**UW-Madison Campus-wide Administrative Policy**

**Epinephrine Auto-Injector Policy**

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<th>Functional Owner</th>
<th>Executive Director, University Health Services</th>
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<td>Executive Sponsor</td>
<td>Vice Chancellor for Finance and Administration</td>
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<tr>
<td>Policy Contact</td>
<td>University Health Services, Community Health Nurse Manager</td>
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**Effective Date:** November 1, 2015  
**Last Updated:** November 1, 2015  
**Last Reviewed:** November 1, 2015  
**Next Review:** November 1, 2018

**Policy Summary**

Wisconsin law permits the university to acquire and maintain a supply of epinephrine auto-injectors which may be administered by Authorized Agents of the university to an individual they believe in good faith is experiencing anaphylaxis.

The purpose of this policy is to describe the process and requirements for the selection and training of authorized agents and the acquisition and storage of epinephrine auto-injectors at the University of Wisconsin-Madison.

The purchase, placement, use and maintenance of epinephrine auto-injectors at the University of Wisconsin-Madison shall conform to the requirements established in this policy. No unit is permitted to acquire epinephrine auto-injector(s) without approval by the process established herein.

All epinephrine auto-injector programs will be approved by the medical staff of the Department of Athletics (for facilities and personnel under their jurisdiction) or University Health Services (all other units).

In general, funding for epinephrine auto-injector program will be the responsibility of the work unit.

**Who This Policy Applies To**

The content of this policy is applicable to all UW-Madison locations. This policy does not apply to epinephrine auto-injectors within university healthcare facilities which are not designated as public access. This policy does not cover the acquisition or use of an epinephrine auto-injector by a health-care provider employed by or acting as an agent of the university nor does this policy cover self-administration of a personally prescribed epinephrine auto-injectors by any individual.

**Rationale**

Anaphylaxis is a rare but very serious reaction that can affect several areas of the body and may threaten breathing and blood circulation. Food allergy is the most common cause of anaphylaxis, although several other allergens – insect stings, medications, or latex – are other potential triggers. Rarely, anaphylaxis is triggered by exercise. Very rarely, anaphylaxis can occur without an identifiable trigger. Although anyone who has a food allergy can experience anaphylaxis, the foods most likely to cause a severe reaction are peanuts, tree nuts, fish and shellfish.
Epinephrine (adrenaline) is a medication that can reverse the severe symptoms of anaphylaxis. It is given as a “shot” and is available as a self-injector, also known as an epinephrine auto-injector, which can be carried and used if needed. Epinephrine is a highly effective medication, but it must be administered promptly during anaphylaxis to be most effective. Delays can result in death in as little as 30 minutes.

Policy Detail
I. ESTABLISHMENT OF AN EPINEPHRINE AUTO-INJECTOR PROGRAM BY UNIVERSITY UNITS

Criteria for the establishment of an epinephrine auto-injector program at UW-Madison is established by University Health Services (UHS). UW-Madison criteria for epinephrine auto-injector program include:

1) operation of a business, activity, or event at which allergens capable of causing anaphylaxis may be present, including a recreational and/or educational camp, day care facility, food service operation, outdoor recreation or athletic space, or sports arena; and

2) sufficient resources to ensure appropriate storage and training.

Administrative units are encouraged to contact UHS to obtain more specific information on epinephrine auto-injector programs as applicable to their operations.

II. PROCEDURES

A. Non-Athletic Units:
   1. Determine whether the work unit meets the criteria listed above.
   2. Designate a unit epinephrine auto-injector coordinator to administer the program.
   3. Develop a written epinephrine auto-injector program plan including training and maintenance.
   4. Submit the plan for review by University Health Services.
   5. Upon approval of the plan and completion of staff training, the UHS Medical Director will issue a written prescription order for an epinephrine auto-injector(s).

B. Athletic Departments: Epinephrine auto-Injectors will be procured under the discretion of the Department of Athletic Medicine. The Division of Intercollegiate Athletics will comply with all requirements listed below in section III, IV, and V regarding maintenance, storage, training, and post-incident reporting.

