



ANAPHYLAXIS/EPIPEN (AUTO-INJECTOR) and ANTIHISTAMINE POLICY

Purpose and Intent

Cain Center for the Arts seeks to provide a safe environment for staff and participants who are at risk of severe allergic reactions. While the Cain Center does not provide medical staff, and Cain Center 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 Cain Center 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 Cain Center office and a copy will be given to the manager of the program the participant is attending.
 - **Cain Center staff will not administer epinephrine or antihistamine medications unless a fully completed Authorization Form and Action Plan are 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 Cain Center 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 Cain Center 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 Cain Center administration team immediately.
6. Program Manager or the Cain Center Administration should contact the parent/legal guardian of the participant.
7. Staff should complete an Incident Report form.



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Parent/Guardian Acknowledgement (check one):

- I have received and read the Cain Center Anaphylaxis/EpiPen (Auto-Injector) Policy and understand the Cain Center will NOT administer an EpiPen or antihistamine unless and until a fully completed Authorization to Administer Medication form and EpiPen and Antihistamine Action Plan are both provided, regardless of whether or not an EpiPen is provided in advance by or on behalf of the parent/guardian.
- I have received the Cain Center 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)



Authorization to Administer Medication

Part I (Parent or Guardian to Complete)

I hereby authorize Cain Center for the Arts ("the Cain Center") staff, or designated representative, to administer epinephrine injection(s) or antihistamines to the child identified below ("Child") as directed by the physician (Part II). On behalf of myself and my Child, and our respective agents, heirs, personal and legal representatives, assigns, and any person claiming by, under, or through either of us (collectively, "Releasers"), I agree to release, indemnify, agree not to sue, and hold harmless, the Cain Center and their employees, staff members, directors, officers, related entities, agents and representatives from and against any and all lawsuits, claims, expenses, costs (including attorney's fees), demands, causes of action, injuries, obligations, liabilities, and actions, etc. (collectively, "Claims"), both at law and in equity, directly or indirectly, arising from, in connection with, or related to, the administering of epinephrine injections(s), including but not limited to personal injury or property damage and/or any Claims in tort, contract and/or otherwise. I am aware that the medication may be administered by a non-health professional with limited training. I have the authority to sign this form. I understand that my execution of this form is voluntary. I have read the procedures attached to this form and, on behalf of myself and the Releasers, assume responsibility and all risks as required.

I understand that emergency medical services (EMS) and parent will always be contacted, and I consent to such contact, when epinephrine is administered, whether or not the child manifests any symptoms of anaphylaxis. Cain Center for the Arts will not administer epinephrine unless and until a fully completed Authorization Form and Action Plan are provided, regardless of whether or not an EpiPen is provided in advance by or on behalf of the parent/guardian.

Name of Child:		Date of Birth:	
Parent/Guardian Name:			
Date of Authorization:		Parent/Guardian Signature:	

Part II (Child's Physician to Complete)

Emergency injections are administered by non-health professionals. For this reason, only premeasured doses of medication may be given. It should be noted that Cain Center staff members are not trained observers. They cannot observe for the development of symptoms before administering the injection.

Name and Dosage of Medication:				
Date medication administration begins:		Date medication ends (if known):		
The above named injection will be given immediately after report of exposure to (indicate specific allergens):				
Route of exposure (circle all that apply):	Ingestion	Skin contact	Inhalation	Insect sting or bite
	Other:			
Possible adverse reactions:				
Other helpful information for camp staff (use back of sheet if necessary):				

Physician's Name:	Telephone:	
Physician's Signature:	Date:	

Part III (Program Manager to Complete)

Parts I and II above are complete, legible, and include signatures. (It is appropriate if all items in Part II are written on physician's stationery or prescription pad.)			
Medication is appropriately labeled and provided in proper container.		Date of medication expiration:	
Program Manager Signature:		Date:	