

# General Use Epinephrine Program Policy and Procedures



Archdiocese of Baltimore  
Department of Catholic Schools  
Office of Risk Management  
2016/2017 School Year

# General Use Epinephrine Program

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## Introduction

This document was developed to assist schools wishing to implement a general use epinephrine program. The purpose of this document is to provide schools with a template for a general use epinephrine program that, when completed, is compliant with the standards set forth by Maryland State Law.

Please note that schools in the Archdiocese are not required to have a general use epinephrine program. If a school does elect to enact a general use epinephrine program, it must be registered with the Archdiocesan of Baltimore Office of Risk Management as explained in this document.

Included is a template for a policy and procedure and related documents. The policy and procedure has blank areas that are for individual schools to input their unique information. It also contains a number of examples, such as a sample statement for a parent handbook. All of these fields need to be completed with the individual school's information. Schools may use the examples provided or their own version.

To properly establish the program, it must meet all criteria in the General Use Epinephrine Compliance Checklist (Appendix F). This should be used as a guide when working on an individual school's program and procedure. This checklist and required documents should be kept on hand in the health room, as well as submitted for approval by the Archdiocese of Baltimore Office of Risk Management. Programs need to be renewed annually or with any change in the physician/licensed prescriber or school nurse/other licensed health care practitioner.

For staff training resources, epinephrine auto-injector specific information, and information on programs that may help with the cost of auto-injectable epinephrine, please see the accompanying document "Epinephrine Resources."

[SCHOOL NAME]  
General Use Epinephrine  
Policy and Procedure

**Statements of Authorization**

*Statement of Program Authorization*

Due to the rising incidence of anaphylaxis and the adoption of both Maryland State and National laws encouraging “stock” epinephrine, [SCHOOL NAME], in accordance with its rules of governance, has authorized the implementation of this policy and procedure in accordance with Education Article 7-426.3 of Maryland State Law (Appendix A) as it relates to the availability and use of general use epinephrine. Through the adoption of this policy and procedure, [SCHOOL NAME] has chosen to establish a policy authorizing school personnel to administer auto-injectable epinephrine, if available, to a student who is determined or perceived to be in anaphylaxis, regardless of whether the student has been identified as having an anaphylactic allergy or has a prescription for epinephrine.

[SCHOOL NAME] has submitted a copy of this policy and procedure for the [YEAR] school year along with the completed “General Use Epinephrine Compliance Checklist” (Appendix F) to the Archdiocese of Baltimore Office of Risk Management.

[SCHOOL NAME] has provided notification of the adoption of this policy to the school through the following means:

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Furthermore, the following statement has been included in the parent handbook for the [YEAR] school year.

(Sample Statement)

*As of [DATE], [SCHOOL NAME] has adopted a policy allowing the availability of stock epinephrine in the health suite for use in the event of an anaphylactic emergency. This epinephrine is for emergency use during normal school days and is not dependent on allergy history. It is not available outside of normal school hours or on field trips. Students with a known history of severe allergies are still expected to maintain emergency action plans, medical orders, and their own supply of emergency medication.*

Statement of Authorization to Obtain and Store Auto-injectable Epinephrine

In order to establish this policy and procedure, [SCHOOL NAME], in accordance with its rules of governance, has authorized the school nurse or other licensed health care practitioner to obtain and store auto-injectable epinephrine to be used in an emergency situation.

[SCHOOL NAME] stocks both .15 mg and .30 mg doses of auto-injectable epinephrine in an unlocked cabinet available during the regular school day. This epinephrine will not be sent on field trips or be available outside of regular school hours. Emergency stock epinephrine is available during the school day to all students, staff, and school visitors regardless of their history of anaphylaxis. It is expected that individuals who have a known history of severe allergies continue to obtain individual medical orders, maintain an individual supply of emergency medications, and follow the school's procedures for students at risk for an anaphylactic reaction.

It is further required that the school nurse or other licensed health care practitioner noted below be responsible for implementing this policy and maintaining the school's auto-injectable epinephrine.

