



LINCOLNWOOD SCHOOL DISTRICT 74
 BOARD OF EDUCATION
 POLICY COMMITTEE MEETING AGENDA
 FRIDAY, JULY 15, 2022 AT **8:30 AM**

BOARD OF EDUCATION
Kevin Daly, President
Rupal Shah Mandal, Vice President
John P. Vranas, Secretary
Myra A. Foutris
Elaina Geraghty
Jay Oleniczak
Peter D. Theodore

ADMINISTRATION
Dr. David L. Russo, Superintendent of Schools
Dr. Dominick M. Lupo, Assistant Superintendent for Curriculum and Instruction
Courtney Whited, Business Manager/CSBO

*Agenda of the Policy Committee Meeting of the Board of Education of Lincolnwood School District 74,
 Cook County, Illinois, to be held in the Marvin Garlich Administration Building
 6950 N. East Prairie Road
 Lincolnwood, Illinois 60712,
 on Friday, July 15, 2022.*

IN-PERSON PARTICIPATION: It is expected that all members of the Policy Committee, plus several administrators, will be physically present at the Marvin Garlich Administration Building located at 6950 N. East Prairie Road, Lincolnwood, IL. The public is welcome.

- 1. CALL TO ORDER/ROLL CALL
POLICY COMMITTEE MEMBERS
 Rupal Shah Mandal (BOE), Chair
 Myra A. Foutris (BOE), Co-Chair
 Becky Klinghofer, Community Member
 Aaron M. LaRue, Community Member
 Melissa Theodore, Community Member

ADMINISTRATOR/STAFF
 Dr. David L. Russo, Superintendent of Schools
 Renee Tolnai, Administrative Assistant

- 2. AUDIENCE TO VISITORS
- 3. APPROVAL OF MINUTES
 - a. Policy Committee Meeting Minutes - **JUNE 10, 2022** 3

Motion by member: _____ Seconded by: _____
- 4. OLD BUSINESS
 - a. New Press Plus Issue #109 (May 2022)
 - i. Press Plus Issue #109 - Draft Update - Rewritten
 - 1. 7:285 Anaphylaxis Prevention, Response, and Management Program 5
Title has been updated. Original Title: FoodAllergy Management Program - May 20, 2022 Policy Committee Kept in Committee for further review and Legal Counsel guidance.
 - (1) ISBE's Model Anaphylaxis Response Policy 9
 School boards have until Wednesday, August 17, 2022 - to "implement or update, as appropriate, its anaphylactic policy in accordance with those developed by the State Board."

105 ILCS 5/2-3.182(d).

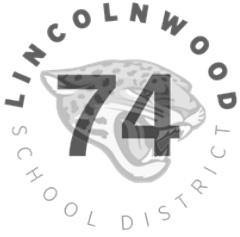
5. NEW BUSINESS

6. ADJOURNMENT

Motion by member: _____ Seconded by: _____

Dr. David L. Russo, Superintendent of Schools

Lincolnwood School District 74 is subject to the requirements of the Americans with Disabilities Act of 1990. Individuals with disabilities who plan to attend this meeting and who require certain accommodations in order to allow them to observe and/or participate in this meeting, or who have questions regarding the accessibility of this meeting or facility, are requested to contact the District Office at 847-675-8234 promptly to allow Lincolnwood School District 74 to make reasonable accommodations for those persons.



LINCOLNWOOD SCHOOL DISTRICT 74
BOARD OF EDUCATION
POLICY COMMITTEE MEETING MINUTES
FRIDAY, JUNE 10, 2022 AT **8:30 AM**

BOARD OF EDUCATION
Kevin Daly, *President*
Rupal Shah Mandal, *Vice President*
John P. Vranas, *Secretary*
Myra A. Foutris
Elaina Geraghty
Jay Oleniczak
Peter D. Theodore

ADMINISTRATION
Dr. Kimberly A. Nasshan, *Superintendent of Schools*
Dr. David Russo, *Assistant Superintendent for Curriculum and Instruction*
Courtney Whited, *Business Manager/CSBO*

*Minutes of the Policy Committee Meeting of the Board of Education of Lincolnwood School District 74,
Cook County, Illinois, was held in the Marvin Garlich Administration Building
6950 N. East Prairie Road
Lincolnwood, Illinois 60712,
on Friday, June 10, 2022.*

1. CALL TO ORDER/ROLL CALL

Chair Shah Mandal called the June 10, 2022 Policy Committee meeting to order at 8:32 a.m.

