Medical Services Division
Student Medical Services Branch
District Nursing Services Branch

ANAPHYLACTIC REACTION CLINIC EMERGENCY PROTOCOL
(Revised September 9, 2024)

I. GENERAL GUIDELINES

A. PURPOSE

To respond immediately and give appropriate treatment to a patient who exhibits symptoms of an anaphylactic reaction including a patient who has been administered an immunizing agent. Anaphylaxis is a serious medical emergency.

B. GENERAL INFORMATION

Anaphylaxis is defined as a serious allergic or hypersensitivity reaction that is rapid in onset and may cause death. The rapid recognition and immediate management by medical and nursing personnel are critical. The goal of therapy is early recognition and treatment with epinephrine to prevent progression to life-threatening respiratory and/or cardiovascular symptoms and signs, including shock.

The diagnosis of anaphylaxis is based primarily upon clinical symptoms and signs, as well as a detailed description of the acute episode, including antecedent activities and events occurring within the preceding minutes to hours. Recognition of the variable and atypical presentations of anaphylaxis is critical to providing effective therapy in the form of epinephrine, as well as reducing over-reliance on second-line medications, such as antihistamines and glucocorticoids, that are not lifesaving in anaphylaxis.

The World Allergy Organization (WAO) diagnostic criteria (2020) –
Anaphylaxis is highly likely when either **one** of the following two criteria is fulfilled:

1. Acute onset of an illness (minutes to several hours) with simultaneous involvement of the skin, mucosal tissue, or both (e.g., generalized hives, pruritis or flushing, swollen lips- tongue-uvula) *AND AT LEAST ONE OF THE FOLLOWING:*
    - Respiratory compromise (e.g., dyspnea, wheeze-bronchospasm, stridor, hypoxemia)
    - Circulatory compromise: *reduced BP or associated symptoms of end-organ dysfunction (e.g., hypotonia, collapse, syncope, incontinence)
    - Severe gastrointestinal symptoms (e.g., crampy abdominal pain, repetitive vomiting), especially after exposure to nonfood allergens
2. Acute onset of hypotension, bronchospasm, or laryngeal involvement after exposure to a KNOWN or highly probable allergen for that patient (minutes to several hours), even in the absence of typical skin involvement:

    ***Hypotension** is defined as:

    - **Adults and children >10 years** – Decrease in systolic BP >30 percent from that person's baseline or systolic BP <90 mmHg.
    - **Infants and children <10** years – Decrease in systolic BP >30 percent from that person's baseline **or**:

- **Age 1 month to 1 year** – Less than 70 mmHg.
- **Age 1 to 10 years** – Less than (70 mmHg + [2 x age]).
- **Age 11 to 17 years** – Less than 90 mmHg from 11 to 17 years.

Emergency care equipment must be present and available for immediate use <u>before</u> immunizations are given. Check emergency kit to make sure Epinephrine and Benadryl / Diphenhydramine are not expired.

1. The Senior Physician is responsible for the medical supervision of the immunization program. The names and phone numbers of the School Physicians assigned to each LAUSD Region will be provided by Student Medical Services and should be immediately available during the hours of immunization administration. Immunizations must be administered in an area with immediate access to a telephone.
2. Preventive measures
    a. Be aware of the dangers of anaphylactic reactions.
    b. Know the symptoms and signs.
    c. Ask about previous reactions to immunizing agents and allergies to medications, foods, pollens, bee stings, etc. before giving immunization(s).
3. Symptoms and Signs of Anaphylaxis:
    - **Skin:**
      Feeling of warmth, itching or flushing (erythema), generalized hives, angioedema
    - **Oral:**
      Swollen lips – tongue – uvula
    - **Respiratory:**
      Nose – Itching, congestion, nasal discharge, sneezing
      Laryngeal – Itching and "tightness" in the throat, dysphagia (difficulty swallowing), change in voice quality, hoarseness
      Chest – stridor, shortness of breath, wheeze, or cough
    - **Gastrointestinal:**
      Nausea, vomiting, diarrhea, crampy abdominal pain, incontinence
    - **Cardiovascular:**
      Feeling of faintness or dizziness; syncope, chest pain, palpitations, tachycardia, hypotension, and cardiac arrest.
    - **Neurologic:**
      Anxiety, sense of impending doom, headache, seizures, altered mental status; young children may have sudden behavioral changes (cling, cry, become irritable, cease to play)
    - **Ocular:**
      Periorbital itching, erythema and edema, tearing, and conjunctival swelling
    - **Other:**
      Uterine cramps in women in girls.

