

FCPS AUTHORIZATION FOR ANAPHYLAXIS ACTION PLAN

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I PARENT OR GUARDIAN TO COMPLETE

I hereby authorize Fairfax County Public Schools (FCPS), Fairfax County Health Department (FCHD), and School Age Child Care (SACC) personnel to administer epinephrine injection(s) as directed by the health care provider (Part II). I agree to release, indemnify, and hold harmless FCPS, FCHD, and SACC and any of their officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions, etc., against them for administering the injection, provided they follow the health care provider's order (Part II.) I am aware that epinephrine may be administered by trained, unlicensed non-health staff, and I consent to this. I am also aware that unlicensed non-health staff cannot observe for the development of symptoms and are not allowed to wait for the appearance of symptoms before administering epinephrine for students with an authorized health care provider's order. **I understand that emergency medical services (EMS) will always be called when epinephrine is administered, whether or not the student manifests any symptoms of anaphylaxis. I have read the procedures outlined on the back of this form and assume responsibility as required.**

Student Name (Last, First, Middle) _____

Date of Birth	School Name	School Year	Grade
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No School Board employee, public health nurse, or school health aide shall administer medication or treatment, as an exception under School Board policy, unless all the required clearances have been personally reviewed by the principal or his or her designee. I give permission to contact the below named health care provider to clarify information provided on the order should the need arise.

Parent or Guardian Signature _____ Daytime Telephone _____ Date _____

PART II HEALTH CARE PROVIDER TO COMPLETE

Epinephrine is usually administered in FCPS or SACC by unlicensed non-health staff. These persons are trained by the school public health nurse to administer the injection. It should be noted that these staff members are not trained observers. Unlicensed non-health staff cannot observe for the development of symptoms and are not allowed to wait for the appearance of symptoms before administering epinephrine for students with an authorized health care provider's order.

Regardless of whether student is symptomatic, the epinephrine will be given immediately after report of exposure to allergen(s): _____
before any other medication. Indicate specific allergen(s) or unknown

Route of Exposure: Ingestion Skin Contact Inhalation Insect sting or bite

OR

If student shows ANY of the following severe symptoms:

- Sudden difficult breathing or wheezing
- Hives, generalized flushing, itching, or redness of skin
- Swelling of the throat, lips, tongue, throat tightness/change of voice, difficulty swallowing
- Other _____
- Tingling sensation, itching, or metallic taste in mouth
- Feeling of apprehension, agitation
- Vomiting in combination with any of the previously listed symptoms

Check the appropriate box: (Note: Epinephrine will always be given first before any other medication.)

Check the appropriate premeasured dose of epinephrine by intramuscular injection.

Dose of Epinephrine: 0.3 mg 0.15 mg 0.1 mg

Repeat dose in 5 minutes 10 minutes 15 minutes if EMS has not arrived. (Two premeasured doses will be needed in school.)

Give epinephrine first, followed by oral antihistamine immediately, if ordered: Name of Oral Antihistamine _____ Dose: _____

Check ONE appropriate box:

- The student is to carry epinephrine during school hours with the principal's knowledge and CAN use the epinephrine injector/syringe properly in an emergency. Student must notify school staff if they use epinephrine on themselves. One additional dose, to be used as backup, should be kept in health room or other approved school location.
- The student is to carry epinephrine during school hours with the principal's knowledge but CANNOT use the epinephrine injector/syringe properly in an emergency. One additional dose, to be used as backup, should be kept in health room or other approved school location.
- The epinephrine will be kept in the school health room.

Effective date: Current School Year **OR** From _____ To _____

Health Care Provider Name (Print or Type) _____ Health Care Provider Signature _____ Telephone or Fax _____ Date _____

Parent or Guardian Name (Print or Type) _____ Parent or Guardian Signature _____ Telephone _____ Date _____
(Required if student carries epinephrine)

Student Signature (Required if student carries epinephrine) _____

PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE

Check as appropriate:

Parts I & II above are complete including signatures.

Medication is appropriately labeled. _____ Date by which any unused medication is to be PICKED UP by the parent or guardian. (Within one week after expiration of this authorization or on the last day of school.)

Principal or Principal Designee Signature _____ Date _____

PART IV SCHOOL PUBLIC HEALTH NURSE TO COMPLETE

Check as appropriate:

The above orders have been reviewed.

The student's individual Anaphylaxis Action Plan has been completed on the second page.