POLICY COMMITTEE MEMBERS

Rupal Shah Mandal (BOE), Chair
Myra A. Foutris (BOE), Co-Chair
Becky Klinghofer, Community Member
Aaron M. LaRue, Community Member
Melissa Theodore, Community Member

ADMINISTRATOR/STAFF

Dr. Kimberly A. Nasshan, Superintendent of Schools
Dr. David Russo, Assistant Superintendent for Curriculum and Instruction
Renee Tolnai, Administrative Assistant

2. AUDIENCE TO VISITORS

None

3. APPROVAL OF MINUTES

a. Policy Committee Meeting Minutes - **MAY 20, 2022**

A motion was made, seconded and passed to approve the May 20, 2022 Policy Committee meeting minutes.

4. OLD BUSINESS

a. New Press Plus Issue #109 (May 2022)

I. Press Plus Issue #109 - Draft Update - Rewritten

1. 7:285 Anaphylaxis Prevention, Response, and Management Program

Title has been updated. Original Title: FoodAllergy Management Program - May 20, 2022 Policy Committee Kept in Committee for further review and Legal Counsel guidance.

(1) ISBE's Model Anaphylaxis Response Policy

School boards have until Wednesday, August 17, 2022 - to "implement or update, as appropriate, its anaphylactic policy in accordance with those developed by the State Board." 105 ILCS 5/2-3.182(d).

The Committee kept this policy in Committee for further review of Legal Counsel's guidance.

5. NEW BUSINESS

a. New Press Plus Issue #109 (May 2022)

I. Press Plus Issue #109 - Draft Update

1. 4:70 Resource Conservation

The Committee sent this policy to the June 23, 2022 Lincolnwood School District 74 Board of Education meeting Consent Agenda.

2. 5:80 Court Duty

The Committee sent this policy to 1st Reading on the June 23, 2022 Lincolnwood School District 74 Board of Education agenda.

3. 6:80 Teaching About Controversial Issues

The Committee sent this policy to the June 23, 2022 Lincolnwood School District 74 Board of Education meeting Consent Agenda.

4. 7:15 Student and Family Privacy Rights

The Committee sent this policy to the June 23, 2022 Lincolnwood School District 74 Board of Education meeting Consent Agenda.

5. 2:230 Public Participation at Board of Education Meetings and Petitions to the Board

The Committee sent this policy to 1st Reading on the June 23, 2022 Lincolnwood School District 74 Board of Education agenda.

6. 6:140 Education of Homeless Children

The Committee sent this policy to the June 23, 2022 Lincolnwood School District 74 Board of Education meeting Consent Agenda.

7. 6:290 Homework

The Committee sent this policy to the June 23, 2022 Lincolnwood School District 74 Board of Education meeting Consent Agenda.

8. 7:270 Administering Medicines to Students

The Committee sent this policy to the June 23, 2022 Lincolnwood School District 74 Board of Education meeting Consent Agenda.

6. ADJOURNMENT

A motion was made, seconded and passed to adjourn the Policy Committee meeting at 8:58 a.m. The next Policy Committee meeting is scheduled for Friday, July 15, 2022 at 8:30 a.m. in the Administration Building. The public is welcome.

Rupal Shah Mandal, Chair

Myra A. Foutris, Co-chair

Document Status: Draft Update - Rewritten

Students

7:285 Anaphylaxis Prevention, Response, and Management Program

Title has been updated. Original Title: Food Allergy Management Program

School attendance may increase a student's risk of exposure to allergens that could trigger anaphylaxis. [PRESSPlus1](#) Students at risk for anaphylaxis benefit from a Board of Education policy that coordinates a planned response in the event of an anaphylactic emergency. [PRESSPlus2](#) Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. Common allergens include animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat. A severe allergic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can also occur up to one to two hours after exposure to the allergen.