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Name of Authorized School Nurse or Other Licensed Health Care Practitioner

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School Administrator(s) Name(s) and Signature(s)

Medical Authorization and Direction

[Name of Physician/Licensed Prescriber] has agreed to and understands the requirements of providing medical authorization (a prescription) for procuring auto-injectable epinephrine, as well as for providing on-going medical direction for the implementation of the school's general use epinephrine program in accordance with Education Article 7-426.3 of Maryland State Law (Appendix A).

By signing this document, [Name of Physician/Licensed Prescriber] has provided a standing order for auto-injectable epinephrine administration for anaphylaxis (See example- Appendix B), and acknowledges he or she has reviewed this document and found [SCHOOL NAME] to be in compliance with Education Article 7-426.3 of Maryland State Law. It is further understood by [Name of Physician/Licensed Prescriber] that this policy must be reviewed and signed again annually or sooner in the event of a change in the physician/licensed prescriber or school nurse/other licensed health care practitioner.

In an effort to afford protection to the physician/licensed prescriber, school nurse/other licensed health care practitioner, and other school personnel, this policy has been developed in

accordance with article 7-426.3 of Maryland State Law. According to this article: Except for any willful or grossly negligent act, school personnel who respond in good faith to the anaphylactic reaction of a child in accordance with this section may not be held personally liable for any act or omission in the course of responding to a reaction.

Under the Baltimore Archdiocese insurance plan, prescribing physicians/ licensed prescribers are covered under the Archdiocesan policy as long as the resources are available at a school for this policy to be fully implemented by the school nurse/other licensed health care practitioner, and the physician/ licensed prescriber does not provide hands-on care.

### **Statements of Training**

#### **Training for All Staff Members**

[SCHOOL NAME] provides annual training for all school personnel on how to recognize the signs and symptoms of anaphylaxis. This training is to be delivered by a licensed health care practitioner who is authorized to administer auto-injectable epinephrine and has been trained in an established protocol on how to recognize the signs and symptoms of anaphylaxis. The training offered at [SCHOOL NAME] for the purpose of meeting this requirement must include the following:

- Overview of food allergies including:
  - The definition of a food allergy and anaphylaxis
  - A list of major allergens
- Review of the signs and symptoms of food allergies and anaphylaxis
- Explanation of medications for food allergies and anaphylaxis
- Discussion of the best practices for preventing exposure to food allergens:
  - Identification of manufacturer's ingredient label on all classroom food
  - Consultation with parent to provide allergen free snacks from home
- Instruction as to the communication process during medical emergencies, including who to contact for help in an emergency
- Reminder of student privacy and confidentiality
- Instruction on the severity of anaphylaxis and the need for immediate response

All school personnel should be given a copy of the Anaphylaxis Response Protocol (Appendix C) and be made aware of the personnel in the building trained to respond to anaphylaxis.

#### **Training for Impacted Staff Members**

In addition to the anaphylaxis training described in the prior section, [SCHOOL NAME] trains all impacted staff annually in responding to anaphylaxis and the proper use of the auto-injectable epinephrine. This training has been conducted for the [YEAR] school year and a record of this training is maintained in the health room.

Attached to this policy and procedure is a list of the personnel who have been trained in the administration of auto-injectable epinephrine, and a copy of the anaphylaxis response protocol.

Training to meet this provision of the policy must include the following minimum requirements in addition to those in the section above:

- Train, practice and evaluate impacted staff administration of epinephrine auto-injector and location of the general use epinephrine auto-injector.
- Training shall include the use of the school's clearly labeled pre-measured 135cm. string or pre-cut measuring tape. This tool, located alongside the school's general use epinephrine injector, can be used to assist in the determination of dosage. Training shall also emphasize that if in doubt as to the size or weight of a child, the higher dose should be administered.
- Train, practice and evaluate impacted staff in activating the Anaphylaxis Response Protocol in case of a food allergy emergency
  - Immediately alerting 911 emergency medical services
  - Train, practice and evaluate communications with parents AFTER alerting 911
  - Training in school specific emergency logistical information
- Document training and evaluation of training

