



# Bledsoe County Schools

# EMERGENCY ALLERGY

# RESPONSE PLAN

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#### Authorized Generics:

Adrenallick by Amneal Pharmaceuticals (formally Impax Laboratories), Viatrix (formally Mylan), and Teva Pharmaceuticals

## **I. Purpose and Scope**

### **Emergency Allergy Response Plan**

In order to minimize the incidence of life-threatening allergic reactions, Bledsoe County Schools will maintain a system-wide procedure for addressing life-threatening allergic reactions and maintain an Individualized Health Care Plan (IHP) for any student(s) whose parent/guardian and licensed health care provider have informed the school in writing that the student(s) has a potentially life threatening allergy (LTA).

## **II. Procedure for Implementing Emergency Allergy Response Plan**

In order to minimize the incidence of life-threatening allergic reactions, Bledsoe County Schools will:

Provide training and education to Bledsoe County School employees who have students with LTA; EpiPen and/or AuviQ (or other approved device) training is to be provided to school staff members by the school nurse. The school nurse is responsible for maintaining training records.

Develop an IHP for any student with an identified LTA in collaboration with the student's parent/guardian and licensed health care provider.

Encourage parents/guardians to participate in the development, support of, and implementation of the plan.

### **A. General School Procedures**

The School Nurse will collaborate with the student's parent/guardian and licensed health provider as possible to prepare an IHP for any student with a LTA.

The IHP will be developed annually and revised as needed by the school nurse, parent/guardian, and the healthcare provider as necessary.

The IHP will include the student's name, the allergen(s), the signs and symptoms, steps to follow in the event of an emergency, phone numbers of parent/guardian, and licensed healthcare provider. Supplemental documentation / physician orders will be requested.

The IHP will be available in the nurse's office, and should accompany a student on any field trip.

Photographs of the student with a LTA can be included on the Allergy Action Plan (AAP) with permission of the parent/guardian as available.

Any changes in the student's medical condition, classroom, and action plan should involve the school nurse and parent/guardian.

Epi-pens (including stock Epi-pens) are stored in the nurse's office unless the student's IHP indicates with parent/guardian permission that the student carries the Epi- pen with them at all times (which may be necessary for after-school care, extracurricular activities, etc.)

In the event that a trained staff member or school nurse is unavailable during an episode of anaphylaxis, 911 will be called.

The school nurse will be responsible for notifying classroom teachers about the nature of the student LTAs. Training will include, at minimum, a description of the signs and symptoms to observe for and what allergen (food, material, etc.) to avoid.

Information about the child's LTA will be distributed to the designated staff members. Staff will be reminded that all medical information is confidential and shared on a need-to-know basis; however, awareness saves lives where LTAs are concerned.

School Nurses and classroom teachers will be responsible for keeping an updated substitute folder containing information that needs to be shared.

## **B. Employee training and education**

Training regarding LTAs will be provided to school employees including food service staff and coaches. Training will be available to bus drivers who transport students with a LTA and recommended to the Bledsoe County Schools Transportation Supervisor.

Initial employee training and education will include, but not limited to the following:

A description/definition of severe allergies and discussion of commonly known foods to cause allergic reactions, latex, insect stings, and medications;

The signs and symptoms of anaphylaxis

The correct use of an epinephrine injector

Specific steps to follow in the event of an emergency

Proper use of the 911 Emergency Response System

Location of the students prescribed emergency device

Location of stock Epi-pens available

### **C. Student Responsibility**

Learn to recognize symptoms and take them seriously in early stages.

Take as much responsibility for avoiding allergens as possible, based on developmental level, including participation in planning the allergy action plan.

Learn to read labels.

Trading or sharing foods is prohibited.

Wash hands before and after eating.

Promptly inform an adult if you suspect that you have come in contact with an allergen.

Develop trusting friendships with peers and ask them for help if needed.

Share educational information and assist with training peers in the allergy action plan.

Report teasing or harassment immediately.

Carry own emergency device and demonstrate competency if age appropriate. Competency is to be documented on the IHP by the school nurse.

### **D. Parent/Guardian Responsibility**

Inform the school nurses and administrators of the child's allergies as soon as possible after diagnosis and before the start of each school year.

Provide the school nurse with medication orders from the licensed health care provider (or their contact information) to assist in the development of the student IHP. Medication orders should include a list of foods /ingredients that the child should avoid.

