

Guidelines Administration of Stock Epinephrine Auto-Injectors in Wyoming Schools

**Reference
W.S. 21-4-316**

**From the
Wyoming Department of Education in
Consultation with the
Wyoming Department of Health**



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Definitions

1. "Department" means the Wyoming Department of Education.
2. "Healthcare Provider" means a physician, nurse practitioner, or physician's assistant who has prescriptive authority and is licensed to practice in the State of Wyoming.
3. "School Nurse" means a registered nurse licensed to practice nursing in Wyoming who is currently employed by a school district and serves in one or more schools.
4. "Standing Order" means a written order/document by a Healthcare Provider that authorizes specific medical action and includes the administration of selected medication.
5. "Participating District" means a district that has decided to participate in the requirements and benefits of W.S. 21-4-316.
6. "Non-Participating District" means a district board that has decided not to participate in the requirements and benefits of W.S. 21-4-316.
7. "Assigned School Personnel" means an employee, agent, or volunteer of a school designated by the school administrator who has completed the training required under W.S. 21-4-316 to provide or administer stock epinephrine auto-injectors.
8. "Stock Epinephrine" means injectable medications used for the treatment of previously undiagnosed severe life-threatening allergies that schools or districts buy and keep on-site for emergency use.

Introductory Clarifications

The following clarifications reference W.S. 21-4-316 (a).

1. A district school board may elect to adopt and implement a policy where it would acquire, maintain, and dispense stock epinephrine auto-injectors. This action is optional. Under these guidelines, a district decision covers all district schools.
2. The guidelines apply to previously undiagnosed severe life-threatening allergic conditions. While no school nurse will knowingly let a student suffering from a serious allergic reaction go untreated - parents have the obligation to provide epinephrine for their child who has been diagnosed with a condition requiring the need. Students with known severe life-threatening allergies diagnosed by a health care provider will have an Individual Health Plan (IHP).
3. Participating districts must ensure that emergency use stock epinephrine auto-injectors are listed and accounted for in school and district crisis management plans.
4. Under this statute reference, "a district board shall not be required to obtain a prescription to acquire, maintain, or dispense to schools within the district a supply of epinephrine auto-injectors under this section." Accordingly, a Standing Order by a health care provider may be required to facilitate purchase of one or more auto-injectors through a pharmacy and/or manufacturer (see the Appendix for sample forms).

Expectations of a Participating District Board

The following district expectations reference W.S. 21-4-316 (b).

1. Implement a Plan:

Each participating public school district in the state of Wyoming shall implement, and thereafter maintain, a plan for the management of students with life-threatening allergies. The plan must comply with accepted evidence-based nursing professional best practices and the guidelines on the following pages. A non-participating district may elect to become a participating district at any time.

2. Timing:

A district's plan should be in place before epinephrine auto-injectors are available to students.

3. Availability of the Plan:

The plan will be made available on the school district's website or through other practicable means. The school board will decide the methods of availability. The plan shall be updated as determined by the district's head school nurse. Websites shall carry the newest available version of the plan.

Expectations of Participating Schools and Districts

The following school and district expectations reference W.S. 21-4-316 (c).

1. Identification of Life Threatening Allergies or Severe Allergic Reactions:

There are several identified allergies that qualify for the administration of epinephrine auto-injectors. These include, but are not limited to, foreign antigens caused by sensitivities to certain foods, wasps, bees, other insect bites, latex, and certain drugs.

2. Identification of Appropriate and Acceptable Epinephrine Auto-Injectors:

Any epinephrine auto-injector that is accepted and approved by the FDA stands approved by the department.

Appropriate dosages administered will be based on weight guidelines provided either by the manufacturer, pharmacist, physician's directive, or drug reference.

Note: The parent or legal guardian of a student with a known severe allergy as determined by a health care professional shall be responsible to supply to the school the medication needed for treatment of food allergies or anaphylaxis or arrange for the student, if responsible and capable of self-administration, to self-carry. (See W.S. 21-4-310).

3. Education/Training for School Personnel on Management of Students with Life Threatening Allergies:

There are many training programs available, including ones from the Centers for Disease Control and Prevention (CDC), the National Association of School Nurses (NASN), the American Heart Association (AHA), and others.

Approved training programs are certified by content rather than by name. Programs that stand approved by the department to be used in conjunction with these guidelines shall include, but not necessarily be limited to:

- a. Clear objectives.
- b. A formal curriculum.
- c. Approval by the head district nurse.
- d. Training delivered annually.
- e. A hands-on training component, including demonstration/handling of the epinephrine auto-injectors or training pens/units.
- f. Attendance shall be taken and records kept for seven (7) years. Each attendee shall confirm completion of the training. (See Sections 7, 8, and 9 of these guidelines.)

Local School Boards will determine if selected school personnel can refuse training within their district.

4. Procedures for Responding to Life Threatening Allergies:

For each Wyoming district, the specific procedure for responding to life-threatening allergies shall be written by the head district nurse and may include, as appropriate, input from:

- a. Individual school nurses.
- b. Professional experience in handling prior students' needs.
- c. District crisis management plan.
- d. Best practices from the CDC.
- e. Best practices from the NASN.

The procedures for responding to life-threatening allergies shall be ratified by the local school board or its designee.

