epi-pen has been administered must be notified as soon as possible.

VI. DISPOSAL OF THE USED EPI-PEN

Place the discharged unit into its carrying container and discard into a designated sharps container. If no designated sharps disposal container is available, discard the used epi-pen into an impermeable container, and give to the Emergency Medical Services (EMS) personnel upon their arrival.

VII. SUPPLYING THE EPI-PEN

A. The parent of a student who has a Medication Administration Form for epi-pen must supply the school with the epi-pen device. It is recommended that two epi-pens be supplied, with the second functioning as a back-up in case of malfunction or as an extra dosage if necessary. Epi-pens must be supplied in their original packaging as received from the pharmacist. It is recommended that the school be supplied with epi-pens even if the student is able to self administer.

B. All schools that have a daily nurse should have an epi-pen of each size (as appropriate for the school population, e.g., 1 epi-pen and/or 1 epi-pen 'junior') available for non-patient specific emergency situations and/or as back-up respectively. All such schools will be supplied with epi-pens through the Office of School Health.

VIII. AVAILABILITY OF EPI-PENS

A. Emergency medications should be stored in a safe, appropriate, and secure, yet accessible location that will allow for rapid, life-saving administration by authorized personnel. Actual location of the medicines should be carefully considered and identified in a student's individual written management plan. All those involved with the student's care should be notified where the medication is stored. The epi-pen should not be stored in a locked container. For outside school activities, such as gym class or a class trip, the epi-pen should be carried in a hand-held emergency kit in the possession of a trained staff member. Epi-pens should be kept in close proximity to the student whenever exposure to an allergen is likely (e.g., classroom, lunchroom, playground, etc.).

B. In cases where a student may carry and/or self-administer the epi-pen, the student should keep the device (ideally, two) with him or her at all times. The student should bring the epi-pen(s) to all off-site activities (e.g., class trip, work-study).

IX. STORAGE AND REPLACEMENT OF EPI-PEN

A. Epinephrine is stable and should be stored at room temperature until the marked expiration date. Epi-pens should not be exposed to direct sunlight, extreme heat, or refrigeration. The epi-pen should be replaced with a fresh unit prior to the expiration date, or when the device has been used or accidentally discharged. The contents of the epi-pen should be clear and colorless. If the contents are discolored or brown, the epi-pen should not be used, and should be replaced.

B. The parent of a student with a Medication Administration Form for epi-pen is responsible for replacing an expired or discolored epi-pen. School staff should be alert to expiration dates and communicate with parents to replace epi-pens as needed.

X. RECORD KEEPING

A. A record of all persons to whom epi-pen has been administered must be kept. It must include the recipient's name, date, time, dose and route of administration, location of incident, symptoms observed, name of nurse or person administering the epinephrine dose, the manufacturer and lot number of the epinephrine and notation that EMS was contacted. In schools with a school nurse, this information should be maintained by the school nurse, in the student's health record. If an epi-pen is administered by school staff because the nurse was unavailable, this information must be recorded by school staff and given to the nurse upon her return. In schools without a school nurse, this information should be maintained by the principal.

- B. An on-line occurrence report must be prepared when an epi-pen is administered.

XI. FOLLOW-UP

- A. Whenever possible, the nurse shall also report information concerning the epinephrine administration to the patient's primary care provider.
- B. The school nurse or principal as appropriate should contact the parent the following day for information on the status of the child and necessary medical follow-up.
- C. Supervising medical and school staff should review the response events with all staff involved in order to learn from the episode, both for the on-going care of the individual student as well as for other potential episodes school-wide. Depending upon the severity of the situation, and the disruption that ensued during the event, appropriate debriefing, crisis response and mental health teams may be needed.
- D. Replacement for the used epi-pen must be arranged as soon as possible through the parent or the School Health Program as appropriate.

XII. INQUIRIES

Inquiries pertaining to this regulation should be addressed to:

<u>Telephone:</u> 347-396-4714	<i>Office of School Health - DOE/DOHMH</i> Director, Nursing Services 42-09 28 th Street Queens, NY 11101	<u>Fax:</u> 347-396-4767
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