While it is not possible for the District to completely eliminate the risks of an anaphylactic emergency when a student is at school, an Anaphylaxis Prevention, Response, and Management Program using a cooperative effort among students' families, staff members, students, health care providers, emergency medical services, and the community helps the District reduce these risks and provide accommodations and proper treatment for anaphylactic reactions. [PRESSPlus3](#)

The Superintendent or designee shall develop and implement an Anaphylaxis Prevention, Response, and Management Program for the prevention and treatment of anaphylaxis that:

1. Fully implements the Ill. State Board of Education (ISBE)'s model policy required by the School Code that: (a) relates to the care and response to a person having an anaphylaxis reaction, (b) addresses the use of epinephrine in a school setting, (c) provides a full food allergy and prevention of allergen exposure plan, and (d) aligns with 105 ILCS 5/22-30 and 23 Ill.Admin.Code §1.540. [PRESSPlus4](#)
2. Ensures staff members receive appropriate training, including: (a) an in-service training program for staff who work with students that is conducted by a person with expertise in anaphylactic reactions and management, and (b) training required by law for those staff members acting as *trained personnel*, as provided in 105 ILCS 5/22-30 and 23 Ill.Admin.Code §1.540. [PRESSPlus5](#)
3. Implements and maintains a supply of undesignated epinephrine in the name of the District, in accordance with policy 7:270, *Administering Medicines to Students*. [Q1](#)
4. Follows and references the applicable best practices specific to the District's needs in the Centers for Disease Control and Prevention's *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs* and the *National Association of School Nurses Allergies and Anaphylaxis Resources/Checklists*. [PRESSPlus6](#)
5. Provides annual notice to the parents/guardians of all students to make them aware of this policy. [PRESSPlus7](#)
6. Complies with State and federal law and is in alignment with Board policies.

Monitoring [PRESSPlus8](#)

Pursuant to State law and policy 2:240, *Board Policy Development*, the Board monitors this policy at least once every three years by conducting a review and reevaluation of this policy to make any necessary and appropriate revisions. The Superintendent or designee shall assist the Board with its reevaluation and assessment of this policy's outcomes and effectiveness. Any updates will reflect any necessary and appropriate revisions.

LEGAL REF.:

105 ILCS 5/2-3.182, 5/10-22.39(e), and 5/22-30.

23 Ill.Admin.Code §1.540.

Anaphylaxis Response Policy for Illinois Schools, published by ISBE.

CROSS REF.: 4:110 (Transportation), 4:120 (Food Services), 4:170 (Safety), 5:100 (Staff Development Program), 6:120 (Education of Children with Disabilities), 6:240 (Field Trips), 7:180 (Prevention of and Response to Bullying, Intimidation and Harassment), 7:250 (Student Support Services), 7:270 (Administering Medicines to Students), 8:100 (Relations with Other Organizations and Agencies)

Questions and Answers:

***Required Question 1. Has the Board adopted the School District Supply of Undesignated Epinephrine Injectors subhead in policy 7:270, *Administering Medicine to Students*?

Note: Be sure that the Board's adoption of the subhead regarding Undesignated Epinephrine Injectors in policy 7:270 is in alignment with the District's implementation of 105 ILCS 5/22-30, amended by P.A. 102-413. If the district maintains a supply of undesignated epinephrine injectors, but has not adopted the subhead in policy 7:270, see the **PRESS** sample, available at **PRESS** Online by logging in at www.iasb.com, at f/n 12.

- Yes (default)
- No (IASB will delete #3 in alignment with policy 7:270.)

PRESSPlus Comments

PRESSPlus 1. This policy is updated in response to 105 ILCS 5/2-3.182, added by P.A. 102-413, requiring districts to adopt or update by 8-17-22 an anaphylaxis policy addressing prevention of and response to anaphylaxis in accordance with the model policy developed by the Ill. State Board of Education (ISBE), *Anaphylaxis Response Policy for Illinois Schools*, (*ISBE Model*), available at: www.isbe.net/Documents/Anaphylactic-policy.pdf.

It is presented as rewritten for PRESS Plus subscribers, however, a redlined version showing the changes made is available at **PRESS** Online by logging in at www.iasb.com.

The law requires the *ISBE Model*, and in turn a board's policy based on the *ISBE Model*, to include: (a) a procedure and treatment plan, including emergency protocols and responsibilities for school nurses and other appropriate school personnel, for responding to anaphylaxis, (b) requirements for a training course for appropriate school personnel on prevention and responding to anaphylaxis, (c) a

procedure and appropriate guidelines for the development of an individualized emergency health care plan for children with a food or other allergy that could result in anaphylaxis, (d) a communication plan for intake and dissemination of information provided by Illinois regarding children with a food or other allergy that could result in anaphylaxis, including a discussion of methods, treatments, and therapies to reduce the risk of allergic reactions, including anaphylaxis, (e) strategies for reducing the risk of exposure to anaphylactic causative agents, including food and other allergens, and (f) a communication plan for discussion with children who have developed adequate verbal communication and comprehension skills and with the parents or guardians of all children about foods that are safe and unsafe and about strategies to avoid exposure to unsafe food. 105 ILCS 5/2-3.182(b).