Provide school nurse permission to consult with the medical provider to assist in the development of the student IHP.

Explain what the student is allergic to, triggers, warning signs of allergic reaction and emotional responses of the student if history of prior reaction.

Participate in team meetings and development of the IHP or communicate with individual school personnel who will be in contact with the child.

Provide the school with emergency contact information (cell phone, work number) and update as needed.

Provide the school nurse signed consent forms to administer medications and share health information on a need-to-know basis.

Provide the school with up-to-date prescribed emergency devices to be stored in secure locations according to school policy and replaced upon expiration.

Notify the school nurse and bus driver of LTA.

Participate in field trips as possible

Provide the school with updates on the student's allergy status as needed.

Consider providing a medical alert bracelet for the student.

Advocate for their student regarding the seriousness of allergies and encourage their student to take more responsibility as the student grows older.

### **E. School Nurse Responsibilities**

Communicate with the parent of the student with life threatening allergies immediately after diagnosis or as soon as possible.

Assure that the IHP includes the student's name, photo if available, allergens, symptoms of allergic reaction, risk reduction procedures, emergency responses and required signatures. Communicate in writing with the cafeteria manager, classroom teachers, and support staff as needed.

Provide copies of the IHP as needed to the student's teachers, cafeteria manager, SRO and bus driver (if applicable).

Arrange and convene a food allergy management team meeting to plan and review IHP. Encourage parental participation.

Document attempts to collaborate with parents who have not participated in the development of the IHP or fail to supply the emergency device (letters or phone calls)

Familiarize assigned school personnel with the IHP on a need-to-know basis.

Coordinate or conduct in-service training and education for appropriate staff.

Include medical alerts list in substitute folder in the school nurse office.

Identify the location of Epi-Pens and check for expiration dates. Location shall be listed in the IHP.

Assist with annual Emergency Allergy Response Plan reviews.

Seek opportunities to increase LTA awareness utilizing newsletters, classroom lessons, health fairs, etc.

### **F. School Principal/Designee Responsibility**

Include in the school's emergency response plan a written plan outlining emergency procedures for managing medical emergencies.

Participate in planning the IHP and support school personnel, the student and parents in its implementation.

Assure a means of communication between appropriate locations (nurse's office, classroom, cafeteria etc.).

Plan and facilitate employee training for use of the emergency device with the school nurse.

Create specific areas that will be allergen safe, if feasible.

Inform parent/guardian if any student experiences an allergic reaction at school.

Monitor strategies to reduce risk of exposure. Monitor overall compliance with the implementation of the Emergency Allergy Response Plan.

### **G. Guidance Counselor Responsibility**

Communicate with the school nurse as needed in the development of the student's IHP.

Act as a resource to parents and students regarding anxiety, stress, and normal development.

Increase awareness of LTAs as it relates to bullying.

## **H. Classroom Teacher Responsibility**

Teachers must be familiar with the signs/symptoms of anaphylaxis and emergency protocol to follow.

In the event of a suspected allergic reaction (where there is no prior allergic history), the school nurse and emergency medical services will be called immediately. Bledsoe County Schools has standing orders for the administration of Epinephrine to be administered for a victim of anaphylaxis with no known history. EMS/911 and parents will be notified.

The classroom will have easy communication with the school nurse by such means as a telephone, walkie-talkie, or cell-phone.

Information will be kept about student's allergies in the classroom and in the substitute folder, accessible by teachers, substitutes or other responsible adults.

Tables will be washed with soap and water or wipes following any food related events held in the classroom.

Sharing or trading of food in the classroom or cafeteria will be prohibited.

Proper hand washing techniques will be taught and encouraged before and after handling/consumption of food.

Substitute teachers should be notified of students with life-threatening allergies in the classroom and should consult with the school nurse, as needed, to ensure the health and safety of the student.

The classroom teacher should maintain a confidential substitute folder for the classroom identifying those students with health concerns.

## **I. School Field Trips**

The school nurse will recommend to the administration the appropriateness of each field trip and consideration of safety of the student with LTA.

Protocols for field trips will include timely notification to the school nurse.



The student's IHP, emergency device, and medications must accompany the student on a field trip.

A cell phone or other communication device must be available on the field trip for emergencies.

