

“Epi-Pen” Procedures for Weber School District

The following procedure is in place for the use of the Epi-Pen form of epinephrine for emergency anaphylactic or severe allergic reactions in the school setting:

In accordance with HB 101 of the 2008 General Session of the Utah State Legislature, schools may have Epi-Pens available at the school for emergency use in severe allergic or anaphylactic reactions. The emergency medication shall be stored in an area that can be readily accessible to school personnel who may have occasion to use it in an emergency, but not accessible to students.

Each school is to have at least 2 CPR/First Aid trained personnel identified and assigned as first responders. Additional training will be given to them, and others deemed appropriate by the school nurse, to enable them to recognize the symptoms of an allergic reaction and take proper action. This training will include recognition of symptoms, notifying parents, initiating a 911 call for paramedics, and the administration of emergency epinephrine appropriately. Training will include proper and timely use of the Epi-Pen, as well as written instructions. The Epi-Pen shall be monitored for expiration date and replaced when expired.

Emergency epinephrine and antihistamines provided by the family of a known allergic student will also be kept at the school if the proper medication authorization form has been submitted by the parent annually.

A dose of epinephrine should never be used as the single source of treatment, but only to provide about 15 minutes of relief from life threatening symptoms. Emergency personnel (911) must be called any time an Epi-Pen is administered.

Training Standards for the Administration of Epinephrine Autoinjectors

It is recommended that all school personnel responsible for the storage and emergency use of an epinephrine auto-injector be trained annually, that the training be conducted by a physician or school nurse and that the training include the following information.

Techniques for recognizing symptoms of anaphylaxis.

The signs and symptoms of anaphylaxis usually appear rapidly, within seconds or minutes after an exposure to an allergen, although, in some cases the reaction can be delayed for up to one to three hours, depending on the substance causing the reaction.

The Utah Health Code definition of **anaphylaxis** is "**potentially life threatening hypersensitivity to a substance.**" Common symptoms may include:

Hives	Itching (of any part of the body)	Swelling (of any body parts)
Red, watery eyes	Runny nose	Vomiting
Diarrhea	Stomach cramps	Change of voice
Coughing	Wheezing	Throat tightness or closing
Sense of doom	Difficulty swallowing	Difficulty breathing
Dizziness	Fainting or loss of consciousness	Change of color

Some individuals have an anaphylactic reaction and the symptoms go away only to return a few hours later. This is called a bi-phasic reaction. Often the symptoms of the biphasic reaction occur in the respiratory system and take the individual by surprise. Therefore, after a serious reaction observation in a hospital setting is necessary for at least four hours after initial symptoms subside because delayed and prolonged reactions may occur even after proper initial treatment. Once anaphylaxis has begun, the treatment of choice is an immediate intramuscular injection of epinephrine, which is effective for 10 to 15 minutes (according to the manufacturer of epinephrine auto-injectors, Dey Labs), followed by emergency medical attention.

Common causes of anaphylaxis include:

- **Food**
- **Insect stings**
- **Medication (e.g. antibiotics, aspirin, and non-steroidal anti-inflammatory drugs)**
- **Latex**

Less common causes of anaphylaxis include:

- **Food-dependent exercise induced anaphylaxis** (rare — occurs when an individual eats a specific food and exercises within three to four hours after eating)
- **Idiopathic anaphylaxis** (Unknown cause)

<http://www.cde.ca.gov/ls/he/hn/epiadmin.asp>

Severe allergic reactions may be at times unavoidable because foods may contain unknown or unreported allergy producing ingredients, insects range widely, latex can be found almost anywhere, and some individuals do not know that they are severely allergic to one or more allergens.

DIRECTIONS FOR USE

- **REMOVE AUTO-INJECTOR FROM CARRIER TUBE BEFORE USE.**
- **NEVER PUT THUMB, FINGERS OR HAND OVER ORANGE TIP.**
- **NEVER PRESS OR PUSH ORANGE TIP WITH THUMB, FINGERS OR HAND.**
- **THE NEEDLE COMES OUT OF ORANGE TIP.**
- **DO NOT REMOVE BLUE SAFETY RELEASE UNTIL READY TO USE.**
- **DO NOT USE IF SOLUTION IS DISCOLORED.**
- **DO NOT PLACE PATIENT INSERT OR ANY OTHER FOREIGN OBJECTS IN CARRIER WITH AUTO-INJECTOR, AS THIS MAY PREVENT YOU FROM REMOVING THE AUTO-INJECTOR FOR USE.**



TO REMOVE AUTO-INJECTOR FROM THE CARRIER TUBE:



1. Flip open the yellow cap of the EpiPen[®] or the green cap of the EpiPen[®] Jr Auto-Injector carrier tube.



2. Remove the EpiPen[®] or EpiPen[®] Jr Auto-Injector by tipping and sliding it out of the carrier tube.

TO USE AUTO-INJECTOR:

1. Grasp unit with the orange tip pointing downward.
2. Form fist around the unit (orange tip down).



3. With your other hand, pull off the blue safety release.



4. Hold orange tip near outer thigh.

DO NOT INJECT INTO BUTTOCK.



5. Swing and **firmly push** against outer thigh until it clicks so that unit is perpendicular (at 90° angle) to the thigh.

(Auto-injector is designed to work through clothing.)

6. Hold **firmly against thigh** for approximately 10 seconds to deliver drug. (The injection is now complete. The window on auto-injector will be obscured.)



7. Remove unit from thigh (the orange needle cover will extend to cover needle) and massage injection area for 10 seconds.

8. Call 911 and seek immediate medical attention.
9. Take the used auto-injector with you to the hospital emergency room.

Note: Most of the liquid (about 85%) stays in the auto-injector and cannot be reused. However, you have received the correct dose of the medication if the orange needle tip is extended and the window is obscured. Trainer label has blue background color. Blue background labeled trainer contains no needle and no drug.

! WARNING !

- **NEVER** put thumb, fingers or hand over orange tip. **NEVER** press or push orange tip with thumb, fingers or hand. The needle comes out of orange tip. Accidental injection into hands or feet may result in loss of blood flow to these areas. If this happens, go immediately to the nearest emergency room.
- EpiPen[®] and EpiPen[®] Jr Auto-Injector should be injected only into the outer thigh (see "Directions for Use"). **DO NOT INJECT INTO BUTTOCK.**
- Do **NOT** remove blue safety release until ready to use.

To dispose of expired units

- Expired auto-injectors must be disposed of properly.
- To dispose of an expired auto-injector and carrier tube, take them to your doctor's office or to a hospital for proper disposal.
- Used auto-injector with extended needle cover will not fit in carrier tube.

IMMEDIATELY AFTER USE

- **Go immediately to the nearest hospital emergency room or call 911.** You may need further medical attention. Take your used auto-injector with you.
- Tell the doctor that you have received an injection of epinephrine in your thigh.
- Give your used EpiPen[®]/EpiPen[®] Jr Auto-Injector to the doctor for inspection and proper disposal.