C. <u>PRECAUTIONS</u>

1. Preparation for all emergencies is impossible, but pre-planning to meet the emergency is essential.
2. Check emergency supplies and emergency response role before each clinic.

D. <u>PERSONNEL</u>

1. School Physician

2. School Nurse or Nurse Practitioner
3. Medical Assistant under the direct supervision of a Nurse Practitioner or Physician

E. EQUIPMENT (available for immediate use)

All clinical areas where biologicals are to be injected will have emergency medications / equipment on site that will include the following items:

1. Epinephrine 1mg/ml aqueous solution (1:1000 concentration) AND Epinephrine auto-injectors: 0.10 mg, 0.15 mg and 0.30 mg each per dose
2. Diphenhydramine Hydrochloride (Benadryl) injectable 50 mg/ml
3. Syringes (1 or 3 ml), Tuberculin (TB) syringe-nonretractable if needed for Epinephrine and/or Diphenhydramine, and
4. Needles (25 g. 1", may include 1 1/4", 1 ½", and 2")
5. Cold packs
6. Sphygmomanometer (infant, child, adult and large adult cuff)
7. Stethoscope
8. Disposable vinyl gloves
9. Alcohol or Alcohol prep pads
10. Cotton balls
11. Sharps container

Per availability:

1. Oxygen and face mask for infant, child, and adult (see 2022 *Practice Guidelines and Protocols for Nurse Practitioners* – Oxygen p. 155-161).
   *Oxygen supply and equipment must be checked monthly and documented on Oxygen Tank & Emergency Supplies Monthly Log (Attachment D)

2. Inhaled bronchodilators, e.g. Albuterol metered-dose inhaler with spacer per dose chart or Albuterol solution with nebulizer, mask, mouthpiece and tubing (Attachment B)
   ***Albuterol solution not to be utilized during COVID precautions**

II. PROCEDURE

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
1. Determine that patient has symptoms of anaphylactic reaction. **Call "911".** Do not leave patient unattended	When in doubt, treat as a serious allergic reaction. CALL PARAMEDICS, **AND** 1) the school physician assigned to the LAUSD Region 2) the school administrator 3) parent
2. Check, monitor and maintain the patient's airway.	**Never leave patient unattended**
3. Lay the patient flat with feet elevated; if dyspneic, place in a position of comfort, with lower extremities elevated (if possible) - If vomiting, position patient on their side - If pregnant, position patient on their left side	-To maximize perfusion of vital organs & help prevent severe hypotension, subsequent inadequate cardiac filling, and pulseless cardiac activity. -To avoid aspiration -To minimize compression of the inferior vena cava by the gravid uterus
4. Prepare appropriate amount / dose of Epinephrine 1mg/ml aqueous solution (1:1000 concentration) into TB syringe per Epinephrine Dose Chart (Attachment A) a. Cleanse top of Epinephrine vial with alcohol prep pad b. Draw up appropriate dose with TB syringe needle c. Remove TB syringe needle and attach 25 gauge 1" needle (or other appropriate and available needle) to TB syringe OR 5. Use appropriate dose as indicated in Epinephrine auto-injector 0.10 mg or 0.15 mg or 0.30 mg, follow manufacturer instructions. a. Inject Epinephrine dose intramuscularly 6. Assess need for second dose of Epinephrine in 5 -15 minutes 7. If needed, draw up / administer second dose of Epinephrine per Epinephrine Dose Chart (Attachment A) or use 2nd dose/syringe of Epinephrine auto-injector.	If necessary, secure assistance to immobilize site to be injected. If appropriate, cleanse injection site with alcohol prep pad or cotton ball soaked in alcohol. Auto-injector is given through the clothing/pants. Administer injection intramuscularly (into the mid-outer aspect of the thigh). **Never administer by intravenous route.** Patient should respond within 5 – 10 minutes. A second dose of Epinephrine may be given in 5-15 minutes after the first, if symptoms have not subsided, or if Paramedics have not arrived. Alert patient to expected response to Epinephrine (anxiety, headache, fear, palpitations, restlessness, tremor, weakness, dizziness, respiratory difficulty) ***Do Not Administer Second Dose of Epinephrine in Same Site as First Dose (It May Cause Necrosis).**
8. If available, administer supplemental oxygen at 8 to 10 liters by facemask.	See 2022 *Practice Guidelines and Protocols for Nurse Practitioners* – Oxygen p. 155-161