### **Statement of Response Protocol and Follow-up Care**

#### *School Specific Response Protocol*

[SCHOOL NAME] has developed a school specific response protocol for the emergency administration of auto-injectable epinephrine which includes the following minimum requirements:

- Injector specific training for impacted staff members.
- The distribution of clear step-by-step auto-injector specific instructions, and the posting of these instructions near the school's general use epinephrine injector. (See Example Appendix D.)
- The training of all staff members and impacted staff members as described in the previous section, including training in the school's Anaphylaxis Response Protocol and specific emergency logistical information. (See Appendix C.)
- Alongside the school's general use epinephrine injector, the school will also store a clearly labeled pre-measured 135cm. string or pre-cut measuring tape to assist in the determination of dosage, and latex-free gloves.

[SCHOOL NAME] has ensured that all impacted staff has been trained in the above protocol and have demonstrated competency in carrying out the emergency responses.

#### *Follow-up Protocol*

If at any time epinephrine is given at school, the Report of an Anaphylactic Reaction/Epinephrine Administration Form (Appendix E) must to be completed and copies given to the school administration, school nurse/other licensed health care practitioner, physician/licensed provider, and Archdiocese Office of Risk Management. In addition, the follow-up protocol provides that the school nurse or other licensed health care practitioner must follow up with the student and his or her family to obtain the necessary forms and medications at school for a child with what is now defined as a known risk of severe allergic reaction.

Physician/Licensed Prescriber's Signature \_\_\_\_\_

By signing this document, the above Physician/Licensed Prescriber has provided standing orders and acknowledges that he or she has reviewed this document and all applicable documents and found them to be acceptable.

### **Statement of Program Registration**

#### **Program Registration**

This program must be registered with the Archdiocese of Baltimore Office of Risk Management before it goes into effect. A copy of all paper work, including this policy and procedure, and all other documents should be maintained in the health room for reference.

[SCHOOL NAME] has properly registered this program with the Office of Risk Management by submitting the completed plan and General Use Epinephrine Compliance Checklist (See Appendix F) for the [YEAR] school year. Proper registration is evidenced by receipt of the attached certificate of insurance, listing the physician/licensed prescriber as the certificate holder.



## APPENDIX A

### Maryland State Law

#### Article-Education

##### § 7-426.1. Children with anaphylactic allergies.

(a) Definitions. --

(1) In this section the following words have the meanings indicated.

(2) "Anaphylactic allergy" means a food allergy that causes a severe, systematic reaction resulting in circulatory collapse or shock that may be fatal.

(3) "Employee" means an individual who is employed by a local board of education, including part-time employees, certified and noncertified substitute teachers employed by the local board of education for at least 7 days each school year, maintenance workers, and administrative staff.

(4) "Self-administer" means the application or consumption of medications in a manner prescribed by a health practitioner who is licensed, certified, or otherwise authorized under the Health Occupations Article to prescribe medications and medication delivery devices by the individual for whom the medication was prescribed without additional assistance or direction.

(b) Reduction of risk. -- In consultation with a school health professional, the principal of a public school that has a child attending the school who has been identified to the school as having an anaphylactic allergy shall:

(1) Monitor the strategies developed in accordance with the Maryland State school health service guidelines to reduce the risk of exposure to anaphylactic causative agents in classrooms and common areas;

(2) Designate a peanut- and tree nut-free table in the cafeteria; and

(3) Establish procedures for self-administration of medication by the child if the child is determined to be capable of and responsible for self-administration by the principal, parent or guardian of the child, and physician of the child.

(c) Revocation of authority of child to self-administer medication. -- A school may revoke the authority of a child to self-administer medication if the child endangers himself or herself or another child through misuse of the medication.

(d) Immunity. -- Except for any willful or grossly negligent act, an employee who responds in good faith to the anaphylactic reaction of a child in accordance with this section is immune from civil liability for any act or omission in the course of responding to the reaction.