The *ISBE Model* is primarily focused on item (a). Little to no guidance for schools regarding items (b)-(f) exists in it other than to generally cite to voluminous resources made available by the Centers for Disease Control and Prevention (CDC) and National Association of School Nurses (NASN). This policy and its implementing procedures (available at **PRESS** Online by logging in at www.iasb.com) are designed to supplement the *ISBE Model* and further lead school officials to resources regarding items (b)-(f). 105 ILCS 5/2-3.182(b)(1-6).

Issue 109, May 2022

PRESSPlus 2. The *ISBE Model* does not provide a specific definition for *anaphylactic emergency*, but it appears to use that term and *anaphylaxis* interchangeably. **Issue 109, May 2022**

PRESSPlus 3. The *ISBE Model* provides that students at risk for anaphylaxis benefit from a policy that coordinates a planned response in the event of an anaphylactic emergency, and it emphasizes that an emergency plan should include all stakeholders. The clause “using a cooperative effort among students’ families, staff members, students, health care providers and emergency medical services, and the community” is optional and can be removed. The purpose of the clause is to share responsibility for management among all stakeholders. **Issue 109, May 2022**

PRESSPlus 4. Number one outlines the goals that the legislature directed ISBE to include in the topics covered by the *ISBE Model*. 105 ILCS 5/2-3.149(a)-(c). The *ISBE Model* is based on the *Virginia Dept. of Education Anaphylaxis Policy*, available at: www.doe.virginia.gov/support/health_medical/anaphylaxis_epinephrine/, and it incorporates NASN recommendations for a comprehensive anaphylaxis school policy. See the *NASN Sample Anaphylaxis Policy*, at: www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis. Boards may add further expectations and include additional goals that reflect those expectations here. Ensure that any additional expectations or goals align with policy 7:270, *Administering Medicines to Students*. **Issue 109, May 2022**

PRESSPlus 5. Number two includes the biennial in-service training program required by 105 ILCS 5/10-22.39(e) and training required by 105 ILCS 5/22-30(g) for those staff members who will be *trained personnel*, authorized by 105 ILCS 5/22-30(b-10), to provide or administer undesignated epinephrine in specific situations. The law authorizes *school nurses* and *trained personnel* to administer undesignated epinephrine. See policy 5:100, *Staff Development Program* (or, if the board has not adopted the list of all training in the policy, see f/n 5 of the sample policy at **PRESS** Online, available by logging in at www.iasb.com), and 7:270-AP2, *Checklist for District Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon* (available at **PRESS** Online by logging in at www.iasb.com).

105 ILCS 5/22-30(b-5) does not specifically state that staff members authorized to administer (student-specific) epinephrine under a student's specific individual plan must also complete the more rigorous training required for *trained personnel*. However, the *ISBE Model* is clear that “[o]nly trained personnel should administer epinephrine to a student believed to be having an anaphylactic reaction,” and it requires each building-level administrator to identify at least two employees, in addition to the school nurse (if any), to be *trained personnel*. The more in-depth training for staff members who may administer epinephrine (whether student-specific or undesignated) is also a best practice emphasized in the *CDC Guidelines*, which is referenced in the *ISBE Model*. **Issue 109, May 2022**

PRESSPlus 6. Number four refers to the CDC's *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*, at: www.cdc.gov/healthyschools/foodallergies/pdf/20_316712-A_FA_guide_508tag.pdf (*CDC Guidelines*), which is cited in the *ISBE Model* as a resource for a “full food allergy and prevention of allergen exposure plan.” Adopting the entire, voluminous *CDC Guidelines* document as policy is not practical. The *CDC Guidelines* also state that not every recommendation will be appropriate or feasible for every district's needs. The *National Association of School Nurses Allergies and Anaphylaxis Resources/Checklists*, at: <http://www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis>, are also linked as a resource in the *ISBE Model*. The *ISBE Model* acknowledges that not all schools have access to school nurses or other health staff on a regular basis, and it encourages districts to take this into consideration when developing building-level plans. **Issue 109, May 2022**