III. MAINTENANCE AND STORAGE OF EPINEPHRINE AUTO-INJECTORS

A. Epinephrine auto-injectors shall be stored in an area accessible to all Authorized Agents approved to administer the auto-injector. The area should be clearly marked. As timely retrieval of the device is critical, storage locations do not need to be locked but they should not be accessible to the general public or to non-Authorized Agents.
B. The device should be regularly inspected including verification of the expiration date and ensuring the physical integrity of the device. A log of such inspections should be maintained.

C. Expired devices may be returned to University Health Services for disposal.

IV. TRAINING REQUIREMENTS

A. Individuals approved to use epinephrine auto-injectors shall complete an anaphylaxis training program prior to becoming an Authorized Agent and shall repeat such training at least every 2 years thereafter.

B. The recommended training is the American Red Cross Anaphylaxis and Epinephrine Auto-Injector course available on-line. Requests for approval of other courses must be approved by University Health Services and include the following components:

   a. How to recognize signs and symptoms of severe allergic reactions, including anaphylaxis.

   b. Standards and procedures for the storage and administration of an epinephrine auto-injector.

   c. Emergency follow-up procedures after an epinephrine auto-injector is administered, including the necessity of calling the telephone number "911" or another telephone number for an emergency medical service provider.

C. The administrative unit epinephrine auto-injector coordinator is responsible for maintaining training records.

V. POST-INCIDENT REPORTING PROCEDURES

It is important that any administrative unit using an epinephrine auto-injector makes a report. The administrative unit coordinator responsible for the epinephrine auto-injector should immediately provide UHS, non-Athletic units, and Risk Management, all units, with the following information to the extent available:

- Name of campus or administrative unit
- Date and time epinephrine auto-injector was used
- Location
- Name of person administering the epinephrine auto-injector
- Name of person on whom epinephrine auto-injector was used
- Brief description of circumstances under which epinephrine auto-injector was used
- EMS unit receiving patient
- Hospital that person was transported to, if known
- Name of person making the report
- Telephone number of person making the report
VI. EXCEPTIONS

This policy is not intended to cover the availability and self-administration of personal epinephrine auto-injectors. This policy is not intended to cover all situations in which the University employs or uses personnel with specific education, certification and/or licensure to deliver emergency care. Personnel such as EMT’s, EMT-Paramedics, Registered Nurses, other Health Care Professionals (including certified athletic trainers) may have an epinephrine auto-injector that they have been authorized to use by virtue of their specific training or medical protocols, and may have other reporting requirements mandated by regulations or statutes.

Consequences for Non-Compliance
Epinephrine auto-injectors will not be prescribed to units not in compliance with this policy. Unauthorized acquisition and use epinephrine auto-injectors is not permitted and be associated with personal liability and result in disciplinary action.

Supporting Tools
- Epinephrine Auto-Injector Program Plan Template
- Epinephrine Auto-Injector Training Log
- Epinephrine Auto-Injector Use Inspection Log
- Epinephrine Auto-Injector Post-incident Report Form

Definitions
- **Administer** means the direct application of an epinephrine auto-injector to the body of an individual.
- **Authorized entity** means the University of Wisconsin.
- **Authorized Agent** is an employee or volunteer acting on behalf of the University of Wisconsin-Madison.
- **Administrative Unit** is a program or department of the university.
- **Epinephrine auto-injector** means a device for the automatic injection of epinephrine into the human body to prevent or treat a life-threatening allergic reaction.
- **Health care practitioner** means a physician, a physician assistant, or advanced practice nurse who is certified to issue prescription orders.
Responsibilities

A. Department or Unit

1. Ensure that all components of this policy are implemented when an epinephrine auto-injectors is/are purchased, placed or used within areas of their administrative unit.
2. Assign resources to support the epinephrine auto-injectors program. This includes personnel, training and/or maintenance costs within their areas of jurisdiction as established by this policy.
3. Designate and empower an epinephrine auto-injectors Unit Coordinator who is responsible for program coordination and epinephrine auto-injectors plan oversight within the work unit or department.