(e) Waiver of liability by parent. -- If a child has authority to self-administer medication in accordance with subsection (b)(3) of this section, a local county board may require the parent or

guardian of the child to sign a statement acknowledging that the school or its employee incurs no liability as a result of injury arising from self-administration by the child.

APPENDIX B

**Maryland State Law**  
**Article-Education**

§7-426.3.

(a) (1) In this section the following words have the meanings indicated.

(2) “Anaphylaxis” means a sudden, severe, and potentially life-threatening allergic reaction that occurs when an individual is exposed to an allergen.

(3) “Auto-injectable epinephrine” means a portable, disposable drug delivery device that contains a premeasured single dose of epinephrine that is used to treat anaphylaxis in an emergency situation.

(4) “School personnel” means individuals who are employed by a nonpublic school, including part-time employees, teachers and substitute teachers employed by the school for at least 7 days each school year, a school nurse, registered nurse case manager, delegating nurse, and administrative staff.

(b) Each nonpublic school in the State may establish a policy authorizing school personnel to administer auto-injectable epinephrine, if available, to a student who is determined to be or perceived to be in anaphylaxis, regardless of whether the student:

(1) Has been identified as having an anaphylactic allergy, as defined in § 7-426.1 of this subtitle; or

(2) Has a prescription for epinephrine as prescribed by an authorized licensed health care practitioner under the Health Occupations Article.

(c) The policy established under subsection (b) of this section shall include:

(1) Training for school personnel on how to recognize the signs and symptoms of anaphylaxis by a licensed health care practitioner who is authorized to administer auto-injectable epinephrine and who has been trained in an established protocol on how to recognize the signs and symptoms of anaphylaxis;

(2) Procedures for the emergency administration of auto-injectable epinephrine;

(3) The proper follow-up emergency procedures;

(4) A provision authorizing a school nurse or other licensed health care practitioner to obtain and, school personnel to store, at a nonpublic school auto-injectable epinephrine to be used in an emergency situation;

(5) A requirement that the nonpublic school develop and implement a method for notifying the parents or guardians of students of the school's policy under this section at the beginning of each school year; and

(6) An ongoing process for oversight and monitoring by a licensed health care practitioner of the implementation of the policy established under subsection (b) of this section.

(d) Except for any willful or grossly negligent act, school personnel who respond in good faith to the anaphylactic reaction of a child in accordance with this section may not be held personally liable for any act or omission in the course of responding to the reaction.

## APPENDIX B

### STANDING ORDER

#### AUTO -INJECTOR EPINEPHRINE ADMINISTRATION FOR ANAPHYLAXIS

**In the event of an anaphylactic reaction in an individual in the school setting, epinephrine will be administered by the school nurse or trained unlicensed school personnel. This Standing Order is for the use of auto-injector epinephrine in such situations.**

*In the case of students with a history of anaphylaxis or other severe allergic reactions, epinephrine should be administered according to specific individualized prescriptive orders documented in their individualized health care plans. If no such orders exist or are not readily available, the Standing Orders given in this document should be used.*

**DEFINITION: Anaphylaxis** is a severe allergic reaction which can be life threatening and can occur within minutes after a triggering event or up to hours later.

**CAUSES:** Extreme sensitivity to one or more:

- Food
- Latex
- Exercise Induced
- Idiopathic (Unknown)
- Medication
- Insect stings
- Asthma
- Other

**PHYSICAL FINDINGS:**

Common symptoms associated with anaphylaxis:

1. Difficulty breathing, wheezing
2. Hives, generalized flushing, itching, or redness of the skin
3. Swelling of the throat , lips, tongue, throat ; tightness/change of voice
4. Difficulty swallowing
5. Tingling sensation, itching, or metallic taste in mouth
6. Feeling of apprehension, agitation

**STANDING ORDER:**

1. Based on symptoms, determine that an anaphylactic reaction appears to be occurring. Act quickly. *It is safer to give epinephrine than to delay treatment.* **Anaphylaxis is a life-threatening reaction.**
2. **If you are alone and are able to provide epinephrine**, call out or yell for help as you immediately go get the epinephrine. Do not take extra time seeking others until

you have provided the epinephrine.