In the absence of accompanying parent/guardian or school nurse, a school staff member must be trained and assigned the task of watching out for the student's welfare and for handling any emergency. A trained staff member will carry the emergency device unless the student has been approved to carry it by the licensed health care provider.

### **J. School Bus**

Training by the school nurse will be available to school bus drivers to include exposure reduction procedures, recognition of allergic reactions/anaphylaxis, and implementation of bus/local medical emergency procedures.

Prohibit food consumption on buses.

The school bus must have a cell phone or other communication device for emergency calls.

School bus drivers will be notified by parent of students with LTAs and emergency procedures to follow (call 911)

### **K. Cafeteria/Food Service**

Licensed healthcare provider orders provided by the parent/guardian are required for dietary modifications.

Enter dietary modifications/food allergies/specific health conditions in food service computer for safety alert.

Read food labels and re-check routinely for potential food allergens.

Enforce strict sanitation with staff using commercial cleaning solutions on table tops to avoid cross-contamination.

Provide menus to parent/guardian upon requests.

### **L. Coaches/Extracurricular Staff**

With parent's consent, obtain a copy of the allergy action plan and photo if available of student with LTA.

Ensure access to student's emergency medications and communication devices.

Conduct activities in accordance with all school policies and procedures regarding life-threatening allergies.

Implement emergency procedures at the first sign of anaphylaxis.

### **III. Record Keeping/Documentation**

Each IHP will be initiated by a registered nurse (RN), or an Licensed Practical Nurse (LPN) with RN oversight, per state guidelines in collaboration with the parent/guardian, licensed healthcare provider, and the 504 coordinator as requested

The school nurse will identify students with medical diagnosis or chronic health conditions who are at risk by review of student health history information.

Emergency device location and monitoring of expiration dates will be evaluated by the school nurse or school administrator.

The school nurse will maintain a list of trained personnel and documentation of competency.

### **IV. Evaluation**

Annual review of system-wide policies and allergy management training.

Review and update of individual IHP will be conducted as needed and annually.

The school nurse and school administrator should evaluate any emergency exposure to an allergen, the cause of the exposure, effectiveness of personal responses and suggestions for improvements.

Physician Review: Chattanooga Allergy Clinic Date 7 / 25 / 22

# How to use an EpiPen® (epinephrine injection, USP) Auto-Injector

EPIPEN® EPIPEN Jr®  
(epinephrine injection, USP) Auto-Injectors 0.3/0.15mg

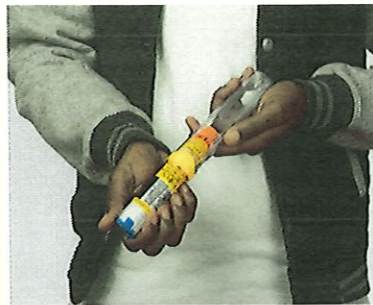
## 1 PREPARE

Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube. Flip open the yellow cap of your EpiPen® or the green cap of your EpiPen Jr® carrier tube. Tip and slide the auto-injector out of the carrier tube.

Hold the auto-injector in your fist with the orange tip pointing downward.

Blue to the sky, orange to the thigh™.

With your other hand, remove the blue safety release by pulling straight up without bending or twisting it.



**NEVER-SEE-NEEDLE®** helps with protection. Protects against needle exposure before and after use.

### NOTE:

- The needle comes out of the orange tip.
- To avoid an accidental injection, never put your thumb, fingers or hand over the orange tip. If an accidental injection happens, get medical help right away.

## 2 ADMINISTER

If you are administering EpiPen® or EpiPen Jr® to a young child, hold the leg firmly in place while administering an injection.

Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.

Swing and push the auto-injector firmly until it "clicks." The click signals that the injection has started.

Hold firmly in place for 3 seconds (count slowly 1, 2, 3).

Remove the auto-injector from the thigh. The orange tip will extend to cover the needle. If the needle is still visible, do not attempt to reuse it.

Massage the injection area for 10 seconds.



## 3 GET EMERGENCY MEDICAL HELP RIGHT AWAY

You may need further medical attention.

If symptoms continue or recur, you may need to use a second EpiPen® or EpiPen Jr® Auto-Injector.

## INDICATIONS

EpiPen® and EpiPen Jr® 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 administration as emergency supportive therapy only. Seek immediate emergency medical help right away.