B. Epinephrine Auto-Injector Unit Coordinator

1. Maintain records for units under their jurisdiction including epinephrine auto-injectors approval letters for the initial acquisition and subsequent revisions, maintenance logs, and employee training logs.
2. Ensure that the storage location of the epinephrine auto-injector is clearly marked and appropriately secured.
3. Conduct a regular inspection and maintain a log of such inspection of the epinephrine auto-injector. The inspection should include verification of the expiration date and ensuring the physical integrity of the device.
4. Ensure that Authorized Agents’ auto-injector training certifications are current.
5. Report program issues to administrative or department unit head and/or UHS, depending upon the nature of the problem.
6. Ensure post-incident reporting of auto-injector use is completed.

C. University Health Services

1. Review and approve written epinephrine auto-injector plans. Maintain a record of all units having an approved plan.
2. Provide written prescriptions for epinephrine auto-injectors.
3. Review and approve alternate training programs other than that available through the American Red Cross.
4. Provide consultation and technical assistance to administrative units wishing to establish an epinephrine auto-injector plan.
5. In conjunction with risk management, review post-incident reports to determine appropriateness of use and determine needs for additional training and policy revisions.

Link to Related Policies and Laws
WI § 255.07 and Wi § 450.11 (4) (a) 5. d.
Epinephrine Auto-Injector Program Plan

Administrative units or Departments wishing to implement an Epinephrine Auto-Injector Program must have this written plan must be approved by University Health Services.

The Administrative unit or department head is responsible to ensure that all components of this policy are implemented when an epinephrine auto-injector(s) is/are acquired within areas of their control.

Administrative Unit/Department: ________________________________

Department/Unit Administrator: ________________________________

1. Describe the activities of your department which support the need for an epinephrine auto-injector program.

4. Describe how this program will be administered, including personnel, training and/or maintenance costs incurred.

5. Who will be trained to use the epinephrine auto-injectors?
6. Where will the epinephrine auto-injectors be stored? Describe how the area will be marked and secured.

7. **Epinephrine Auto-Injector Unit Coordinator**: Unit coordinators are responsible for program coordination and epinephrine auto-injectors plan oversight within the administrative unit or department. Specific Responsibilities include:
   
   D. Maintain records for units under their jurisdiction including epinephrine auto-injectors plan approval letters for the initial acquisition and subsequent revisions.
   
   E. Ensure that the storage location of the epinephrine auto-injector is clearly marked.
   
   F. Conduct a regular inspection and maintain a log of such inspection of the epinephrine auto-injector. The inspection should include verification of the expiration date and ensuring the physical integrity of the device.
   
   G. Ensure that individuals authorized to use the epinephrine auto-injector training certifications are current.
   
   H. Report program issues to administrative or department unit head and/or UHS, depending upon the nature of the problem.

   **Epinephrine Auto-Injector Unit Coordinator**: ______________________________
Individuals approved to use epinephrine auto-injectors shall complete an anaphylaxis training program least every 2 years.

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<tr>
<th>Authorized Epinephrine Auto-Injector User Training</th>
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<td>Date:</td>
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<td>Name of Department:</td>
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<tr>
<th>Name of Authorized User</th>
<th>Training Program Completed</th>
<th>Training Certificate/Date</th>
<th>Training Due (2 years max.)</th>
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## Epinephrine Auto-Injector Use Inspection Log

### Name of Department:

### Unit Coordinator:

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<th>Location/Marked</th>
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Epinephrine Auto-Injector Program

POST-INCIDENT REPORT FORM

Administrative Unit/Department: __________________________

Date Submitted: __________

Date of Incident: _______________

Name of Person Administering Epinephrine: ________________________

Name of Person Epinephrine was used on: ________________________

DOB: ________________________________ (if available)

EMS unit & hospital that person was transported to:

Please describe the incident in which the epinephrine auto-injector was used including the location:

Person Making Report: __________________________

Telephone Number: __________________________

E-Mail: __________________________

Make three copies of completed form.

- Submit one copy to department administrator
- Submit one copy to UHS
- Submit one copy to Risk Management