



# Anaphylaxis in School: What CO School Staff Need to Know

## Are You Prepared to R.E.ACT?

Modified for use by:



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**Anaphylaxis** is a severe, life threatening, allergic reaction. Children with food allergies and other allergic disorders, like latex and insect sting allergy, are at risk for this allergic emergency. Anaphylaxis occurs in schools, and first time allergic reactions and anaphylaxis can also occur. Anaphylaxis, a reaction that can involve more than one organ system, like skin, lungs, heart, gastrointestinal, and brain may start off mild in severity and quickly evolve into a more severe reaction that can be more difficult to treat. Children can experience allergic reactions in very different ways, and each child can have different reactions from ones that they had in the past. Keep in mind that anaphylaxis can start with mild symptoms but progress quickly. Delays in treatment with epinephrine increase the risk of dying from these reactions. Epinephrine, a quick acting and safe medicine, is the first line, treatment of choice for anaphylaxis. Policies and procedures should be developed to ensure that allergic emergencies are quickly recognized and appropriately treated. Anaphylaxis or food allergy emergency care plans are tools created by a healthcare provider for the specific student and it is important to refer to this plan during a reaction. Talk to your school nurse and/or administration to learn more about anaphylaxis and learn your role in your schools emergency protocol.

### RECOGNIZE AN ALLERGIC REACTION

- All staff should get to know the symptoms of allergic reactions and anaphylaxis.
- Know your role in your school's anaphylaxis/allergy emergency protocol and respond quickly.
- For suspected allergic reactions or anaphylaxis, immediately contact your school nurse (if available) and designee and follow your school's emergency response plan. If the school nurse is not available—someone must call 911 immediately.
- Have quick access to the Food Allergy/Anaphylaxis Emergency Care Plans for students that you are responsible for and understand which signs and symptoms will require epinephrine.

### EPINEPHRINE

- Once anaphylaxis is recognized, the next step is for the life saving epinephrine to be administered. **Epinephrine is the treatment of choice for anaphylaxis.** Rapidly getting the school nurse or school doctor and contacting emergency services (911) are critical.
- For those with a **known** allergy and an auto-injector, in some states, a trained non-licensed staff member can administer an epinephrine auto-injector in the event that a nurse or physician is unavailable. Please discuss your state's regulations with your school nurse or principal. If the affected person has a known allergy—administer epinephrine as per training and school policy and confirm that 911 was called.
- For those with an **unknown** allergy—Confirm that 911 was called and continue to attempt to contact the school nurse. If your district has adopted a policy under CRS 22-1-119.5 to stock epinephrine, then designated responders can administer epinephrine as per Level III training.
- Anaphylaxis may require a second dose, therefore students should have two auto-injectors available.
- Keep epinephrine in a well-defined, accessible but secure location, avoiding temperature extremes.
- Staff should be trained and have periodic refreshers to administer the specific student's auto-injector. Make sure you are comfortable with using auto-injectors that are specific to your students.
- Remember that antihistamines are second-line treatment and do not prevent or stop anaphylaxis. Do not allow antihistamines to delay giving epinephrine.

### ACTIVATE EMERGENCY RESPONSE

- **Call the school nurse if available and 911 or local emergency medical services.** The caller should state that a child is having anaphylaxis and request a licensed responder that has epinephrine available.
- Anyone experiencing anaphylaxis should be taken to the emergency department via ambulance. Also, epinephrine is short-acting. Further evaluation and management in the emergency department is essential. This is important because the child may need additional care and can also experience a second phase of their reaction called the biphasic response.
- After epinephrine is administered, if appropriate and after 911 is called, then contact emergency contacts as per the Emergency Allergy Action Plan.
- While awaiting EMS and after giving epinephrine, if possible do not have the child or adults rise to an upright position. There have been cases of deaths that have been associated with rising to an upright position.
- The student should be observed for at least 4-6 hours in the emergency department.