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
9. Place covered cold pack over vaccine injection site.	The cold pack delays absorption of vaccine. Have someone else do this if necessary.
10. Monitor Vital Signs a. Maintain adequate airway b. Administer CPR if needed	Monitor and record Vital Signs (including blood pressure and pulse), every 5 minutes. Know the CABs of CPR: **Chest Compressions first, then Airway, and Breathing**
11. For the treatment of bronchospasm not responsive to Epinephrine: if available, administer Albuterol per Dose Chart on Attachment B a. Albuterol via metered-dose inhaler with spacer b. Albuterol via nebulizer (via mouthpiece or facemask for those whose age or condition requires). *May be administered only when COVID-19 precautions are lifted.	Bronchodilators are adjunctive treatment to Epinephrine because they do not prevent or relieve mucosal edema in the upper airway or shock, for which the alpha-1 adrenergic effects of Epinephrine are required. The evidence for the use of beta-2 adrenergic agonists in anaphylaxis is extrapolated from their use in acute asthma.
12. Assess for presence of itching and hives. If present, prepare and administer Diphenhydramine (Benadryl) **intramuscularly** per Dose Chart on Attachment A **DO NOT REPEAT**	Diphenhydramine / Benadryl (50 mg/ml) can be given as adjunct to Epinephrine to relieve itching and hives. Administer once via deep **INTRAMUSCULAR** (at site other than the Epinephrine).
13. Continue to monitor the patient until the Paramedics arrive or as advised by the Physician / Nurse Practitioner. ***If parent or guardian is not present, District personnel must accompany a minor.**	Observe patient and record Vital Signs until transferred by Paramedics. Send all appropriate emergency medical information when transported to nearest emergency room. **If you used an AED, DO NOT SEND IT WITH PARAMEDICS.**
14. Dispose of waste materials.	"Universal Precautions" requires that all contaminated waste material be double- bagged or bagged in Red Bag (specifically designated for contaminated material). Used needles and syringes are placed into sharp containers.
15. Remove gloves if used and wash hands.	Follow Universal Precautions

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
16. Record the procedure on permanent health record.	Record the incident in the medical record including, but not limited to: a. Date and time of incident. b. Symptoms indicating need for initiating anaphylaxis procedures. c. Vaccine(s) / medication administered. d. Times, dosage, and site of medication e. Record time, liters, and delivery mode of oxygen, if administered. f. Vital Signs (pulse and blood pressure readings every 5 minutes). g. Patient's response h. District Physician or Nurse Practitioner notified. i. Time and place patient was transported by Paramedics and who accompanied (parent, guardian, District personnel, etc).
17. Report an Adverse Event using the Vaccine Adverse Event Reporting System (VAERS) online form or the downloadable PDF (NEW) – see Attachment C VAERS info link: https://vaers.hhs.gov/index.html If you need further assistance with reporting to VAERS, please email info@VAERS.org or call 1-800-822-7967. *Report a reaction even if you are not sure that it was caused by a vaccine.	**VAERS** collects information about reactions and possible side effects that occur after vaccine is administered. Reactions may happen immediately, hours, days, or weeks after vaccination. Examples: • Fever, local reactions, or other illnesses • Rare serious reactions, hospitalizations, disability, or death Your report can help identify and assess: • Risk factors for types of adverse events • Vaccine lots with increased numbers of reported adverse events • Safety of new vaccines
18. Reporting information to these two national surveillance systems (VAERS / VERP) helps ensure patient safety. VERP info link: https://eziz.org/assets/docs/IMM-1153.pdf Report COVID-19 vaccine administration errors: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html	**VERP** collects information on preventable vaccine administration errors. These types of errors may make vaccines ineffective, leaving patients unprotected. Examples: • Incorrect dose • Wrong or expired product • Wrong administration site

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ATTACHMENT A

Epinephrine and Diphenhydramine Dose Chart: Medical Management of Vaccine Reactions in Children and Teens

For your convenience, approximate dosages based on weight and age are provided in the charts below. Please confirm that you are administering the correct dose for your patient. **Dosing of autoinjectors guidance:**

Several brands of Epinephrine autoinjectors are available in doses of 0.10 mg, 0.15 mg and 0.3 mg. The preferred route of administration is IM administration in the anterolateral aspect of the middle third of the thigh.

