

OSSE EPINEPHRINE ADMINISTRATION PLAN

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State Superintendent of Education

June 2018

Division of Health & Wellness District Level Undesignated Epinephrine Auto-Injector Plan Prepared by the Office of the State Superintendent of Education

LEAD DEVELOPERS:

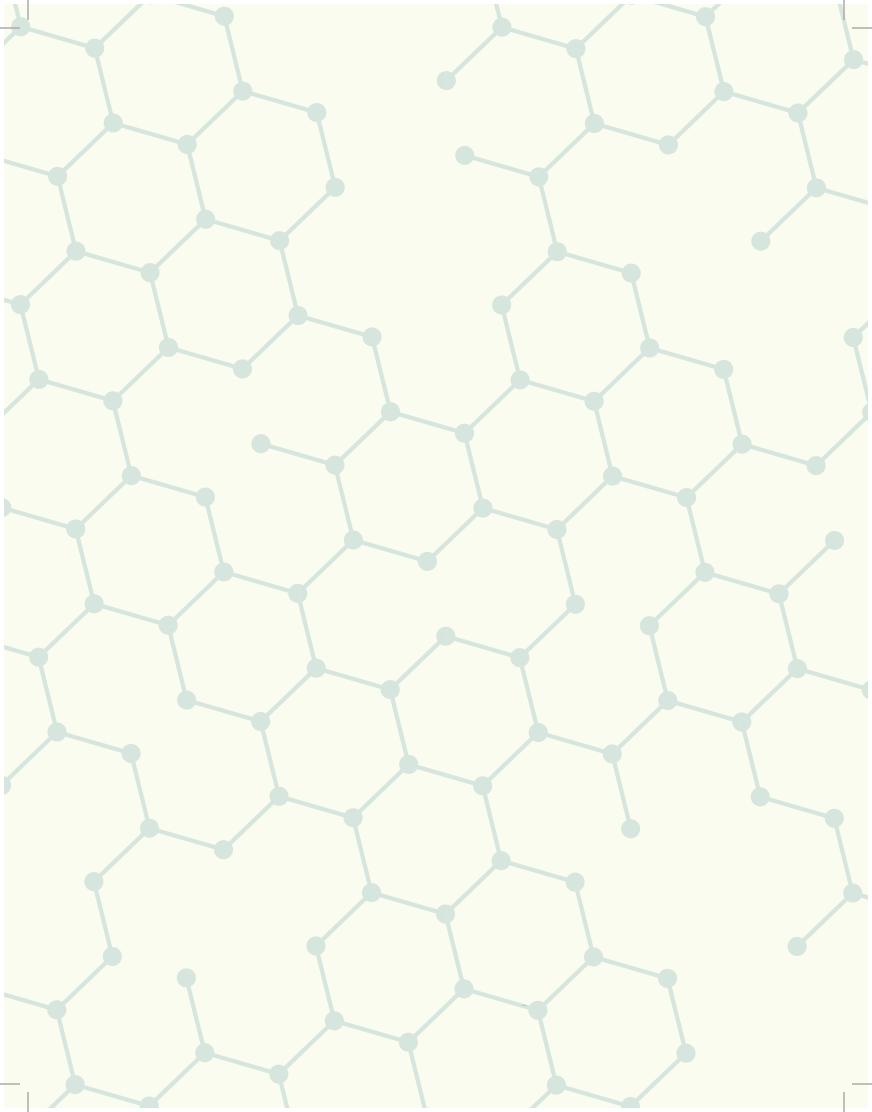
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PLAN

Background

Anaphylaxis is a potentially life-threatening overreaction to an allergen (substance). Foods, insect stings, and medications account for a majority of anaphylactic reactions. A reaction can occur within seconds of digesting or encountering an allergic trigger. If epinephrine is not immediately administered during a reaction, followed by attention of emergency medical services, anaphylaxis can be fatal. According to Food Allergy Research and Education (FARE), an estimated 15 million Americans live with food allergies, including 5.9 million children. This document will serve as a resource and guide for public schools.

