














EMERGENCY EPINEPHRINE IN SCHOOLS

Recognize and Respond to Anaphylaxis

Food allergy symptoms appear within minutes to several hours after coming in contact with the allergen whether by ingestion, inhalation or skin contact. It is important to pay attention to the signs in order to quickly recognize an anaphylactic reaction.

Mild Symptoms	Severe Symptoms	
 NOSE: Itchy/runny nose, sneezing	 LUNG: Shortness of breath, wheezing, repetitive cough	 SKIN: Many hives over body, widespread redness
 MOUTH: Itchy mouth	 HEART: Pale, blue, faint, weak pulse, dizzy	 GUT: Repetitive vomiting, severe diarrhea
 SKIN: A few hives, mild itch	 THROAT: Tight, hoarse, trouble breathing/swallowing	
 GUT: Mild nausea/discomfort	 MOUTH: Significant swelling of the tongue and/or lips	
 MENTAL: Sense of impending doom, anxiety, confusion		

For any of the severe symptoms or more than one mild symptom:

1

Administer epinephrine auto-injector immediately

- Inject into middle of the outer thigh, note time and site of injection.
- Stay with student and monitor closely.

2

Call 9-1-1 and request ambulance with epinephrine

- Lay the student flat on the ground, raise the student's legs in the air, and keep student warm. If breathing is difficult or if they vomit, let them sit up or lie on their side.
- If symptoms return or do not improve within 5 minutes, administer second dose of epinephrine.
- Alert student's emergency contacts.
- Place auto-injector into its original carrying case and give it to the emergency responder upon their arrival.

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After an Anaphylactic Emergency

FOLLOWING AN ANAPHYLACTIC EMERGENCY:

- The student shall be immediately transported by emergency medical services to a hospital emergency department for medical evaluation.
- EPAs must notify the health suite personnel and Epinephrine Liaison in writing if they were not present during the administration of epinephrine.
- An EPA or a designated official must ensure the student's parent/guardian(s) are notified as soon as practicable to follow up with the child's primary care provider.

WITHIN 24 HOURS OF THE EMERGENCY:

- The Epinephrine Liaison must notify OSSE, submit an incident report via QuickBase, and request a replacement auto-injector. The incident report should be shared with the health suite personnel.

ADDITIONAL CONSIDERATIONS FOR STUDENTS WITH PREVIOUS HISTORY OF ANAPHYLAXIS:

- School officials should discuss how exposure occurred and if new allergen avoidance measures are needed.

ADDITIONAL CONSIDERATIONS FOR STUDENTS WITH NO PREVIOUS HISTORY OF ANAPHYLAXIS:

- School officials should consider developing an Individual Health Plan (IHP) in collaboration with the primary care provider to avoid future occurrences. Students with no previous history are strongly encouraged to complete an *Action Plan for Anaphylaxis* upon returning to school.

QUESTIONS?

Contact OSSE Allergy Management Team at OSSE.Epi@dc.gov.
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