- Auvi-Q also has a dose of 0.10 mg, which is labeled for use in infants and toddlers 7.5 to 14 kg (16.5 to 30.9 lbs).
- The 0.15 mg dose is labeled for those weighing 15 to 30 kg (33 to 66 lbs).
- The 0.3 mg dose is labeled for adults and children weighing >30 kg (66 lbs).
- Individuals who are overweight or obese should have access to multiple doses.
- Dosing in small children is discussed below.

Despite the lack of precision in dosing with autoinjectors, the alternative (i.e., drawing up Epinephrine in a syringe to obtain the correct weight-based dose) is associated with delayed administration.

Recommended Dosing: Pediatric

Epinephrine vial IM dosage: 0.01 mg/kg/dose of a 1:1000 (1 mg/mL) aqueous solution

First-Line Treatment: ***Epinephrine*** **(Recommended dose for Epinephrine is 0.01 mg/kg body weight up to 0.5 mg maximum dose. May be repeated at 5-15 minute intervals up to 3 times while waiting for EMS to arrive.)**

	Age Group	Weight Range (lb.)	Weight Range (kg)*	Epinephrine Dose	Auto-Injector
				1 mg/ml aqueous solution (1:1000 concentration) Intramuscular Minimum dose: 0.05 ml	Epinephrine Auto-injector (0.10 mg, 0.15 mg, 0.30 mg per dose)
Infants & Children	1 - 6 months	9 - 19 lb.	4 - 8.5 kg	0.05 ml (or mg)	off label
	7 - 36 months	20 - 32 lb.	9 - 14.5 kg	0.10 ml (or mg)	0.10 mg**
	37 - 59 months	33 - 39 lb.	15 - 17.5 kg	0.15 ml (or mg)	0.15 mg/dose
	5 - 7 years	40 - 56 lb.	18 - 25.5 kg	0.20 - 0.25 ml (or mg)	0.15 mg/dose
	8 -10 years	57 - 76 lb.	26 - 34.5 kg	0.25 - 0.30 ml (or mg)	0.15 mg or 0.3 mg/dose
Teens	11 - 12 year	77 - 99 lb.	35 - 45 kg	0.35 - 0.40 ml (or mg)	0.30 mg/dose
	13 years & older	100 + lb.	46 + kg	0.50 ml (or mg)- max dose	0.30 mg/dose

Note: If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

*Rounded weight at the 50th percentile for each age range.

**0.10 mg autoinjector is approved for use in 7.5 to 14 kg infants and children

Second-Line Optional Treatment (adjunct therapy): ***Diphenhydramine*** (recommended dose for the Diphenhydramine / **Benadryl** is 1 mg/kg body weight)				
	Age Group	**Weight Range (lb.)**	**Weight Range (kg)***	**Diphenhydramine Dose**
				50 mg/ml injectable (deep IM)
Infants and Children	7 - 36 months	20 - 32 lb.	9 - 14.5 kg	10 mg - 15 mg/dose (0.20 – 0.30 ml)
	37 - 59 months	33 - 39 lb.	15 - 17.5 kg	15 mg - 20 mg/dose (0.30 - 0.40 ml)
	5 - 7 years	40 - 56 lb.	18 - 25.5 kg	20 mg - 25 mg/dose (0.40 - 0.50 ml)
Teens	8 - 12 year	57 - 99 lb.	26 - 45 kg**	25 mg to 50 mg/dose (0.50 – 1.0 ml)
	13 years & older	100 + lb.	46 + kg	50 mg (1.0 ml)

Note: If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.
*Rounded weight at the 50th percentile for each age range. Maximum dose: 1 mg/kg. ***Do not repeat initial dose.***
**AAP. Red Book: 2021-2024, 32nded (p.66).
Diphenhydramine maximum single dose for children younger than 12 years is 40 mg, for children age 12 years and older, 100 mg.

> ****Although commonly used, data supporting the role or effectiveness of second-line treatment options (Benadryl) in the management of anaphylaxis are limited. Hence, these second-line treatments should be considered only as adjunct therapy to Epinephrine (treatment of hives, itching, rash).*

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ATTACHMENT B
Albuterol Dose Chart: Medical Management of Vaccine Reactions in Children and Teens

For bronchospasm unrelieved by intramuscular Epinephrine, give:

Albuterol metered-dose inhaler: 90 mcg/actuation with Spacer to maximize drug delivery (add facemask in infants and young children less than 4 years)