This document primarily outlines the Office of the State Superintendent of Education's (OSSE) plan and procedure for successfully implementing the Access to Epinephrine in Schools Act. This document also provides updates on the OSSE training standards for the proper administration of epinephrine auto-injectors in accordance with the <u>Access to Emergency Epinephrine in Schools Amendment Act of 2015</u>, D.C. Law 21-77.

The Access to Emergency Epinephrine in Schools Amendment Act of 2015 is local legislation that amends, in part, the Student Access to Treatment Act of 2007 (SATA). The legislation authorizes certified public school staff to possess and administer epinephrine auto-injectors to students suffering or about to suffer an anaphylactic episode. As part of this plan, and in accordance with this law, each school will be required to maintain no fewer than two unexpired pediatric and two unexpired adult undesignated epinephrine auto-injectors at all times and ensure that at least two certified employees or agents are available to administer undesignated and designated epinephrine auto-injector during all hours of the school day.¹ OSSE will coordinate the ordering of injectors, offer required training, and further support local education agencies (LEAs) in meeting the requirements of this law. (Please note, this law does not alter the Administration of Medication [AOM] training requirement for administering epinephrine to students with known allergies.)

OSSE created this plan in accordance with the Access to Emergency Epinephrine in Schools Amendment Act of 2015. OSSE is immune from civil liability for its good faith performance of its responsibilities under the Act, which includes the creation and dissemination of the information included within this plan. (DC Code 38-651.11) An LEA should review the legislation and refer to this plan as an interpretation and framework for implementation of the Act at their location.

¹ While the law requires each school to maintain at least two certified employees or agents certified in the use of both designated and undesignated epinephrine auto-injectors, this plan largely focuses on the requirements surrounding undesignated epinephrine auto-injectors, except where explicitly noted.

PAGE OF CONTENTS

Standing Order 2 2 **Training Program** 2 Procurement/Distribution 3 **Stock Locations** 4 **Protocol for Emergency Treatment** 6 Developing Individual Health Plans and Allergy Action Plans 6 Disposal: After Use and Expiration 7 **Documentation and Reporting** 7 **Resources for Schools Appendices** a. Epinephrine Liaison QuickBase User Guide b. Distribution Plan for Undesignated Auto-Injectors c. Distribution Plan for Undesignated Auto-Injectors

Standing Order

In 2016, in accordance with DC Official Code §38-651.04a(b) (1), the Department of Health secured a standing order, signed by a physician licensed to practice in the District of Columbia, to permit local public and public charter schools to administer undesignated epinephrine auto-injectors (UEAs) in emergency circumstances.

Training

Every public school shall have at least two employees or agents of the public school certified in the administration of a designated and undesignated epinephrine auto-injector available to administer epinephrine at all hours during the school day. Such employees or agents shall not include a licensed health practitioner assigned to the public school by the DC Department of Health.²

Individuals who successfully complete the OSSE "How to CARE for Students with Food Allergies: Undesignated Epinephrine Injector" training with a score of 80 percent or above are certified to administer designated and undesignated epinephrine auto-injectors in emergency circumstances. This training must be renewed annually and is offered in the following formats:

- In-person at requestor's preferred site (for groups of 15 or more, register here)
- Online (email us at <u>osse.epi@dc.gov</u> to register; allow up to 48 hours for registration, maximum of 2 individuals per school)
- On-site at OSSE (last Wednesday of every month, <u>register</u> <u>here</u>)

Individuals who complete the District of Columbia's Department of Health's "Administration of Medication Training" (AOM) are certified to administer designated and undesignated epinephrine auto-injectors in emergency circumstances.

Although the AOM certificates are valid for three years,
 AOM certificates are only valid for the administration of
 undesignated epinephrine for one year. AOM-certified
 individuals are required to take OSSE's epinephrine training
 annually in any of the aforementioned platforms.