## IMPORTANT SAFETY INFORMATION

Use EpiPen® (epinephrine injection, USP) 0.3 mg or EpiPen Jr® (epinephrine injection, USP) 0.15 mg Auto-Injectors right away when you have an allergic emergency (anaphylaxis). **Get emergency medical help right away.** You may need further medical attention. Only a healthcare professional should give additional doses of epinephrine if you need more than two injections for a single anaphylactic episode.

Not actual patient.

Please see additional Important Safety Information and Indications on the back.

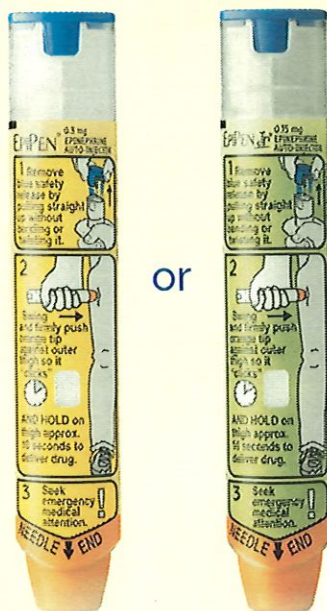
Please see accompanying full Prescribing Information and Patient Information.

# Every EpiPen 2-Pak® (epinephrine injection, USP) comes with an EpiPen® Trainer

Practice with your Trainer repeatedly to become familiar with it.

**EPIPEN®**    **EPIPEN Jr®**  
(epinephrine injection, USP) Auto-Injectors 0.3/0.15mg

## The EpiPen® Auto-Injector



or

Identify the EpiPen® Trainer by:

### Label

The EpiPen® Trainer is clearly labeled **TRAINER** or **TRAINING DEVICE**.

### Color

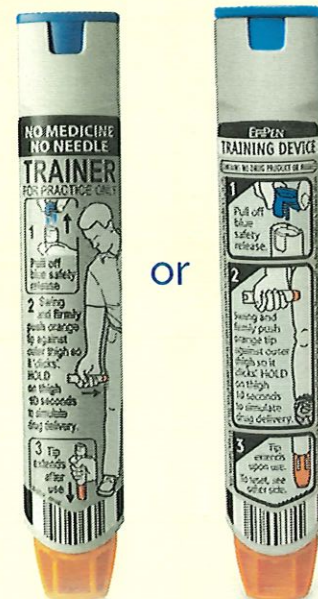
The EpiPen® Trainer is shaded grey

EpiPen® is yellow & EpiPen Jr® is green

No Window or Liquid

Reset after each use

## The EpiPen® Trainer



or

Always have access to two EpiPen® Auto-Injectors in all the places you may need them because some people require a second dose. More than two sequential doses of EpiPen® Auto-Injector should be administered only under direct medical supervision.

The grey EpiPen® Trainer contains no medicine and no needle, and **SHOULD NOT BE USED** during an anaphylactic reaction.

Visit [epipen.com](http://epipen.com) to watch our *How to Use* video and more.

## IMPORTANT SAFETY INFORMATION (Continued)

EpiPen® or EpiPen Jr® should **only** be injected into the middle of your outer thigh (upper leg), through clothing if necessary. Do not inject into your veins, buttocks, fingers, toes, hands or feet. Hold the leg of young children firmly in place before and during injection to prevent injuries. In case of accidental injection, please seek immediate medical treatment.

Rarely, patients who have used EpiPen® or EpiPen Jr® may develop an infection at the injection site within a few days. Some of these infections can be serious. Call your healthcare professional right away if you have any of the following at an injection site: redness that does not go away, swelling, tenderness, or the area feels warm to the touch.

Tell your healthcare professional about all of your medical conditions, especially if you have asthma, a history of depression, thyroid problems, Parkinson's disease, diabetes, high blood pressure or heart problems, have any other medical conditions, are pregnant or plan to become pregnant, or are breastfeeding or plan to breastfeed. Be sure to also tell your healthcare professional all the medicines you take, especially medicines for asthma. **If you have certain medical conditions, or take certain medicines, your condition may get worse or you may have longer lasting side effects when you use EpiPen® or EpiPen Jr®.**

Common side effects include fast, irregular or "pounding" heartbeat, sweating, nausea or vomiting, breathing problems, paleness, dizziness, weakness, shakiness, headache, feelings of over excitement, nervousness or anxiety. These side effects usually go away quickly if you lie down and rest. **Tell your healthcare professional if you have any side effect that bothers you or that does not go away.**

Please see the full Prescribing Information and Patient Information.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

For additional information, please contact us at 800-395-3376.

