

## Policy on Emergency Epinephrine Administration for Mount St. Joseph University

### I. INTRODUCTION

Anaphylaxis is a severe and potentially fatal allergic reaction that can be triggered by a variety of different exposures to allergens in food, medications, insect stings, etc. Virtually any food can cause anaphylaxis, but in the United States, as of January 1, 2023, 9 allergens account for most food reactions. These "major 9" food allergens include wheat, milk, eggs, soy, fish, shellfish, tree nuts, peanuts, and sesame.

Anaphylaxis must always be treated as a medical emergency. Immediate administration of epinephrine can be lifesaving and should be the first line of treatment. Food-allergic adults at risk of anaphylaxis from their food allergy need to have an epinephrine auto-injector on their person and ready to use at all times. According to FARE (Food Allergy Research and Education), any severe symptoms, alone or combined with milder symptoms, may be signs of anaphylaxis and require immediate treatment.

Mild symptoms may include one or more of the following:

Hives (reddish, swollen, itchy areas on the skin), eczema (a persistent dry, itchy rash), redness of the skin or around the eyes, itchy mouth or ear canal, nausea or vomiting, diarrhea, stomach pain, nasal congestion or a runny nose, sneezing, slight, dry cough, odd taste in the mouth, or uterine contractions.

Severe symptoms may include one or more of the following:

Obstructive swelling of the lips, tongue, and/or throat, trouble swallowing, "lump in the throat" feeling, shortness of breath, wheezing, turning blue, drop-in blood pressure (feeling faint, confused, weak, passing out), loss of consciousness, chest pain, a weak or "thready" pulse, or sense of impending doom.

### II. POLICY

Due to the possibility of students/Staff or guests with known food allergies neglecting to have an epinephrine auto-injector readily accessible, or if a student with a previously unknown food allergy experiences an allergic reaction upon consumption of a meal, providing stock epinephrine auto-injectors in the resident dining environment is a logical precaution to have in place to assist with ensuring the safety of all Students. The auto-injection device may be used if a student /Staff or guest is experiencing anaphylaxis and does not have immediate access to their personal auto-injector, or if they are experiencing an allergic reaction for the first time and would therefore not have a prescription of their own, yet is in immediate need of a response.

## **A. LOCATION AND STORAGE OF EPINEPHRINE AUTO-INJECTORS**

One-epinephrine auto-injectors will be located in all dining locations as well as the Wellness center, and with campus Police, auto-injectors will be stored in "Allergy Emergency Kits," which are accessible for trained personnel. The auto-injectors may also be accessed by breaking the seal of the kits.

The epinephrine auto-injector will be stored at room temperature until the marked expiration date, at which time the devices will be replaced. The auto-injectors will be kept away from direct sunlight and all kitchen equipment (i.e., refrigerators, freezers, ovens) because light and extreme temperatures can shorten the product's life. In addition, the device may only be used if the solution inside the auto-injector is clear and colorless.

## **B. MONITORING**

The Department of Public Safety will be responsible for tracking the expiration date of the epinephrine auto-injectors and ensuring they are replaced as needed. The Public Safety Designee will also conduct a quarterly visual inspection of the devices to ensure the liquid inside each device is clear, colorless and no crystals have formed.

When the auto-injectors are nearing expiration, the Public Safety Designee will request the Wellness Center to order another set of devices for the locations.

## **C. MANDATORY TRAINING**

All Authorized Personnel will be certified through the Department of Public Safety. This course includes topics such as recognizing the signs and symptoms of an allergic reaction and administering an epinephrine auto-injector.

## **D. PROCEDURES**

The actions to take if a student/staff or guest is experiencing an anaphylactic reaction.

1. The staff member who notices the student/staff or guest is experiencing the signs and symptoms of anaphylaxis as described above calls 911 and Campus Police. This staff member will remain with the student/staff or guest while their coworker seeks help. Send someone to intercept the EMS unit and Guide them to the location.
2. The Authorized Person on duty acquires the Allergy Emergency Kit and obtains the epinephrine auto-injectors.
3. The personnel will proceed if the student/staff or guest displays one or more of the severe symptoms listed above and is likely experiencing an anaphylactic reaction.
4. The student/staff or guest will be placed in a position of comfort (sitting or Lying) immediately after receiving epinephrine and will not be allowed to

stand or walk. If breathing is difficult or if they are vomiting, they may lie on their side.

5. Personnel will remain with the student/staff or guest until the emergency response team arrives.
6. If the patient's symptoms show no improvement in five minutes after receiving the first dose of epinephrine from the auto-injector, then a second dose from a new auto-injector.
7. Personnel should properly dispose of the auto-injector.

**E. REPORTING usage of epinephrine auto-injector**

Once the student/staff or guest who experienced the allergic reaction is safe and under medical care, personnel will gather details about the incident from their staff and/or witnesses, complete an Incident report, and submit it to the Director of Public Safety, who will ensure that all reporting will be completed.