Individuals certified to administer designated and undesignated epinephrine auto-injectors must maintain a valid and active OSSE training certification throughout the academic year and summer months.

Procurement/Distribution

Each public school shall stock, at all times, a minimum of two pediatric dose and two adult dose undesignated epinephrine auto-injectors on the public school premise. (5-A DCMR §1103.1). In order to receive these injectors, each LEA must complete the following steps:

- Complete the <u>Access to Emergency Epinephrine in Schools</u>
 Point of Contact form.
- Upload a completed Mylan <u>Free Epi-Pen Auto-Injector</u>
 <u>EpiPen4Schools Program</u> form to <u>QuickBase</u> Epi-profiles
 platform. Please See **Appendix A:** QuickBase User Guide for
 how to navigate the platform.

OSSE will obtain a valid epinephrine auto-injector prescription and fulfill epinephrine orders on behalf of LEAs using the standing order issued for District of Columbia public and public charter schools for the minimum requirement of two undesignated epinephrine injectors of each dosage, set forth by DC Official Code §38-651.04a(c)(1)(B) and (2)(B) Student Access to Epinephrine. Each public school shall maintain, at all times, no fewer than two unexpired undesignated epinephrine auto-injectors of each dosage available through the UEA plan. Public schools may request replacement undesignated epinephrine auto-injectors from OSSE in the following circumstances (please also see section 8: Documentation and Reporting):

- An undesignated epinephrine auto-injector has been used;
- An undesignated epinephrine auto-injector is within two (2) months of expiration;
- An undesignated epinephrine auto-injector is discolored;
- An undesignated epinephrine auto-injector has visible particles; or
- The school is on notice that an undesignated epinephrine auto-injector is stolen or missing.
- The school shall be responsible for the cost of replacing a stolen or missing undesignated epinephrine auto-injector.

Circumstances beyond what are listed above: Schools may request additional epinephrine auto-injectors from OSSE but the school shall be responsible for the cost of any additional undesignated epinephrine auto-injectors. Appendix B outlines instructions for ordering additional pens.

² In order to expand capacity in schools beyond school nurses, identified personnel can NOT include a licensed school nurse or licensed health practitioner as certified administrators under this legislation. Staff to consider include the school health teacher, physical education instructor, and at least one other staff member/ administrator. Note: Having more than two staff certified in the use of an UEA is strongly recommended.

Stock Location

According to manufacturer's instructions, schools shall store epinephrine auto-injectors in dark, room temperature, secure, but easily accessible location(s). This may include administrative offices, clinical space, or instructional space.

- · Always store epinephrine auto-injector in the carrier tube with the safety release on until you need to use it.
- Keep epinephrine auto-injector at room temperature. Do not refrigerate.
- Epinephrine auto-injector can be exposed to temperatures between 59°-86°F (15° to 30°C).
- Do not keep epinephrine auto-injector in a vehicle during extremely hot or cold weather.
- Protect epinephrine auto-injector from light.
- In order to facilitate immediate access to epinephrine auto-injector, the following must be considered when choosing a location. (This information should also be reflected in the <u>LEA Epinephrine Auto-Injector Plan.</u>)
 - Size and layout of the school building.
 - Having auto-injectors located at multiple sites within the building.3
 - Feasibility for ordering additional auto-injectors. See **Appendix B**: Distribution Plan for Additional Undesignated Auto-Injectors.
 - General safety standards for handling and storage of medications.
 - Availability and location of a school nurse and UEA POCs in the school building (If applicable).
 - Availability of communication devices between school personnel (such as teachers, paraprofessionals) who are inside the building or outside on school grounds and the school nurse or trained UEA point of contact (POC).
 - Response time from the health office or room of UEA POC to area of emergency incident.

Again, all twin-packs should remain together in their original cases – and should NOT be split, including during field trips or off-school premises. A student may need more than one epipen during an emergency.

³ NOTE: Auto-injectors are distributed in "twin-packs," with two auto-injectors of the same dose. All twin-packs should remain together in their original cases because a student may need more than one dose of epinephrine during an emergency. Twin-packs should never be split.