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**Mylan**  
Seeing is believing®

Mylan Specialty L.P., 1000 Mylan

# HOW TO USE AN AUVI-Q™ AUTO-INJECTOR

## Call 911 immediately after using the Auvi-Q™

The effects of the Auvi-Q™ begin to wear off after 10-15 minutes. It is very important to call 911 or the emergency number in your area immediately after using Auvi-Q™. Your child could have another reaction and needs to be observed in the emergency department for at least 4 hours. Bring the Auvi-Q™ with you to the hospital or give to emergency personnel when they arrive to safely dispose of it.

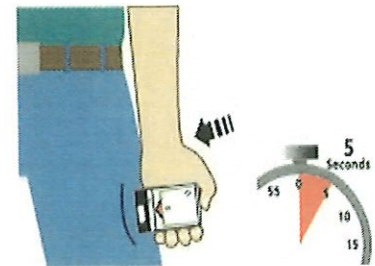
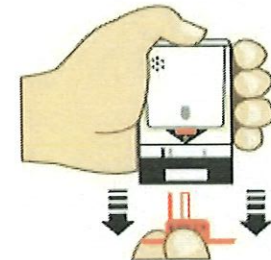
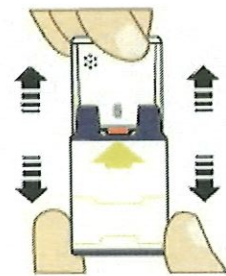
### Steps to Using the Auvi-Q™

1. Pull Auvi-Q™ from the outer case. Do not proceed to step 2 until you are ready to use Auvi-Q™. If not ready to use, replace the outer case.
2. Pull off **red** safety guard. To avoid accidental injection, never touch the **black** base of the auto-injector. If an accidental injection does occur, seek medical help immediately. *Note: The safety guard is meant to be tight. Pull firmly to remove.*
3. Place **black** end against the middle of the outer thigh, then press firmly against thigh and hold in place for 5 seconds. Do not remove Auvi-Q™ until the 5 second countdown is done. The Auvi-Q™ makes a distinct sound (click and hiss) when activated.

**The Auvi-Q™ is designed to go through clothing or directly on skin. Each device is a single-use injection.**

- **Call 911 and seek immediate medical attention.** Tell them that your child has had an allergic reaction and that the Auvi-Q™ was used. Bring the Auvi-Q™ with you to the hospital or give to emergency personnel when they arrive and they will safely dispose of it.
- **Be prepared** to give a second dose of the Auvi-Q™ if symptoms do not improve or worsen in 5 to 15 minutes.

**Note:** Auvi-Q™ contains audio voice instructions that help guide you through the steps. In the event the audio instructions do not work properly, the Auvi-Q™ will still work during an allergic reaction.



This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.

**Children's**  
HOSPITAL • ST. LOUIS  
BJC HealthCare

## When to Use Auvi-Q™

The Auvi-Q™ Auto-injector is an epinephrine shot used to treat severe allergic reactions (anaphylaxis). A severe allergic reaction can become fatal within minutes if untreated. Using the Auvi-Q™ gives the lifesaving time needed to get further medical treatment.

### **SYMPTOMS OF ANAPHYLAXIS INCLUDE**

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of "impending doom," irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Tips about Auvi-Q™

- Comes in two strengths and are prescribed based on the individual weight.
- An Auvi-Q® trainer is included in the box with the real Auvi-Q®.
- The trainer does not have medicine or a needle.
- Use the trainer to practice steps of giving the injection.
- Store at room temperature.
- Do not refrigerate.
- Do not keep in a vehicle during hot or cold weather.
- Do not expose to direct sunlight.
- Be sure the medicine is clear/colorless in the viewing window.
- Check the expiration date. If expired get a refill.

**Additional Information:**  
**[auvi-q.com](http://auvi-q.com)**

This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for your child being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.