PRESSPlus 7. Number five is required by 105 ILCS 5/2-3.182(c), added by P.A. 102-413. The notification must include contact information for parents/guardians to engage further with the district to learn more about individualized aspects of the policy. For ease of administration, districts may want to include this notification in student handbook(s). The Ill. Principal's Association (IPA) maintains a handbook service that coordinates with **PRESS** material, *Online Model Student Handbook (MSH)*, at: www.ilprincipals.org/resources/model-student-handbook. **Issue 109, May 2022**

PRESSPlus 8. 105 ILCS 5/2-3.182(e) provides that ISBE shall review and update its model policy at least once every three years. Although this section does not expressly state that boards must also conduct a review within this time frame, that is the logical conclusion based on a board's duty in 105 ILCS 5/10-16.7 to direct the superintendent through policy. **Issue 109, May 2022**

ISBE'S MODEL POLICY

Anaphylaxis Response Policy for Illinois Schools

isbe.net



**Illinois
State Board of
Education**

Students at risk for anaphylaxis benefit from a school district policy that coordinates a planned response in the event of an anaphylactic emergency. The outline for a model policy and links to policies can be found in this document. This policy relates to the care and response to a person having an anaphylaxis reaction and addresses the use of epinephrine in a school setting (National Association of School Nurses [NASN], 2014). See [“Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs,”](#) a document compiled by the Centers for Disease Control and Prevention, for a full food allergy and prevention of allergen exposure plan. Applicable state law as written in School Code (105 ILCS 5/22-30) and rule as provided in Administrative Code (23 Ill. Admin. Code 1.540) will serve as guidance for this Anaphylaxis Response Policy for Illinois Schools.



[Food Allergy and Prevention of Allergen Exposure Control Planning Tool](#)



[National Association of School Nurses Allergies and Anaphylaxis Resources/Checklists](#)

NASN recommends the following considerations for a comprehensive anaphylaxis school policy. School districts and schools need to prepare for school anaphylactic reactions in all children and youth – with or without a prior history of allergies – considering state and local laws, policy, and protocol. A comprehensive school policy should address these elements:

1. Individuals covered, including those with first-time anaphylactic emergencies.
 2. School programs and environments covered.
 3. Epinephrine:
 - a. School prescription and standing order.
 - b. Stock Locations, usually multiple.
 - c. Ensure secure access.
 - d. Stock supply – dosages, number of doses.
 - e. Procurement – initial and periodic.
 - f. Disposal – after use and expiration.
 - g. Administration and documentation.
 - h. Reporting.
 4. Individuals authorized to administer.
 5. Emergency protocol for administration.
- (NASN, 2014)

Every staff member needs to be trained to know the signs and symptoms of anaphylaxis and know how to initiate the emergency protocol. A district’s all-hazard emergency plan should address schools, parents, health care providers, emergency medical services (EMS), and the community at large.

Overview

Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. Common allergens include animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat. A severe allergic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can occur up to one to two hours after exposure to the allergen. Illinois' model anaphylaxis policy is based on the Virginia Department of Education Anaphylaxis Policy.

It is the policy of the Illinois State Board of Education, according to [Public Act 102-0413](#), that each school district must have an anaphylaxis policy. Illinois School Code ([105 ILCS 5/2-3.182\(a-g\)](#) and [Section 22-30](#)) require that all public schools, nonsectarian nonpublic schools, and charter schools create and implement policies concerning anaphylaxis prevention and treatment. These policies must also be reviewed and reevaluated every three years and be updated to reflect any necessary and appropriate revisions.

Policy Limitations

Parents of students with known life-threatening allergies and/or anaphylaxis should provide the school with written instructions from the student's health care provider for handling anaphylaxis and all necessary medications for implementing the student-specific order on an annual basis. This may be provided as an Individual Health Care Plan, an Emergency Action Plan, or as part of a student's Individualized Education Program or Section 504 Plan.

This anaphylaxis response policy is not intended to replace student-specific orders or parent-provided individual medications. This model policy is intended to supplement the standing protocol in place for schools that already have undesignated epinephrine. This policy should address all school-sponsored activities (including transportation to and from school, field trips, and sporting events) in alignment with School Code ([105 ILCS 5/2-3.182\(a-g\)](#) and [Section 22-30](#)).

This policy addresses a school's response to anaphylactic reactions in a typical setting of a school and may not specify extenuating circumstances that may occur in a standard school setting. Schools should address anaphylactic emergencies in memoranda of understanding and contract agreements as they consider their response plan to take into account contracted providers who may have a presence in your buildings and provide health care. Not all schools have a school nurse or certified health staff on a regular basis. Schools are encouraged to take this into consideration in developing plans for the district. If your school has a school-based health center, consider collaboration to develop a comprehensive plan.