Protocol for Emergency Treatment

A. SEVERE SYMPTOMS

For ANY of the following: **SEVERE SYMPTOMS**



Short of breath, wheezing, repetitive cough



HEARTPale, blue, faint, weak pulse, dizzy



THROATTight, hoarse, trouble breathing/swallowing



MOUTH
Significant
swelling of the
tongue and/or lips



SKIN
Many hives over
body, widespread
redness



GUT Repetitive vomiting, severe diarrhea



OTHER
Feelling something bad
is about to happen,
anxiety, confusion

OR A
COMBINATION
of symptoms from
different body
areas.

Follow the building emergency response plan/protocol and:

STEP 1. IMMEDIATELY ADMINISTER EPINEPHRINE AUTO-INJECTOR:

Epinephrine Pediatric Dosage - 0.15mg	33 to 66 pounds
Epinephrine Adult Dosage - 0.30mg	66 pounds or greater

- Inject into middle outer side of upper leg, note time and site of injection
- · Stay with student monitor closely.

STEP 2. Designate a person **to call Emergency Medical System (911)** and request ambulance with epinephrine.

- Lay the student flat, raise legs and keep warm. If breathing is difficult or they are vomiting, 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 emergency contacts.

B. MILD SYMPTOMS

Follow the building emergency response plan/protocol and:

MILD SYMPTOMS



NOSE Itchy/runny nose, sneezing



MOUTH Itchy mouth



SKINA few hives, mild itch



GUT Mild nausea/ discomfort

For mild symptoms from a single system area:

- **STEP 1.** Antihistamines may be given, if ordered by a health care provider.
 - Stay with the student; alert emergency contacts.
- **STEP 2.** Watch closely for changes.
 - If symptoms worsen, give epinephrine and initiate full protocol (Step 3-4).

STEP 3. IMMEDIATELY ADMINISTER EPINEPHRINE AUTO-INJECTOR:

Epinephrine Pediatric Dosage: 0.15mg	33 to 66 pounds
Epinephrine Adult Dosage: 0.30mg	66 pounds or greater

- Inject into middle outer side of upper leg, note time and site of injection.
- Stay with student monitor closely.

STEP 4. Designate a person to call Emergency Medical System (911) and request ambulance with epinephrine.

- Lay the student flat, raise legs and keep warm. If breathing is difficult or they are vomiting, 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 emergency contacts. For mild symptoms from more than one system area:

STEP 1. IMMEDIATELY ADMINISTER EPINEPHRINE AUTO-INJECTOR:

Epinephrine Pediatric Dosage: 0.15mg	33 to 66 pounds
Epinephrine Adult Dosage: 0.30mg	66 pounds or greater

- Inject into middle outer side of upper leg, note time and site of injection.
- Stay with student monitor closely.
- STEP 2. Designate a person to call Emergency Medical System (911) and request ambulance with epinephrine.
 - Lay the student flat, raise legs and keep warm. If breathing is difficult or they are vomiting, 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 emergency contacts.

C. TRANSPORTING TO THE HOSPITAL

- Students should ALWAYS be transported via ambulance to the hospital following administration of epinephrine.
- Students are at risk for a secondary or biphasic reaction which may require immediate treatment. As many as 1/3 of children will experience a secondary reaction.

D. AFTER AN EMERGENCY EVENT

- Make sure parents/guardians are notified to follow up with the child's primary care provider.
- In the case of the student with known allergic reaction history, discuss how exposure occurred and if new allergen avoidance measures are needed. For students with no previous history of anaphylaxis, consider developing an individual health plan (IHP) in collaboration with the primary care provider for possible future occurrences.
- Complete follow-up documentation via QuickBase application (See Appendix A: QuickBase User Guide for directions) within 24 hours.
- Make sure replacement epinephrine auto injector is obtained per QuickBase reporting and restocking protocol.