## Instructions for the Adrenaclick

1. Pull off the gray caps off both ends. The needle will come out of the red tip.
2. Place the red tip firmly against the side of the child's thigh, about halfway between the hip and knee. Inject the medicine into the fleshy outer portion of the thigh. Do not inject into a vein or the buttocks. Hold the leg firmly in place before and during the injection.
3. You can give the injection through clothes or on bare skin.
4. Hold the auto-injector in place for 10 seconds.
5. Remove the needle by pulling the Adrenaclick straight out. If the needle is exposed, then the dose was given. If the needle is not exposed, repeat steps 2-4.
6. Put the Adrenaclick back into its case. Give it to EMS when they arrive.
7. Massage the area after the injection.

## Instructions for Use

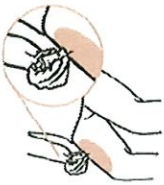
SYMJEPI (sims-je-pi-ee) (epinephrine injection, USP) pre-filled syringe

For Allergic Emergencies (anaphylaxis)

Read this Instructions for Use carefully before you use this product.

Before you need to use your SYMJEPI syringe, make sure your healthcare provider shows you the right way to use it. Parents, caregivers, and others who may be in a position to administer SYMJEPI should also understand how to use it. If you have questions, ask your healthcare provider.

SYMJEPI is injected downwards, into the thigh, which may be shown, through clothing if necessary.



## Get Ready to Use SYMJEPI

When ready to inject, pull off cap to expose needle.

**1** Do not put finger on top of cap device. If you are administering SYMJEPI to a young child, hold the leg in place while administering the injection. Hold SYMJEPI by finger on top only and slowly insert the needle into the thigh.



## Ready to Use SYMJEPI

After needle is in thigh, push the plunger down until the white stop is at the 0.3 mL mark and hold for 2 seconds.



Tell your healthcare provider that you received an injection of epinephrine.

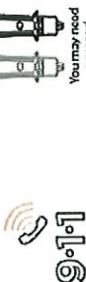
Use second syringe if necessary



You may need a second SYMJEPI syringe if symptoms continue or recur.

## Get Help

Get emergency medical help now.



Front Side

## SYMJEPI

(epinephrine injection, USP) pre-filled syringe

Instructions for Use

Put out and Read before Use Rx Only

For more information see Patient Information sheet or ask your healthcare provider.

How to Store - Keep SYMJEPI in its plastic case nearby and ready for use at all times.

• Store at room temperature between 68°F to 77°F (20°C to 25°C). Do not expose to extreme cold or heat. For example, do not store in your vehicle's glove box and do not store in the refrigerator or freezer.

• Store the SYMJEPI syringe in its closest plastic case to protect from light.

• Check the expiration date on the SYMJEPI Periodically.

The solution should be clear when viewed through the window on the device. If the solution is discolored (pinkish or brown color), cloudy or contains particles, replace the SYMJEPI with a new one.

Your SYMJEPI Has an Expiration Date - Example: 2021 12 = December 31, 2021. Replace SYMJEPI before the expiration date. Dispose of expired SYMJEPI properly by taking the SYMJEPI in its case to a healthcare provider or hospital emergency room.

After Use Safety Guard



Using one hand with fingers behind the needle slide safety guard over needle.

SYMJEPI is a single use pre-filled syringe that delivers a fixed dose of epinephrine. The pre-filled syringe cannot be reused. It is normal for most of the medicine to remain in the syringe after the dose has been injected.

The correct dose has been injected if the plunger has been pushed all the way down and the solution window is at least partially blocked.

If you will be administering SYMJEPI to a young child, ask your healthcare provider to show you how to properly hold the leg in place while administering a dose.

**After use and Disposal** - Hold SYMJEPI with one hand with your fingers behind the needle and slide the safety guard over the needle until it clicks. Put the used syringe into the grey case and close the case. Take the case with the used syringe with you when you go to see a healthcare provider.

Tell the healthcare provider that you have received an injection of epinephrine. Show the healthcare provider where you received the injection. Give your used SYMJEPI syringe to your healthcare provider for inspection and proper disposal.

Back Side

For more information about SYMJEPI pre-filled syringe and proper use of the product, call 1-800-230-3935 or visit [www.symjepl.com](http://www.symjepl.com).

SYMJEPI is a registered trademark of Adams Pharmaceuticals Corporation.

