

EPINEPHRINE POLICY

FILE: JLCEA

Purpose

To establish a policy regarding the availability and use of auto-injectable epinephrine in the Allegany County Public Schools.

Definitions

Anaphylaxis – is a sudden, severe, rapidly progressive potentially life-threatening allergic reaction that affects multiple organ systems of the body at the same time. Anaphylaxis requires immediate medical attention as it can be fatal if not reversed within seconds or minutes of coming in contact with the allergen. Allergens such as insect stings or bites, foods (such as milk, egg, peanut, tree nuts, fish, shellfish, wheat, and soy), latex, medications and other allergens are common causes of anaphylaxis, but it may also be idiopathic or exercise-induced. Anaphylaxis usually occurs immediately (seconds or minutes) but also may occur several hours after allergen exposure. Symptoms progress rapidly, making it a medical emergency.

Designee – Trained school personnel who may administer auto-injectable epinephrine if a student is determined to be or perceived to be in anaphylaxis. Personnel who may be appropriate for training as the nurse's designee could include school administrators, teachers, school support personnel, food services staff, coaches/advisors for school sponsored activities and bus drivers.

Policy Statement

The Board of Education recognizes the importance of having auto-injectable epinephrine in the Allegany County Schools. The school nurse, or designee, is authorized to administer auto-injectable epinephrine using an EpiPen 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 above or
2. has a prescription for epinephrine from an authorized licensed health care practitioner under the Health Occupation Article.

The school nurse will provide training to any school personnel acting as a designee.

Legal Reference			
Maryland Code, Education Article Section 7-426.2			
Policy History	Adopted	Reviewed	Revised Oct. 17, 2012, 1 st Reading Nov. 13, 2012, 2 nd Reading