3. **If you are alone and do not know how to provide epinephrine**, call out or yell for help. If someone is available to help you, have them get the personnel trained to provide epinephrine and the epinephrine while you dial 911 and follow the dispatcher's instructions. Advise the 911 operator that anaphylaxis is suspected and epinephrine is available. Your goal is to get someone (EMS or trained personnel) to provide epinephrine and care as soon as possible.
4. Select appropriate epinephrine auto-injector to administer, based on weight or height. If possible use pre-measured string to help determine dose:

Dosage: 0.15mg Epinephrine auto-injector IM, if less than 66 pounds/shorter than 135cm  
0.30mg Epinephrine auto-injector IM, if 66 pounds or greater/taller than 135cm

5. Frequency: If symptoms continue, a second dose should be administered 5 to 15 minutes after the first dose
6. Inject epinephrine via auto-injector: Pull off safety release cap. Swing and jab firmly into upper, outer thigh, (through clothing if necessary). **Hold in place for 10 seconds to deliver medication** and then remove. Massage the area for 10 more seconds. Note the time.
7. Call or have a bystander call 911 immediately or activate the Emergency Medical System (EMS). Advise the 911 operator that anaphylaxis is suspected and epinephrine has been given.
8. Keep the individual either lying down or seated. If they lose consciousness, check if they are breathing and have a pulse. If not, begin CPR (cardiopulmonary resuscitation), call out for help and continue CPR until the individual regains a pulse and is breathing or until EMS arrives and takes over.
9. Call School Nurse/Front Office school personnel and advise of situation.
10. Repeat the dose after 5 to 15 minutes if symptoms persist or return.
11. Stay with the individual until EMS arrives, continuing to follow the directions in No. 7 above.
12. Provide EMS with Epinephrine auto injector labeled with name, date, and time administered to transport to the ER with the student.

FOLLOW UP (to be done the same day as the event):

- (1) Assure parents/guardians have been notified.
- (2) Complete required documentation of incident.
- (3) Order replacement epinephrine auto injector(s).

Physician/Licensed Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name, please \_\_\_\_\_

• Effective for School Year \_\_\_\_\_

\*Must be renewed annually and with any change in prescriber.