Manufactured for Adams Pharmaceuticals Corp. San Diego, CA 92130. Distributed by USMIL, LLC Louisville, KY 40241.

This Instructions for Use has been approved by the U.S. Food and Drug Administration. Revised: July 2020



## Allergy and Anaphylaxis Emergency Plan

Date of Plan: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ pounds ( \_\_\_\_\_ kg)

Student's School System: \_\_\_\_\_ Student's School: \_\_\_\_\_

Student has allergy to \_\_\_\_\_

Student has asthma  Yes (If yes, higher risk for severe reaction)  No

Student has had anaphylaxis  Yes  No

Student has received instruction and has permission to self-carry epinephrine and use independently  Yes  No

**IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, use epinephrine.**

For **ANY** of the following **SEVERE SYMPTOMS OR A COMBINATION** of symptoms from different body areas



Shortness of breath, wheezing, or coughing



Pale or bluish skin, weak pulse, fainting or dizziness



Tight or hoarse throat, trouble breathing or swallowing



Swelling of lips or tongue that bothers breathing



Many hives or redness over body



Feeling of "doom," confusion, altered consciousness or agitation



Repetitive vomiting or severe diarrhea

**☐ SPECIAL SITUATION:** If this box is checked, student has an extremely severe allergy to an insect sting or the following food(s): \_\_\_\_\_ . Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**



**1. Inject epinephrine right away!**

Note time when epinephrine was given.

**2. Call 911.**

- Ask for ambulance with epinephrine.
- Tell rescue squad when epinephrine was given.

**3. Stay with Student and:**

- Call parents and student's healthcare provider.
- If symptoms get worse or continue after 5 minutes, give a second dose of epinephrine.
- Keep student lying on back. If the student vomits or has trouble breathing, keep child lying on his or her side.

**4. Give other medicine (if applicable) following epinephrine**

- Antihistamine
- Inhaler/bronchodilator if wheezing

### MILD SYMPTOMS



Itchy or runny nose, sneezing



Itchy mouth



Mild nausea or discomfort



A few hives, mild itchy skin

### MONITOR STUDENT

- Stay with student and watch him or her closely.
- Give antihistamine (if listed below).
- Call parents.

**If more than 1 symptom or severe allergy anaphylaxis symptoms develop, use epinephrine.**

### MEDICATION/DOSES

Epinephrine, intramuscular (list type): \_\_\_\_\_

Epinephrine Dose:  0.1 mg  
 0.15 mg  
 0.3 mg

Antihistamine, by mouth (list type): \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler/bronchodilator if child has asthma): \_\_\_\_\_

### EMERGENCY CONTACTS

Healthcare Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Emergency Contact Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Authorization Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/HCP Authorization Signature

\_\_\_\_\_  
Date

## Asthma Action Plan

<b>PARENT/GUARDIAN – complete and sign the top portion of f</b>		Copies of Plan provided to: Teacher(s) ___ Parent ___ Other ___
Name: _____	Date of Birth: _____	
Grade: _____	Teacher/Homeroom: _____	
Parent/Guardian: _____	Secondary Contact: _____	
Parent Email: _____	Secondary Contact Phone: _____	
Parent Phone: _____	Other Phone Number: _____	

**Triggers (please circle):** Weather (cold air, wind) Illness Exercise Smoke Dust Pollen Other: \_\_\_\_\_  
**Life threatening allergies:** Specify \_\_\_\_\_

**If there is no quick relief inhaler at school and the student is experiencing asthma symptoms, school staff will:**

**HEALTH CARE PROVIDER – complete all items, SIGN and DATE completed form.**

**GREEN ZONE: Student participation in activity and need for pretreatment. No current symptoms.**

**Pretreatment for strenuous activity:**  Not Required

**Pretreatment for strenuous activity:**  Routinely **OR**  Upon request - Explain: (weather, viral, seasonal, other) \_\_\_\_\_

Give 2 puffs of quick relief med (Check One):  Albuterol  Other: \_\_\_ 10-15 minutes before activity.

Repeat in 4 hours if needed for additional or ongoing physical activity.