Developing Individual Health Plans and Action Plans

Children with Asthma or Known Allergies

The parent/guardian of a child with life-threatening food, insect sting, or medication allergies and asthma should meet with a core team (usually including the child's health care provider, the school nurse, and school administrator(s) or classroom teacher) to create an IHP for the child. IHPs should address a student's health needs both during the normal school and before- and after-school activities, including:

- · Functional health issues.
- Responsibilities of parents, school nurses, teachers, and administration as appropriate.

In addition to developing IHPs, students with asthma and life-threatening allergies must also complete asthma and anaphylaxis action plans. Asthma and anaphylaxis action plans provide specific directions appropriate to the student's diagnosis and what to do in medical emergencies such as asthma attacks or accidental exposure to allergens. To create an asthma or anaphylaxis action plan, the school nurse should:

- Obtain current health information from the family and the student's health care provider.
- Consult with the health care provider, when necessary, to clarify emergency medical protocol.

LEAs must also be aware that it may have increased responsibilities under Section 504 of the Rehabilitation Act of 1973 for students who require IHPs.

Children without Asthma or Known Allergies

The parent/guardian of a child without asthma or a known allergy must be notified if that child experiences mild symptoms of asthma or anaphylaxis (hives, vomiting, itchy mouth or ear canal, dry cough, or stomach pain) during the normal school day or during before- and after-school activities. The health care provider of that child should be notified to find out if he/she has developed asthma or an allergy.

Disposal: After Use and Expiration

A public school shall dispose of a discharged undesignated epinephrine auto-injector by placing the discharged undesignated epinephrine auto-injector back into its original carrying case and giving it to the emergency responder or medical provider upon their arrival.

A public school shall dispose of an unused and expired undesignated epinephrine auto-injector as infectious waste pursuant to 22-B DCMR § 502 (Disposal of Unused Pharmaceuticals) through:

- A waste to energy program;
- A pharmaceutical waste container with appropriate procedures for disposal
- Recommended procedures as published by the FDA and DEA.
 - A red sharps/biohazard needle disposal box in the nursing suite or other designated space in the building is one example of a pharmaceutical waste container.

Reporting and Documentation

Reporting

A school shall report within 24 hours of an incident on the school's premises that involves the administration of **undesignated or designated** epinephrine auto-injectors to OSSE using the reporting and restocking protocol in QuickBase.

The school shall also report the administration of undesignated epinephrine auto-injectors to the school nurse so that the information can be entered into the student's health record.

Documentation

Monitoring and documentation of undesignated epinephrine auto-injectors including routine stock-checks are required throughout the school year through the maintenance of a monthly log. Monthly logs are located in QuickBase and can be completed by the Epinephrine Liaison. (Instructions on how to complete the monthly log can be located in Appendix A.)

QuickBase incident reports forms contain the following information:

- Date the undesignated epinephrine auto-injector was received from pharmaceutical company.
- Lot Number of the auto-injector.
- The expiration date of the undesignated epinephrine auto-injector.
- Where the undesignated epinephrine auto-injector is stored on the school premises.
- Any visualized particles or color change.
- Date and manner of disposition of each undesignated epinephrine auto-injector.
- Date a replacement undesignated epinephrine auto-injector was requested of OSSE.
- Log of undesignated epinephrine auto-injector use, when applicable.

Resources for Schools

Food Allergies in Schools Toolkit

Food Allergy Research and Education

CDC National Guidelines for Managing Food Allergies in Schools

Allergy and Asthma Foundation of America

American College of Allergy, Asthma & Immunology

Kids with Food Allergies

National Association of School Nurses

Appendices:

- A. Epinephrine Liaison QuickBase User Guide
- B. Distribution Plan for Undesignated Auto-Injectors



A: Epinephrine Liaison QuickBase User Guide

The "Access to Emergency Epinephrine in Schools Amendment Act of 2015" is a local legislation that became law on Jan. 12, 2016. It authorizes public schools to possess and administer epinephrine injectors and for OSSE to train school staff to administer injections to students. As part of this plan, and in accordance with the act, each school will be required to maintain and make available, at all times:

- No fewer than two unexpired undesignated epinephrine auto-injectors of each dosage (two adult and two pediatric dosages)
- Ensure that each school has at least two certified employees or agents who are available to administer an undesignated epinephrine auto-injector during all hours of the school day in case of an anaphylaxis emergency.