Terms Related to This Model Anaphylaxis Response Policy

Epinephrine auto-injector – A single-use device used for the automatic injection of a pre-measured dose of epinephrine into the human body.

There are different brands so make sure to become familiar with the one at your school. Provide specific directions for school personnel on how to administer. School personnel or volunteers who are trained to administer auto-injectors and know cardiopulmonary resuscitation (CPR) and use of an automated external defibrillator are considered trained personnel for the purposes of this policy.

School nurse – A registered nurse working in a school with or without licensure endorsed in school nursing.

Secure location – An unlocked location that is inaccessible to the students and/or is visually monitored by an adult during the normal school day under routine circumstances.

All personnel should know the location(s) where the undesignated epinephrine is kept for your school. A school's undesignated epinephrine auto-injector is meant to be administered to a person believed to be having an anaphylactic reaction.

Self-administration – A pupil's discretionary use of his or her prescribed epinephrine auto-injector.

Self-carry – A pupil's ability to carry his or her prescribed epinephrine auto-injector.

Students who have a known allergy may carry an auto-injector prescribed to them. Be sure trained personnel know who has prescribed epinephrine auto-injector and where they keep it on their person or in their bag. A student-specific epinephrine auto-injector is one that is prescribed to an individual who has a known allergy.

Standing protocol – According to [105 ILCS 5/22-30](#), may be issued by a physician licensed to practice medicine in all its branches, a licensed physician assistant with prescriptive authority, or a licensed advanced practice registered nurse with prescriptive authority.

Schools with established policies for undesignated epinephrine are to have a standing protocol in place.

Student-specific – For purposes of this model policy, student-specific means an epinephrine auto-injector provided to the student under a prescription in the individual's name.

Trained personnel – Any school personnel or volunteer personnel authorized in [Sections 10-22.34, 10-22.34a, and 10-22.34b](#) of the School Code who has completed training to recognize and respond to anaphylaxis and who has been certified to use (CPR) and automated external defibrillator.

Undesignated epinephrine auto-injector – A device prescribed in the name of a school district, public school, charter school, or nonpublic school to be used by any person that the school nurse or trained personnel in good faith believes is having an anaphylactic reaction, according to [105 ILCS 5/22-30](#) and [Section 2-3.182](#).

Recognizing Anaphylaxis

Anaphylactic reactions typically result in multiple symptoms, but reactions may vary. A single symptom may indicate anaphylaxis. Students with allergies that may lead to anaphylactic reactions sometimes have an accompanying diagnosis of asthma that could compound the reaction.

Possible Symptoms of Anaphylaxis

- Shortness of breath or tightness of chest; difficulty in or absence of breathing.
- Sneezing, wheezing, or coughing.
- Difficulty swallowing.
- Swelling of lips, eyes, face, tongue, throat, or elsewhere.
- Low blood pressure, dizziness, and/or fainting.
- Heartbeat complaints – rapid or decreased.
- Blueness around lips, inside lips, eyelids.
- Sweating and anxiety. (Watch for signs and behaviors that someone may be experiencing an allergic reaction.)
- Itching, with or without hives; raised red rash in any area of the body.
- Skin flushing or color becomes pale.
- Hoarseness.
- Sense of impending disaster or approaching death.
- Loss of bowel or bladder control.
- Nausea, abdominal pain, vomiting, and diarrhea.
- Burning sensation, especially face or chest. (Common symptoms of anaphylaxis may be wheezing; coughing; complaining of itchy throat; swelling of lips, face, tongue, or throat; blue tongue/lips; flushing of skin or paleness; hoarseness.)
- Loss of consciousness.

Epinephrine should be administered promptly at the first sign of anaphylaxis. It is safer to administer epinephrine than to delay treatment for anaphylaxis.

