



## TOWN OF CORNELIUS PARKS & RECREATION DEPARTMENT

### **ANAPHYLAXIS/EPIPEN (AUTO-INJECTOR) and ANTIHISTAMINE POLICY**

#### **Purpose and Intent**

The Cornelius Parks and Recreation Department (CPRD) seeks to provide a safe environment for staff and participants who are at risk of severe allergic reactions. While CPRD does not provide medical staff, and CPRD employees have limited training in the signs and symptoms of anaphylaxis and the administration of EpiPens, this policy identifies the process by which anyone suspected of suffering a severe allergic reaction will be treated. Any medication provided by a parent/guardian would be administered by CPRD staff, or designated representative, to the best of their ability and judgement, based primarily on the physician's instructions or parent's instructions regarding the prescription provided or given.

#### **Parent/Guardian Procedure**

1. Parent or legal guardian and child's physician are required to complete an Authorization to Administer Medication form for each participant requiring an EpiPen. Additionally, an EpiPen Action Plan must be completed by the participant's physician. The original will be kept in the CPRD office, and a copy will be given to the manager of the program the participant is attending.
  - **CPRD staff will not administer epinephrine or antihistamine medications unless a fully completed EpiPen Action Plan/Medication Authorization Form is submitted, regardless of whether or not an EpiPen is provided in advance by or on behalf of the parent/guardian.**
2. The EpiPen must be provided by a parent/guardian to CPRD staff in a clearly marked bag with participant's name on it. The medication should be in its original container with the pharmacy label, which shows the date of filling, pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, name of prescribing practitioner, name of prescribed medication, directions for use, and cautionary statements, if any, contained in such a prescription or required by law.
3. The EpiPen must be presented in a cooled lunch bag or container and given to the Program Manager or his/her designee upon arrival at the program each day.
4. Parent/guardian must pick up the EpiPen at the end of each program day.

#### **Administration of Action Plan:**

In the event medication needs to be administered to a participant, the procedures below should be followed by CPRD staff:

1. A minimum of one staff member should stay with the participant suffering the reaction.
2. Additional staff should clear the area of other participants and call 911 immediately.
3. Staff or designated representative should administer the epinephrine or antihistamine, as indicated on the participant's Action Plan.
4. Staff should note time of administration and relay all information to Emergency Medical Services (EMS) when they arrive.
5. Staff should contact his/her Program Manager and the CPRD administration team immediately.
6. Program Manager or CPRD Administration should contact the parent/legal guardian of the participant.



## TOWN OF CORNELIUS PARKS & RECREATION DEPARTMENT

7. Staff should complete an Incident Report form.

### **ANAPHYLAXIS/EPIPEN (AUTO-INJECTOR) and ANTIHISTAMINE ACKNOWLEDGEMENT**

#### **Purpose**

The Cornelius Parks and Recreation Department (CPRD) seeks to provide a safe environment for staff and participants who are at risk of severe allergic reactions. While CPRD does not provide medical staff, and CPRD employees have limited training in the signs and symptoms of anaphylaxis and the administration of EpiPens, this policy identifies the process by which anyone suspected of suffering a severe allergic reaction will be treated. Any medication provided by a parent/guardian would be administered by CPRD staff, or designated representative, to the best of their ability and judgement, based primarily on the physician's instructions or parent's instructions regarding the prescription provided or given.

#### **Parent/Guardian Acknowledgement (check one):**

- I have received and read the CPRD Anaphylaxis/EpiPen (Auto-Injector) Policy and understand CPRD will NOT administer an EpiPen or antihistamine unless and until a fully completed EpiPen Action Plan/Medication Authorization Form is provided, regardless of whether or not an EpiPen is provided in advance by or on behalf of the parent/guardian.
- I have received the CPRD Anaphylaxis/EpiPen (Auto-Injector) and Antihistamine Policy and although my child has an EpiPen, I am not requesting EpiPen administration for my child.

\_\_\_\_\_  
Child's Name (Printed)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name (Printed)



# CORNELIUS PARKS & RECREATION DEPARTMENT EPIPEN ACTION PLAN



Participant's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ Gender: \_\_\_\_\_

Allergic to: \_\_\_\_\_

EpiPen: Yes  No

### Give Checked Medication\*\*

*(To be determined by a physician authorizing treatment)*

### Symptoms:

- If a food allergen has been ingested, but no symptoms
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat\* Tightening of throat, hoarseness, hacking cough
- Lung\* Shortness of breath, repetitive coughing, wheezing
- Heart\* Weak, thready pulse, fainting, pale, blueness
- Other \_\_\_\_\_
- If reaction is progressing (several of the above areas affected), give:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

\*The severity of symptoms can change quickly, \*Potentially life-threatening

### DOSAGE

**Epinephrine:** inject intramuscularly  EpiPen®  EpiPen® Jr.  Twinject™ 0.3 mg  Twinject™ 0.15 mg  
Other: \_\_\_\_\_

**Antihistamine:** give \_\_\_\_\_  
(Medication/dose/route)

**\*\*Cornelius Parks & Recreation Department must have any/all medications on site, in original container fully labeled, with child's name clearly indicated\*\***

Other instructions / directions: \_\_\_\_\_

### STEP 2: EMERGENCY CALLS

- 1) Call 911. State that an allergic reaction has been treated and additional epinephrine or antihistamine may be needed
- 2) Dr. \_\_\_\_\_ at \_\_\_\_\_ Phone: \_\_\_\_\_
- 3) Emergency Contacts (*other than Primary Guardian(s)*):
  - Name / Relationship \_\_\_\_\_ Phone: \_\_\_\_\_
  - Name / Relationship \_\_\_\_\_ Phone: \_\_\_\_\_
  - Name / Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED , DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_