Please note: The injectors and training will be provided at no cost to local education agencies (LEA).

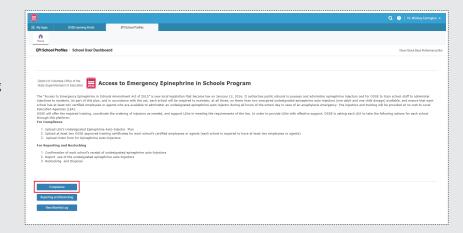
OSSE will offer the required training, coordinate the ordering of injectors as needed, and support LEAs in meeting the requirements of the law.

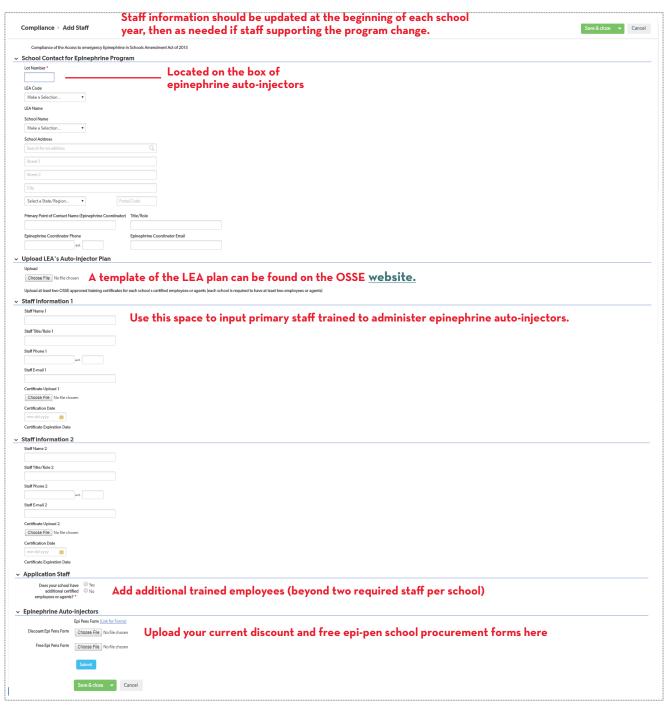
In order to provide LEAs with effective support, OSSE has developed a QuickBase user guide to assist our identified epinephrine liaisons in successfully using the platform to communicate with the Allergy Management team at OSSE.

For further questions or clarification around the Epinephrine QuickBase User Guide, please email osse.epi@dc.gov

Completing Compliance in QuickBase

- Upload LEA's Undesignated Epinephrine Auto-Injector Plan
- Upload at least two OSSE approved training certificates for each school's certified employees or agents (each school is required to have at least two employees or agents)
- 3. Upload Order form for epinephrine autoinject

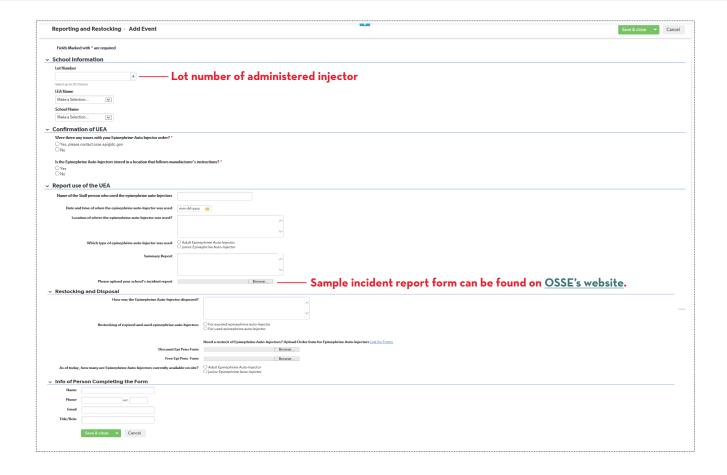




Completing Reporting and Restocking in QuickBase

- Report when each school has successfully <u>received</u> their shipment of undesignated epinephrine auto-injectors
- 2. Report <u>use</u> of the undesignated epinephrine auto-Injectors
- 3. Report the need to Restock **and** Dispose of injectors