Responding to Anaphylaxis

- A. Student-specific orders that are on file should be followed for students with known life-threatening allergies and/or anaphylaxis. **Know when to act.** Follow school procedures and the individual's Emergency Action Plan to respond to suspected anaphylactic reaction for a student with a known allergy.
- B. If there is a suspected case of anaphylaxis, instruct someone to call 911 immediately.
 - 1. If your school does not have undesignated epinephrine:**
 - a) Stay with the person until EMS arrives.
 - b) Monitor the person's airway and breathing.
 - c) Implement local emergency notification to activate trained personnel to respond. Call school nurse/front office school personnel immediately and advise of situation.
 - d) Direct someone to call parent/guardian.
 - e) Administer CPR, if needed.
 - f) EMS transports individual to the emergency room. Document individual's name, date, time of onset of symptoms, and possible allergen.
 - 2. If your school does maintain undesignated epinephrine:**
 - a) Activate the emergency procedures of the school's Undesignated Epinephrine Standing Protocol. Implement local emergency notification (as provided in the school's standing protocol) to activate trained personnel to respond with undesignated epinephrine dose(s). **Call school nurse/front office school personnel and advise of situation.**
 - b) Select the appropriate dose according to the school's protocol and administer epinephrine. Note the time.

- c) Act quickly. It is safer to give epinephrine than to delay treatment. **This is a life-and-death decision.**
- d) Stay with the person until EMS arrives.
- e) Monitor the person's airway and breathing.
- f) Reassure and attempt to calm a person, as needed.
- g) Direct someone to call parent/guardian.
- h) If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine five to 15 minutes after the initial injection. Note the time.
- i) Administer CPR, if needed.
- j) EMS transports the individual to the emergency room. Document individual's name, date, and time the epinephrine was administered on the epinephrine auto-injector that was used and give to EMS to accompany individual to the emergency room.

3. Even if symptoms subside, 911 must still respond and the individual must be evaluated in the emergency department or by their personal allergy health care provider. A delayed or secondary reaction may occur.

Once epinephrine is administered, the student should be transported to the emergency room for follow-up care. The symptoms sometimes go away, only to return one to three hours later. This is called a "biphasic reaction." Often, these second-phase symptoms occur in the respiratory tract and may be more severe than the first-phase symptoms. Therefore, follow-up care with a health care provider is necessary. The student will not be allowed to remain at school or return to school on the day epinephrine is administered.

Post-Event Actions

- A. Reporting
 - 1. Document the incident and complete local report as stated in the school's standing protocol.
 - 2. The school's designated personnel should complete the Undesignated Epinephrine Report form. It must be submitted to the Illinois State Board of Education within three days of the incident.
 - 3. Notify prescriber of undesignated epinephrine auto-injector, according to the school's standing protocol.
- B. Replenishing stock
 - 1. Replace epinephrine stock medication, according to the school's standing protocol.
 - 2. Reorder epinephrine stock medication, as necessary.

Training

Building-level administration shall be responsible for identifying at least two employees, in addition to the school nurse (registered nurse or licensed practical nurse), to be trained in the administration of epinephrine by auto-injector. Only trained personnel should administer epinephrine to a student believed to be having an anaphylactic reaction. Training shall be conducted in accordance with Illinois School Code ([105 ILCS 5/22-30](#)). Training shall be incorporated into new school employee training, be held when an individual is identified at risk, and conducted schoolwide annually.

Standing Protocol for Undesignated Epinephrine

Acknowledge that the school has an agreement with an authorized physician licensed to practice medicine in all its branches, licensed physician assistant with prescriptive authority, or licensed advanced practice registered nurse with prescriptive authority to prescribe non-student-specific epinephrine to be administered to any individual believed to be having an anaphylactic reaction on school grounds during the academic day or school-sponsored event. Standing orders must be renewed annually and at a time when there is any change in the prescriber. ([105 ILCS 5/22-30](#))

Storage, Access, and Maintenance

Storage, access, and maintenance of stock of undesignated epinephrine auto-injectors shall be included in the

school's standing protocol. Epinephrine should be stored in a safe, unlocked, and accessible location in a dark place at room temperature (between 59-86 degrees F). Epinephrine should not be maintained in a locked cabinet or behind locked doors. Trained staff should be made aware of the storage location in each school. It should be protected from exposure to hot, cold, or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures. The expiration date of epinephrine solutions should be periodically checked; the drug should be replaced if it is approaching the expiration date. The contents should periodically be inspected through the clear window of the auto-injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit.

Each school should maintain documentation that stock epinephrine has been checked monthly to ensure proper storage, expiration date, and medication stability.

The school shall maintain enough extra doses of epinephrine for replacement of used or expired school stock on the day it is used or discarded in accordance with [105 ILCS 5/22-30\(f\)](#). Expired auto-injectors or those with discolored solution or solid particles should not be used. Discard them in a sharps container.