Rensselaer Polytechnic Institute
Residential Dining Hall Emergency Epinephrine Administration Policy

Purpose:

To equip Rensselaer Polytechnic Institutes residential dining facilities (Commons, Russell Sage, BARH and Blitman) with the ability to provide backup administration of epinephrine to students who have known anaphylactic reactions to certain food products and may occasionally forget to carry their personal epinephrine auto-injectors and also provide a layer of response for students who may have an allergic reaction for the first time to previously unknown food allergens.

Protocol:

1) All students who disclose that they have a food allergy will be offered a one on one meeting with the Hospitality Services registered dietician. The registered dietician will assist the student with meal planning and remind the student of the importance of carrying their own epinephrine auto-injector if their allergic reaction has been significant in the past.

2) Two Auto-injectors will be stored in each of the four main residential dining facilities at Rensselaer; BARH, Blitman, Commons and Russell Sage.

3) The Auto-injectors will be purchased and supplied to each residential dining hall by Student Health Services.

4) The registered dietician will monitor expiration date and let Student Health services know when to provide replacement auto-injectors.

5) The auto-injectors will be stored in an agreed upon location for ease of access to designated hospitality services staff.

6) Designated Hospitality Services staff will be trained to recognize anaphylaxis symptoms and on administering the epinephrine auto-injectors by the medical staff from Student Health Services. Trainings of newly hired designated staff may be set up by contacting Student Health services on a rolling schedule.

7) The Student Health Services will present an annual review of anaphylactic symptoms and auto-injector use to all designated staff each August.

8) Procedure: The procedure to follow in the event of a student or other customer suffering an anaphylactic reaction is:

   a) Staff person notices or has attention called to a student/customer having symptoms of anaphylaxis (see FARE’s Recognize and Respond to Anaphylaxis poster page 3)

   b) Staff person calls to second staff member to get and inform the manager on duty and then stays with the student/customer trying to calm them

   c) Once informed the manager on duty gets the epinephrine auto-injectors and asks another staff member to call 911 immediately. They then take the auto-injectors to the student/customers side.

   d) The manager should always proceed on the assumption that the student/customer is having a significant allergic reaction.

   e) The manager will ask the student/customer if they have their own epinephrine device, and if so, will recommend the individual use it immediately
Procedure cont.:

f) If the student/customer does not have their own device but is familiar with them then manager will offer them the opportunity to administer the stock auto-injector themselves.

g) If the student/customer is unresponsive, confused or partially conscious or if they are unfamiliar with or uncomfortable using the device, then manager/designated staff will administer the epinephrine

h) The epinephrine auto-injector is administered by holding the auto-injector firmly with your fist in the middle of the auto-injector. Do not put any part of your hand over either end to avoid an accidental trigger. An auto-injector is a single-use device; once it is triggered it cannot be re-used. Avoid placing your finger over either end to avoid accidentally triggering the device. Pull off the activation cap (opposite end from the orange tip that holds the needle). Place the orange tip against the thigh and push firmly. There should be a click once the needle has entered the thigh. Hold firmly against the thigh for five seconds. Do not inject in any other place than the thigh.

i) The student/customer should not be left alone pending the arrival of RPI or Troy ambulance services (Both of which carry epinephrine with them and RPI ambulance has been trained on injecting epinephrine.

j) Do not allow the student/customer to stand or walk. If they are standing they should be ask to sit on the ground or be lowered to the ground.

k) If the symptoms have not started to improve in 5 minutes, the manager or emergency response crew if they have arrived should administer a second epinephrine auto-injector.

l) The student/customer should be sent with emergency services to a hospital emergency room for further observation/care.

m) Report the reaction to Rensselaer Public Safety and well as to Rensselaer Hospitality Services Registered Dietician.

n) If possible take note of what foods were involved in creating the reaction.
Recognize and Respond to Anaphylaxis

For a suspected or active food allergy reaction

**SEVERE SYMPTOMS**

- **LUNG:** Short of breath, wheezing, repetitive cough
- **HEART:** Pale, blue, faint, weak pulse, dizzy
- **THROAT:** Tight, hoarse, trouble breathing/swallowing
- **MOUTH:** Significant swelling of the tongue, lips
- **SKIN:** Many hives over body, widespread redness
- **GUT:** Repetitive vomiting, severe diarrhea
- **OTHER:** Feeling something bad is about to happen, anxiety, confusion

**INJECT EPINEPHRINE IMMEDIATELY**

1. **Call 911**
   Request ambulance with epinephrine.

**Consider Additional Meds**
(After epinephrine):
- Antihistamine
- Inhaler (bronchodilator) if asthma

**Positioning**
Lay the person flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

**Next Steps**
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Transport to and remain in ER for at least 4 hours because symptoms may return.

Do not depend on antihistamines. When in doubt, give epinephrine and call 911.