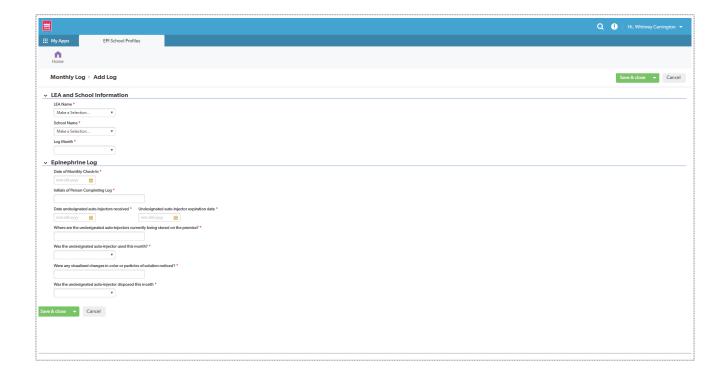




Completing a Monthly Log in QuickBase

- Monthly routine checks for the stocks of undesignated epinephrine auto-injectors to be made by each LEA and monitored by OSSE.
- 2. Five-minute checks should be made monthly between the first and fifth of each month.





B: Distribution Plan for Undesignated Auto-Injectors

Background

In fiscal year 2016, in accordance with DC Official Code §38-651.04a(b)(1) the Department of Health secured a standing order, signed by a physician licensed to practice in the District of Columbia, to permit local public and public charter schools to administer undesignated epinephrine auto-injectors (UEAs) in emergency circumstances.

Under this legislation, each school is required to maintain, at all times, no fewer than two pediatric dose and two adult dose UEAs, and ensure that each school has at least two certified employees or agents who are available to administer a UEA during all hours of the school day in case of an anaphylactic emergency. The Office of the State Superintendent of Education (OSSE) coordinates the ordering of injectors, offers required training, and further supports local education agencies (LEAs) in meeting the requirements of the law including, under certain circumstances, the ordering of UEAs.

In certain circumstances, schools are also eligible to purchase additional UEAs. This document outlines policies and procedures for ordering additional UEAs.

Purchase of Additional Undesignated Auto-Injectors

According to 5-A DCMR § 1103.4, schools may request additional undesignated epinephrine auto-injectors (UEAs) from OSSE, but the school shall be responsible for the cost of any additional undesignated auto-injectors.

In addition to replacement UEAs requested under the circumstances described at 5-A DCMR § 1103.3 and on pages 5 and 6 of this policy, a public school may request additional UEAs from OSSE:

- If the school's policy is such that their normal processes require frequent and regular field trips away from campus with a UEA in their possession
 - Please note: OSSE-approved certified personnel
 MUST be in attendance on field trips in which UEAs are brought along.
- 2. If the school's campus contains multiple buildings and athletic facilities where efficient travel to retrieve a UEA in an emergency will be impeded by the distance
- If the school's student count is higher than average for the square footage of the building itself, where a greater ratio of students are likely to need UEAs
- 4. If the school's UEA was misplaced or stolen