School Public Health Nurse Name (Print) _____ School Public Health Nurse Name (Signature) _____ Date _____


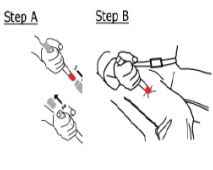
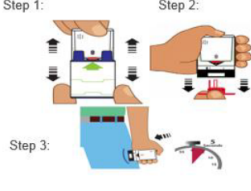
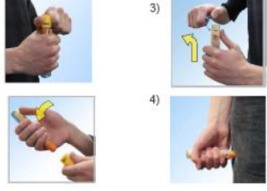
ACTION STEPS FOR EPINEPHRINE ADMINISTRATION (Below sections to be completed by School PHN)

1. Always use standard precautions.
2. Inject Epinephrine immediately. See administration instructions below. Note the time of the injection.
3. Call 911.
4. Lay person flat with legs elevated, keep warm, or place in position of comfort.
5. Give other medication *IF ORDERED*: _____
6. If student loses consciousness, check for breathing and begin bystander CPR if needed.
7. Notify parent(s) or emergency contacts.
8. Write the student's name, time, and date of epinephrine administration on the epinephrine label.
9. Repeat epinephrine injection *IF ORDERED* and EMS has not arrived.
10. Document epinephrine administration on Medication Chart.
11. Send used epinephrine with EMS or parent.
12. If student is transported by EMS, provide copy of current Emergency Care Card.

Location of Epinephrine: Health Room Self-Carry Other: _____

Individual Considerations: _____

School PHN to mark type of epinephrine device received:

<input type="checkbox"/> EPIPEN® AUTOINJECTOR	<input type="checkbox"/> GENERIC EPINEPHRINE AUTOINJECTOR	<input type="checkbox"/> AUVI-Q® AUTOINJECTOR	<input type="checkbox"/> TEVA GENERIC AUTOINJECTOR
<p>DIRECTIONS</p> <ol style="list-style-type: none"> 1. Remove EpiPen Auto-Injector from plastic carrying case. 2. Pull off blue safety release cap. 3. Hold leg to stabilize. 4. Place orange tip against mid-outer thigh and firmly push. <u>Press firmly and hold for 3 seconds.</u> 5. Remove and massage the area for 10 seconds. 	<p>DIRECTIONS</p> <ol style="list-style-type: none"> 1. Remove the outer case. 2. Remove both end caps (1 and 2). 3. Hold the leg to stabilize. 4. Place rounded tip against mid-outer thigh. 5. Press down hard until needle penetrates. <u>Hold for 10 seconds.</u> 6. Remove and massage the area for 10 seconds. 7. Needle will be exposed; dispose of per training. 	<p>DIRECTIONS</p> <ol style="list-style-type: none"> 1. Remove the outer case; voice command automatically activates. 2. Pull off red safety guard. 3. Hold leg to stabilize. 4. Place black end against mid-outer thigh. 5. <u>Press firmly and hold for 2 seconds.</u> 6. Remove and massage the area for 10 seconds. 	<p>DIRECTIONS</p> <ol style="list-style-type: none"> 1. There is no outer case for this device. 2. Twist the yellow or green cap in the direction of the "twist arrow" to remove cap. 3. Pull off the blue safety release cap. 4. Hold leg to stabilize. 5. Place orange tip against mid-outer thigh and firmly push until you hear a click. <u>Hold firmly in place for 3 seconds.</u> 6. Remove and massage the area for 10 seconds.
			

PARENT/GUARDIAN INFORMATION ABOUT EPINEPHRINE PROCEDURES

1. Epinephrine may be given in school, during school-sponsored activities, or at SACC only with both health care provider and parent or guardian-signed authorization.
2. This form must be on file in the health room or in another approved location. The parent or guardian is responsible for obtaining the health care provider's order in part II. For a student who attends SACC, a copy of the epinephrine authorization must be on file with SACC.
3. A new authorization must be submitted to the school each school year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
4. Only premeasured doses of epinephrine may be given by FCPS, FCHD, and SACC staff members.
5. Epinephrine for students with authorized health care provider's orders may be administered in FCPS or SACC by trained, unlicensed non-health staff who cannot observe for the development of symptoms and are not allowed to wait for the appearance of symptoms before administering the epinephrine.
6. Medication must be properly labeled by a pharmacist. If health care provider's order includes a repeat of the epinephrine injection, then the parent or guardian must supply the school with two epinephrine injectors/syringes. For a student who carries his or her own epinephrine, the parent or guardian must supply the school with a backup that is stored in the health room or other approved location. Expiration date must be clearly indicated on the pharmacy label or injector/syringe. The parent or guardian must provide replacement epinephrine when notified that the current injector/syringe has expired or has been administered.
7. Epinephrine must be hand-delivered to the school health room by the parent or guardian unless approved for the student to carry during school and SACC hours.
8. Unless the student has been authorized to carry epinephrine, the parent or guardian is to pick up any unused epinephrine within one week after expiration of this authorization or on the last day of school. Epinephrine not claimed within that period shall be destroyed.

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent, guardian, or eligible student.