*If student is currently experiencing symptoms, follow yellow zone.*

**YELLOW ZONE: SICK – UNCONTROLLED ASTHMA**

IF YOU SEE THIS:	DO THIS:
<ul style="list-style-type: none"> <li>▪ Trouble breathing</li> <li>▪ Wheezing</li> <li>▪ Frequent cough</li> <li>▪ Complains of chest tightness</li> <li>▪ Not able to do activities but still talking in complete sentences</li> <li>▪ Peak flow between ___ and ___</li> <li>▪ Other: _____</li> </ul>	<ol style="list-style-type: none"> <li>1. Stop physical activity</li> <li>2. GIVE QUICK RELIEF MED: (Check One): <input type="checkbox"/> Albuterol <input type="checkbox"/> Other: _____ Dose: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> Nebulizer treatment: _____</li> <li>3. Call parents/guardians and school nurse.</li> <li>4. Stay with student and maintain sitting position.</li> <li>5. Student may go back to normal activities once feeling better.</li> <li>6. <i>If symptoms do not improve in 10-15 minutes or worsen after giving quick relief medicine, follow RED ZONE plan.</i></li> </ol>

**RED ZONE: EMERGENCY SITUATION – SEVERE ASTHMA SYMPTOMS**

IF YOU SEE THIS:	DO THIS IMMEDIATELY:
<ul style="list-style-type: none"> <li>▪ Coughs constantly</li> <li>▪ Struggles to breathe</li> <li>▪ Trouble talking (only speaks 3-5 words)</li> <li>▪ Skin of chest and/or neck pull in with breathing</li> <li>▪ Lips or fingernails are gray or blue</li> <li>▪ ↓ Level of consciousness</li> <li>▪ Peak flow &lt; _____</li> </ul>	<ol style="list-style-type: none"> <li>1. GIVE QUICK-RELIEF MED: (Check One): <input type="checkbox"/> Albuterol <input type="checkbox"/> Other: _____ Dose: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> Nebulizer treatment: _____ <input type="checkbox"/> Refer to anaphylaxis plan if student has life threatening allergy.</li> <li>2. Call 911 and inform EMS the reason for the call.</li> <li>3. Call parents/guardians and school nurse.</li> <li>4. Stay with student and remain calm. Encourage student to take slow deep breaths.</li> <li>5. If 20 minutes have elapsed <i>since first dose</i> and symptoms continue, repeat quick-relief med: <input type="checkbox"/> Albuterol <input type="checkbox"/> Other: _____ Dose: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> Nebulizer treatment: _____</li> <li>6. <i>School personnel should NOT drive student to hospital.</i></li> </ol>

**INSTRUCTIONS for QUICK RELIEF INHALER USE: CHECK APPROPRIATE BOX(ES):**

Student understands the proper use of his/her asthma medications and, in my opinion, can carry and use his/her inhaler at school independently.

Student is to notify his/her adult at school after using inhaler.

Student needs supervision or assistance to use his/her inhaler and it will be kept (specify location): \_\_\_\_\_

\_\_\_\_\_  
HEALTH CARE PROVIDER SIGNATURE                      PRINT PROVIDER'S NAME                      PHONE                      DATE

It is understood that any medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. I understand that I am responsible for furnishing all medications. The school nurse has permission to communicate with the healthcare provider regarding this medication and plan of care including, but not limited to, orders, clarification of orders, etc. I understand that the health care provider may disclose protected health information in consultation with the school nurses. All information obtained will remain confidential and be available on a need-to-know basis to those individuals who are involved in providing for your child's health and educational needs at school. In consideration of the acceptance of the request to perform this service by any person employed by the \_\_\_\_\_ School System, the undersigned parent or guardian hereby understands and agrees that the \_\_\_\_\_ School System and its personnel shall not be liable for any injury resulting from the reasonable and prudent administration of medication or the reasonable performance of health care procedures, including the administration of medication. I, the undersigned parent or guardian hereby understand and agree that the \_\_\_\_\_ and its personnel shall not be liable for any injury resulting from the student's self-administration of the asthma-reliever inhaler, if applicable per health care provider's selection above, while on school property or at a school-related event or activity unless in cases of wanton or willful misconduct. (T.C.A. § 49-5-415)

**By signing, parent indicates agreement with the plan of action as described by health care provider.**

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCHOOL NURSE SIGNATURE

\_\_\_\_\_  
DATE

- Call parents/guardians to pick up student and/or bring inhaler/medications to school.
- Inform them that if they cannot get to school, 911 may be called.

The remainder of this page has been intentionally left blank.