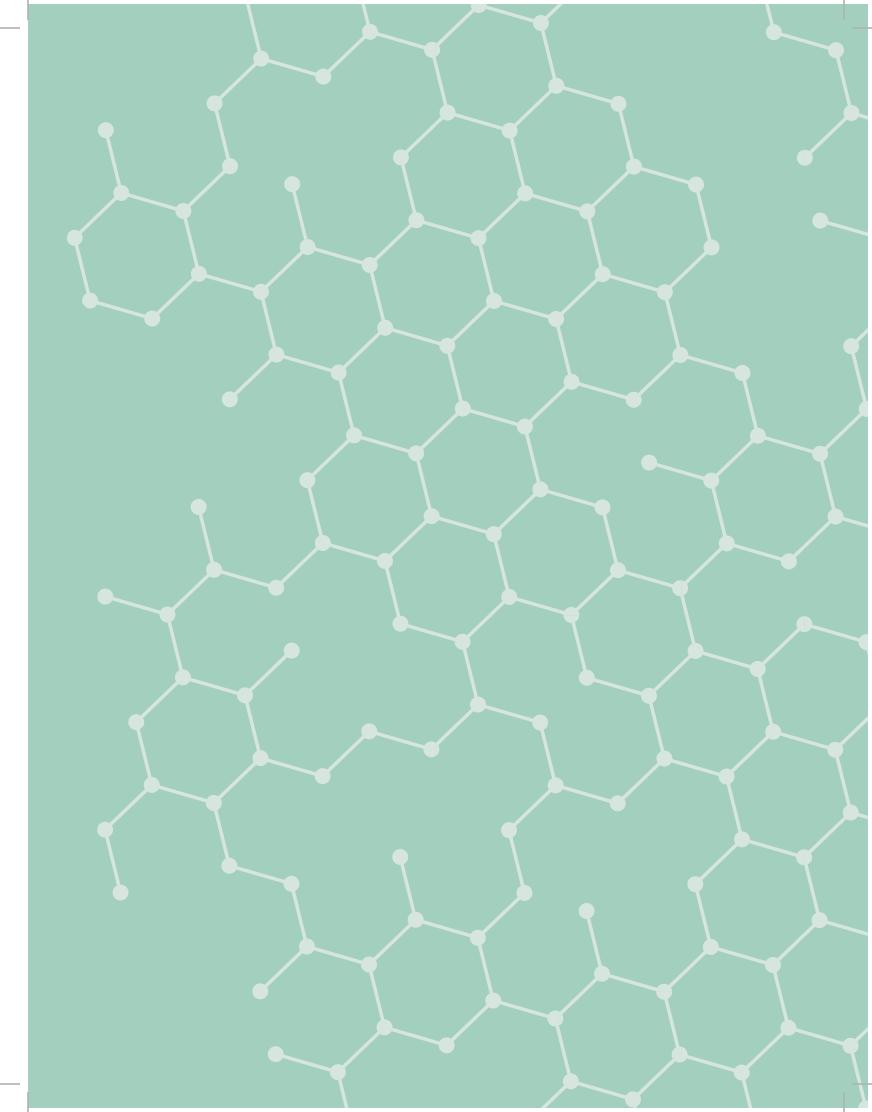
Instructions to Purchase Additional Undesignated Auto-Injectors

This section provides an overview of the processes that LEAs shall take to facilitate the purchase of additional UEAs in the circumstances outlined above.

- Any school requesting additional UEAs <u>must have their</u> <u>liaison upload</u> to <u>QuickBase</u> their school's updated UEA plan including an additional section clearly stating the intended use for the additional UEAs. The section must include the following:
 - a) Perceived need for the additional UEAs with a detailed explanation of probable and projected scenarios that warrant having additional UEAs
 - b) Proposed storage location of additional UEAs, including all likely locations if additional UEAs will be moved frequently (The liaison will be responsible for the oversight and monthly logs of UEAs that are frequently moved or stored in special locations.)
- The liaison must then <u>complete the request in QuickBase</u>.
 QuickBase will notify the OSSE team when an application has been submitted for consideration.
- An OSSE agent will review the application and reach out to the epinephrine liaison if additional information or further clarification is needed. Once the order is placed, the OSSE agent will contact the liaison via email with the order number.

Notes:	

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District of Columbia Office of the State Superintendent of Education 1050 First St NE, Washington, DC 20002