5. Process for Development of Individualized Health Care and Allergy Action Plans:

A process for the development of an individualized health care and allergy action plan shall be developed for every student with a known life-threatening allergy. Note: After a student experiences a previously undiagnosed allergic reaction, a care plan needs to be developed for that student.

This process will necessitate the school nurse to:

- a. Establish which students have known cases of severe life-threatening allergies.
- b. Consult with the parents or guardians of the student.
- c. Consult with health care provider licensed with prescriptive authority, wherever possible.
- d. Assemble the individualized plans with all consultations, environmental factors, medical history, and other factors that may be unique to the case.

6. Protocols to Prevent Exposure to Allergens:

An individual designated by the local school board shall develop the "Preventing Exposure to Allergens" protocol for their district and submit it to the board for ratification. Corrections or modifications will occur at the local level.

7. Requirements for Each School to Keep a Record:

Each school must keep a record of each incident that involves a life-threatening allergy or the administration of stock epinephrine auto-injectors. This record can be hardcopy or electronic. It is recommended that each district office be kept informed of the school incidents.

8. Requirement to List Those Who Have Been Trained:

Under these guidelines, each school or district office must maintain a list of employees who have been assigned and trained to administer stock epinephrine auto-injectors.

9. Requirement to Confirm Training Completion:

Assigned personnel must confirm training completion to their school nurse by signing and dating a training completion notice formulated/chosen by each district.

Coverage for Nurses and Trained Personnel

The following guideline paragraphs reference W.S. 21-4-316 (d).

1. Removal of Liability:

Schools and school personnel trained to administer available stock epinephrine auto-injectors shall not be liable (regarding actions that may constitute ordinary negligence) for damages for any injuries that result from:

- a. Administration of an auto-injector.
- b. Self-administration of an auto-injector.
- c. A failure to administer the auto-injector.

This immunity applies regardless of whether authorization was provided by the student's parent or guardian, or by the student's health care provider.

The immunity is also extended to the:

- a. District board.
- b. School nurses.
- c. Employees.
- d. Agents and volunteers.
- e. Authorized health care provider.
- f. Individual entity that conducts training.

Note: This immunity does not apply to acts or omissions constituting gross, willful, or wanton negligence.

Appendix: The sample forms on the following pages may be used as examples of doctors' standing orders.

SAMPLE FORM

Standing Order for Stock Epinephrine Auto-Injectors For School Use Incident to W.S. 21-4-316

Physician:

Name _____

Street Address _____

City, Zip Code _____

Phone Number _____

Issued To:

Name of School District _____

Street Address _____

City, Zip Code _____

Quantity ___ 0.15 mg Epinephrine Auto-Injectors(s)

Quantity ___ 0.30 mg Epinephrine Auto-Injectors(s)

Instructions:

To be administered, as needed, to a student exhibiting symptoms of anaphylaxis in accordance with the district's policies and procedures for the administration of school-supplied Stock Epinephrine Auto-Injectors for potentially life-threatening allergic reactions (anaphylaxis) in individuals incident to W.S. 21-4-316.

(Note: In small districts, a nurse may not be available and an ambulance may be too far away for immediate service. In those emergency cases, assigned school personnel may administer an epinephrine auto-injector.)

Date Issued _____

Physician Signature _____

Protocol: ANAPHYLACTIC REACTION

SAMPLE FORM

ANAPHYLAXIS

Description: A rare, extremely serious form of allergy. Usually develops suddenly and requires rapid management to prevent shock and possible fatality.

Causes: Extreme Sensitivities to:

- 1. Medication or immunization (usually by injection).
- 2. Insect sting, usually by a bee or wasp.
- 3. Food or oral medication.

Physical Findings:

- 1. Sudden onset.
- 2. Feeling of apprehension, sweating, and weakness.
- 3. Coughing and sneezing.
- 4. Abdominal cramps or diarrhea.
- 5. Nausea and vomiting.
- 6. Shallow respirations.
- 7. Facial edema around eyes and lips.
- 8. Signs of airway closure: Difficulty breathing, shortness of breath, feeling of fullness in throat, wheezing, or stridor (laryngeal edema).
- 9. Hypotension, weak, rapid pulse, and low blood pressure.
- 10. Loss of consciousness, shock, and coma.

Treatment:

- 1. Immediate administration of epinephrine.
 - a. For 33 to 66 pounds 0.15 mg/cc
 - b. Over 66 pounds 0.30 mg/cc
 (Repeat dose in 5 to 15 minutes if no improvement is observed or there are worsening symptoms.)
- 2. Diligently observe the person.
- 3. Call 911 and transport to ED.
- 4. Notify parent/guardian ASAP.
- 5. Monitor and maintain the ABC's (airway, breathing, circulation) as needed.
- 6. If no breathing, begin CPR.
- 7. If bee sting, scrape gently to remove stinger.

Follow-Up:

- 1. Determine course of action in case of repeat reaction with individualized care plan and emergency procedures.
- 2. Attempt to ensure no further exposure to the antigen.

Reviewed and approved by: _____

Physician's Signature _____	Date: _____
Physician's Signature _____	Date: _____
Physician's Signature _____	Date: _____
Physician's Signature _____	Date: _____