



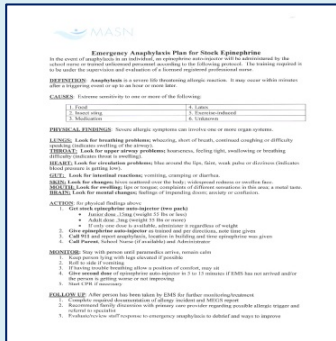
R.E.Act

Anaphylaxis: What Michigan School Staff Need to Know Part 1: What To Do

Know When & How to R.E.Act

Recognize an Allergic Reaction

- All staff should know symptoms of allergic reactions & anaphylaxis.
- Know your role in your school's anaphylaxis/allergy emergency protocol.
- Respond quickly.
- Have quick access to the Food Allergy/Anaphylaxis Emergency Care Plans for students you are responsible for. This plan should be filled out by the student's medical team and provided by the parent/guardian. The completed form should include dosing and steps to follow from the student's healthcare provider.



Epinephrine: 1st Line Treatment of Anaphylaxis

- Once anaphylaxis is recognized, the next step is to administer life-saving epinephrine.
- For those with a known allergy & prescribed epinephrine auto-injectors, a trained non-licensed staff member can administer the epinephrine auto-injector if a licensed registered nurse is unavailable.
- For those with no known allergy, some specially trained non-licensed staff members can administer an epinephrine auto-injector if a licensed registered nurse is unavailable.
- Know Michigan's regulations and your school policy.



Activate Emergency Response

- Call 911 for local emergency medical services per district policy. Ideally this occurs simultaneously with administration of epinephrine if help is available. With one rescuer, call 911 immediately **after** giving epinephrine.
- Caller should state that the student is suspected of having anaphylaxis and the time epinephrine was given. Inform EMS of your location in the school and request a licensed responder that has epinephrine available.
- Remain with the student until EMS arrives. Remain calm.
- **Do not** raise the student to an upright position. Consider laying the student down on their back with feet elevated unless vomiting or having trouble breathing.
- Notify the office that 911 was called and give student name, status & location. The office can notify the district school nurse (if the district has one) of the situation.

Possible Symptoms of Anaphylaxis

- Skin and Mucous Membranes (lips, tongue, mouth, eyes):** rash, itching, flushing, hives; lip, tongue, eye swelling; tingling or numbness around the mouth; red, watery eyes
- Gastrointestinal:** belly pain or cramping, heart burn, nausea, vomiting, diarrhea
- Upper Respiratory (nose and throat):** sneezing, nasal congestion, hoarse voice, difficulty swallowing, throat swelling, dry cough, numbness around mouth
- Lower Respiratory (lungs):** deep cough, wheezing, chest tightness, shortness of breath, difficulty breathing
- Cardiovascular (heart):** blue or pale skin color, weak pulse, fainting, dizziness, loss of consciousness, confusion, shock, low blood pressure
- Neurologic (brain) and Emotional:** sense of doom, irritability, mood change, confusion, lethargy, decrease in alertness

Adapted from Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs; CDC, 2013

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Adapted from: Food Allergies & Anaphylaxis in School
What School Staff Need to Know
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The two authors wish to clearly state that every effort should be made to advocate for having full time licensed professional registered nurses -serving in the role of a school nurse - in every school in Michigan. This resource is intended to supplement, not replace, training provided by a school nurse or other licensed registered nurse. Although written for a target audience of school personnel, this resource can give parents, administration and others an outline of things to consider when preparing for anaphylaxis in our schools. Be sure to discuss related Michigan laws and policies with your school administration, school nurse, or other licensed registered nurse educator.

References: MI Public Act 186: www.legislature.mi.gov/documents/2013-2014/publicact/htm/2013-PA-0186.htm
MI. Public Act 187: www.legislature.mi.gov/documents/2013-2014/publicact/htm/2013-PA-0187.htm

Acknowledgement: The authors thank the following for their very helpful review:

-Evilia A. Jankowski, MSA, BSN, RN, President, MI. Association of School Nurses
-Linda Meeder, RN, MS, FNP, NCSN, MI. School Nurse Consultant



R.E.Act

Anaphylaxis: What School Staff Need to Know in Michigan

Part 2: What To Know

Know When & How to R.E.Act

Recognizing anaphylaxis is key!

What is anaphylaxis?

- Anaphylaxis is a severe, life threatening, allergic reaction.
- Children with food allergies and other allergic disorders, like latex, insect, and medication allergy, are at risk for this allergic emergency.
- Anaphylaxis occurs in schools as do first time allergic reactions. A student or staff member may have their first episode of anaphylaxis at school.
- Anaphylaxis is a reaction that can involve one or more organ systems, like skin, lungs, heart, gut, and brain.
- Anaphylaxis may start off mild in severity and progress very quickly into a more severe reaction that can be more difficult to treat.
- Someone can still have anaphylaxis and never experience skin symptoms.
- Children can experience allergic reactions in very different ways. Each child may even have different reactions from past ones. Small children can have a hard time describing symptoms and may do so in unexpected ways.

Epinephrine is the first line treatment of anaphylaxis.

- Epinephrine is a quick acting, safe medicine and the 1st line treatment for anaphylaxis. Epinephrine is given using an auto-injector into the mid-outer thigh muscle and can be administered through clothing if necessary. If symptoms do not go away, or they increase, a 2nd dose of epinephrine can be given 5 minutes after the first dose.
- Lack or delays in treatment with epinephrine can increase risk of dying from these reactions.
- Know your school policies and procedures to ensure allergic emergencies are quickly recognized and appropriately treated. If a school nurse is unavailable, other trained school staff should be promptly called to manage the anaphylaxis emergency.

Antihistamines: 2nd Line Treatment for Anaphylaxis

- Remember that antihistamines (e.g. Benadryl®, Zyrtec®) are second-line treatment and do not prevent or stop anaphylaxis.
- Do not delay giving epinephrine first. The benefits of giving epinephrine outweigh the risks.

Activate 911 once epinephrine is administered.

- 911 must be called immediately for prompt transfer of the student to the nearest Emergency Department via ambulance.
- Epinephrine is short acting and additional treatment may be needed. Symptoms may also return in a 2nd phase which can also be life-threatening.
- Medical evaluation & monitoring by Emergency Department physicians & nurses is critically necessary.



Even if a student looks fine after receiving epinephrine they still must promptly go to the nearest Emergency Department via ambulance for further evaluation.

Anaphylaxis or Food Allergy Emergency Care Plans (ECPs)

- Anaphylaxis or food allergy ECPs are completed by clinic teams for a specific student. Refer to this ECP during a reaction. Students with diagnosed allergies at risk for anaphylaxis should have a current ECP on file provided by a parent/guardian.
- All school staff directly responsible for a student with an ECP and prescribed epinephrine should be thoroughly familiar with its content. Review ECPs periodically during the academic year.
- A copy of a general (non-student specific) ECP for Stock Epinephrine is in the Anaphylaxis Tool Kit on the Michigan Association of School Nurses website. This ECP should be familiar to school staff trained by a licensed registered nurse, as required by law, to respond to anaphylaxis using school stock epinephrine. Use this ECP when a student or staff member has their first known episode of anaphylaxis at school.
- Reporting and documentation forms are available in the Anaphylaxis Tool Kit on the Michigan Association of School Nurses website: <http://michiganschoolnurses.org>

References: MI. Public Act 186: www.legislature.mi.gov/documents/2013-2014/publicact/htm/2013-PA-0186.htm
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