# Anaphylaxis Response Protocol

Location of General Use Epi-Pen \_\_\_\_\_

Emergency number(s) \_\_\_\_\_

## Recognize Anaphylaxis Symptoms

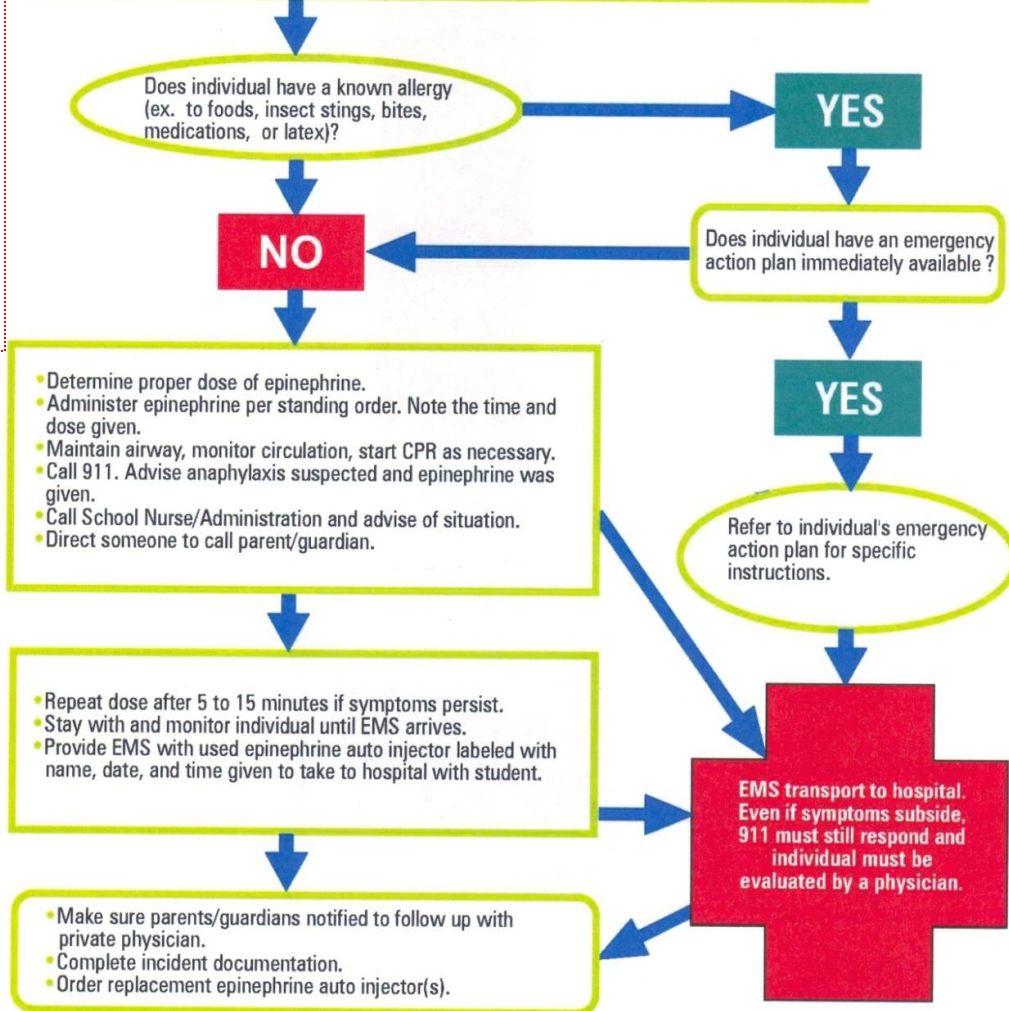
Recognize the Common Anaphylaxis Symptoms

- Sudden difficulty breathing, wheezing
- Hives, generalized flushing, itching, or redness of the skin
- Swelling of the throat, lips, tongue; tightness/change of voice; difficulty swallowing
- Tingling sensation, itching, or metallic taste in mouth
- Feeling of apprehension, agitation

Dosage (use pre-measured string if possible):

**\* 0.15mg (Junior Dose) IM**  
: Children <66lbs/ shorter than 135cm

**\* 0.30mg IM (Regular Dose)** Individuals >66lbs /taller than 135cm (Approx. 2<sup>nd</sup> grade and up)





## 3-step, easy-to-follow instructions

### How to use the EpiPen® (epinephrine) Auto-Injector

#### 1 Prepare the EpiPen or EpiPen Jr® Auto-Injector for injection

- Remove the auto-injector from the clear carrier tube
- Flip open the yellow cap of your EpiPen or the green cap of your EpiPen Jr Auto-Injector carrier tube
- Tip and slide the auto-injector out of the carrier tube
- Grasp the auto-injector in your fist with the orange tip pointing downward
- With your other hand, remove the blue safety release by pulling straight up without bending or twisting it



#### Never-See-Needle™ delivers built-in needle protection

- Protects against needle exposure before and after use
- The needle comes out of the orange tip
- Never put your thumb, fingers, or hand over the orange tip

#### 2 Administer the EpiPen or EpiPen Jr Auto-Injector

- Hold the auto-injector with the orange tip near the outer thigh
- Swing and firmly push the orange tip against the outer thigh until it “clicks”
- Keep the auto-injector firmly pushed against the thigh at a 90° angle (perpendicular) to the thigh
- Hold firmly against the thigh for approximately 10 seconds to deliver the drug



The injection is now complete

#### 3 Finalize the injection process

- Remove the auto-injector from the thigh (the orange tip will extend to cover the needle)
- Massage the injection area for 10 seconds

**Get emergency medical help right away**



Massage the injection area for 10 seconds

#### Indications

EpiPen® (epinephrine) 0.3 mg and EpiPen Jr® (epinephrine) 0.15 mg Auto-Injectors are for the emergency treatment of life-threatening allergic reactions (anaphylaxis) caused by allergens, exercise, or unknown triggers; and for people who are at increased risk for these reactions. EpiPen and EpiPen Jr are intended for immediate self administration as emergency supportive therapy only. Seek immediate emergency medical treatment after use.

