

# **Anaphylaxis Response Policy**

for Peoria Regional  
Learning Center

August 2022



## 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. Peoria Regional Learning Center does not have undesignated epinephrine nor a nurse on staff.

## 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.

**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.

**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.

## 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.

1. Instruct someone to call 911 immediately.
  - 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 PRLC's Principal or designee immediately and advise of the situation.
  - d) Direct someone to call the parent/guardian.
  - e) Administer CPR, if needed.
  - f) EMS transports individuals to the emergency room. Document an individual's name, date, time of onset of symptoms, and possible allergen.
2. **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 or return to PRLC on the day epinephrine is administered.

### Post-Event Actions

- A. Reporting
  - 1. Document the incident in PRLC's student data-base system.
  
- B. Parent Review
  - 1. Call the parent or guardian to follow up on the student's condition.
  - 2. Review anaphylactic or allergic episode with parent/guardian and student.
  - 3. Identify allergen and route of exposure—discuss signs and symptoms with parent or guardian.
  - 4. Review actions taken.
  
- C. 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 providing training 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 PRLC employee training, be held when an individual is identified at risk, and conducted schoolwide annually.