#### Important Safety Information

EpiPen Auto-Injectors contain a single dose of epinephrine, which you inject into your outer thigh. DO NOT INJECT INTO YOUR VEIN, BUTTOCK, FINGERS, TOES, HANDS OR FEET. In case of accidental injection, please seek immediate medical treatment. Epinephrine should be used with caution if you have heart disease or are taking certain medicines that can cause heart-related (cardiac) symptoms.

**Please see additional Important Safety Information on the back.**

**Please see accompanying full Prescribing Information and Patient Information.**

**EPIPEN 2-PAK® EPIPEN Jr 2-PAK®**  
(Epinephrine) Auto-Injectors 0.3/0.15mg



APPENDIX E

Maryland State Department of Education (MSDE) – School Health Services Form  
 Report of Anaphylactic Reaction/Epinephrine Administration

**Demographics and Health History**

1. School District: \_\_\_\_\_ Name of School: \_\_\_\_\_
2. Type of Person:  Student  Other \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M  F  Ethnicity: Hispanic/Latino  Yes  No
3. Race/Ethnicity:  American Indian/Alaskan Native  African American  Asian  Native Hawaiian/other Pacific Islander  White  Other
4. History of allergy:  Yes  No  Unknown If known, specify type of allergy: \_\_\_\_\_
- If yes, was allergy action plan available?  Yes  No  Unknown History of anaphylaxis:  Yes  No  Unknown
- Previous epinephrine use:  Yes  No  Unknown Diagnosis/History of asthma:  Yes  No  Unknown

**School Plans and Medical Orders**

5. Does student have an Individual Health Plan (IHP)/Emergency Plan (EP) in place?  Yes  No  Unknown
6. Does the student have a student specific order for epinephrine?  Yes  No  Unknown

**Epinephrine Administration Incident Reporting**

7. Date/Time of occurrence: \_\_\_\_\_ Vital signs: BP\_\_\_\_\_/\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_
8. If known, specify trigger(s)/exposure that precipitated or may have precipitated this allergic episode:
- Food  Insect Sting  Exercise  Medication  Latex  Other (specify) \_\_\_\_\_  Unknown
- If food was a trigger, please specify which food \_\_\_\_\_
- Please check:  Ingested  Touched  Inhaled  Other (specify) \_\_\_\_\_
9. Did reaction begin prior to school?  Yes  No  Unknown
10. Location where symptoms developed:
- Classroom  Cafeteria  Health Office  Playground  Bus  Other (specify) \_\_\_\_\_
11. How did exposure occur?
- \_\_\_\_\_

12. Symptoms: (Check all that apply)

- | <u>Respiratory</u>                                   | <u>GI</u>                                      | <u>Skin</u>                                 | <u>Cardiac/Vascular</u>                   | <u>Other</u>                                   |
|--|--|---|---|--|
| <input type="checkbox"/> Cough                       | <input type="checkbox"/> Abdominal discomfort  | <input type="checkbox"/> Localized swelling | <input type="checkbox"/> Chest discomfort | <input type="checkbox"/> Profuse sweating      |
| <input type="checkbox"/> Difficulty breathing        | <input type="checkbox"/> Diarrhea              | <input type="checkbox"/> Flushing           | <input type="checkbox"/> Cyanosis         | <input type="checkbox"/> Irritability          |
| <input type="checkbox"/> Hoarse voice                | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> General itching    | <input type="checkbox"/> Dizziness        | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Nasal congestion/runny nose | <input type="checkbox"/> Oral itching          | <input type="checkbox"/> General rash       | <input type="checkbox"/> Faint/Weak pulse | <input type="checkbox"/> Metallic taste        |
| <input type="checkbox"/> Swollen (throat, tongue)    | <input type="checkbox"/> Nausea                | <input type="checkbox"/> Hives              | <input type="checkbox"/> Headache         | <input type="checkbox"/> Red eyes              |
| <input type="checkbox"/> Shortness of Breath         | <input type="checkbox"/> Vomiting              | <input type="checkbox"/> Lip swelling       | <input type="checkbox"/> Hypotension      | <input type="checkbox"/> Sneezing              |
| <input type="checkbox"/> Stridor                     |  | <input type="checkbox"/> Localized rash     | <input type="checkbox"/> Tachycardia      | <input type="checkbox"/> Uterine cramping      |
| <input type="checkbox"/> Tightness (chest, throat)   |  | <input type="checkbox"/> Pale               | (rapid heart rate)                        |  |
| <input type="checkbox"/> Wheezing                    |  |   |   |  |

**Maryland State Department of Education (MSDE) – School Health Services Form**  
**Report of Anaphylactic Reaction/Epinephrine Administration**

13. Location where epinephrine administered:  Health Office  Other (specify) \_\_\_\_\_

14. Location of epinephrine storage:  Health Office  Other (specify) \_\_\_\_\_

15. Epinephrine administered by:  RN  LPN  Self  Other (specify) \_\_\_\_\_ Time: \_\_\_\_\_

Dose of epinephrine administered:  0.15 mg  0.30 mg

Source of Epinephrine:  student provided  stock epinephrine  Other  Unknown

16. Parent/guardian notified of epinephrine administration:  Yes  No Time: \_\_\_\_\_

By whom: \_\_\_\_\_

17. Was a second dose of auto injectable epinephrine required due to a biphasic reaction (i.e. reoccurring/worsening of anaphylactic symptoms)?  
 Yes  No  Unknown

If yes, was the dose administered at the school prior to Emergency Medical Systems (EMS) arrival?  Yes  No  Unknown

Approximate time between the first and second dose \_\_\_\_\_

**Disposition**

18. EMS notified at: (time) \_\_\_\_\_ By whom: \_\_\_\_\_

Transferred to hospital emergency department:  Yes  No If "No," provide reason: \_\_\_\_\_

If yes, transferred via  Ambulance  Parent/Guardian  Other

19. Outcome: \_\_\_\_\_

**School Follow-up (To be completed by School Nurse)**

20. Were parents/guardians advised to follow up with student's primary care provider?  Yes  No

21. Were arrangements made to restock auto injectable epinephrine?  Yes  No

22. Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please print)*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

School address: \_\_\_\_\_

APPENDIX F

General Use Epinephrine Compliance Checklist

School Name \_\_\_\_\_

School Year \_\_\_\_\_

Name of School Nurse/Licensed Health Care Practitioner \_\_\_\_\_

Criteria	Yes	No
Provide a completed copy of the school's General Use Epinephrine Policy and Procedure which must include:		
a) A copy of the statement of policy authorization and adoption distributed to the school community and included in the parent handbook.		
b) A copy of the signed statement of authorization to obtain and store auto-injectable epinephrine		
c) The Physician/Licensed Prescriber's signature acknowledging that he or she has reviewed the document and all applicable documents and found them to be acceptable.		
d) A copy of the list of impacted personnel who have completed training on the signs and symptoms of anaphylaxis, and auto-injectable epinephrine as described in the statement of training.		
e) A copy of the school's anaphylaxis response protocol		
Provide the name, address, phone number and e-mail address for the physician who has provided the medical authorization and medical direction.		
Provide a copy of the signed physician/licensed prescriber's standing orders.		
Provide a copy of the training material used to train all faculty and staff in the signs and symptoms of anaphylaxis		
Provide a copy of the training material used to train impacted staff in anaphylaxis, proper use of auto-injectable epinephrine, and the school's anaphylaxis response protocol		
Provide the name, address, telephone number, e-mail address and title of the licensed health care practitioner who will provide the training.		

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse/Licensed health care practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of Risk Management

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Liability Certificate Number

\_\_\_\_\_  
Date