For ages 12 and under:
One-fourth to one-third puff / kg (minimum 4 puffs and maximum 8 puffs). The dose can be repeated up to every 20 minutes for 3 doses.
Dose may also be determined based upon body weight as follows:

- 5 to 10 kg (**11 - 22 pounds**) – the dose is **4 puffs**
- 10 to 20 kg (**22 - 44 pounds**) – the dose is **6 puffs**
- >20 kg **(>44 pounds**) – the dose is **8 puffs**

For ages 13 and over:
4 to 8 puffs every 20 minutes as needed

Alternatively, if/when COVID precautions are lifted:
***MAY USE ALBUTEROL SULFATE SOLUTION 0.083% PREMIXED VIALS FOR INHALATION PER NEBULIZER 2.5MG PER 3ML**

Albuterol solution via nebulizer:
The standard dose for nebulized Albuterol is 0.15 mg/kg (minimum 2.5 mg; maximum 5 mg)**:**

- **Children <12 years (a child is defined as a prepubertal patient weighing less than 40 kg/88 pounds):**
  Albuterol 0.15mg/kg (minimum dose: 2.5 mg) in 3 mL saline inhaled via nebulizer.
  Nebulized Albuterol can be administered every 20 to 30 minutes for three doses.

- **Children ≥12 years (children weighing 40 kg/88 pounds) and Adolescents:**
  Albuterol 2.5 to 5 mg in 3 mL saline inhaled via nebulizer.
  Nebulized Albuterol can be administered every 20 to 30 minutes for three doses.

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ATTACHMENT C

VAERS – VACCINE ADVERSE EVENT REPORTING SYSTEM

For online reporting and/or fillable pdf use: **www.vaers.hhs.gov**

VAERS Vaccine Adverse Event Reporting System
www.vaers.hhs.gov

Adverse events are possible reactions or problems that occur during or after vaccination. Items 2, 3, 4, 5, 6, 17, 18 and 21 are ESSENTIAL and should be completed. Patient identity is kept confidential. Instructions are provided on the last two pages.

INFORMATION ABOUT THE PATIENT WHO RECEIVED THE VACCINE (Use Continuation Page if needed)

1. Patient name: (first) (last)
Street address:
City: State: County:
ZIP code: Phone: ( ) Email:
2. Date of birth: (mm/dd/yyyy) 3. Sex: ☐ Male ☐ Female ☐ Unknown
4. Date and time of vaccination: (mm/dd/yyyy) Time: (hh:mm) ☐ AM ☐ PM
5. Date and time adverse event started: (mm/dd/yyyy) Time: (hh:mm) ☐ AM ☐ PM
6. Age at vaccination: ____ Years ____ Months 7. Today's date: (mm/dd/yyyy)
8. Pregnant at time of vaccination?: ☐ Yes ☐ No ☐ Unknown
(If yes, describe the event, any pregnancy complications, and estimated due date if known in item 18)
9. Prescriptions, over-the-counter medications, dietary supplements, or herbal remedies being taken at the time of vaccination:
10. Allergies to medications, food, or other products:
11. Other illnesses at the time of vaccination and up to one month prior:
12. Chronic or long-standing health conditions:

INFORMATION ABOUT THE PERSON COMPLETING THIS FORM

13. Form completed by: (name)
Relation to patient: ☐ Healthcare professional/staff ☐ Patient (yourself) ☐ Parent/guardian/caregiver ☐ Other:
Street address: ☐ Check if same as item 1
City: State: ZIP code:
Phone: ( ) Email:
14. Best doctor/healthcare professional to contact about the adverse event: Name: Phone: ( ) Ext:

INFORMATION ABOUT THE FACILITY WHERE VACCINE WAS GIVEN

15. Facility/clinic name:
Fax: ( )
Street address: ☐ Check if same as item 13
City:
State: ZIP code:
Phone: ( )
16. Type of facility: (Check one)
☐ Doctor's office, urgent care, or hospital
☐ Pharmacy or store
☐ Workplace clinic
☐ Public health clinic
☐ Nursing home or senior living facility
☐ School or student health clinic
☐ Other:
☐ Unknown

WHICH VACCINES WERE GIVEN? WHAT HAPPENED TO THE PATIENT?

17. Enter all vaccines given on the date listed in item 4: (Route is HOW vaccine was given, Body site is WHERE vaccine was given) Use Continuation Page if needed

Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	Dose number in series
select			select	select	select
select			select	select	select
select			select	select	select
select			select	select	select

18. Describe the adverse event(s), treatment, and outcome(s), if any: (symptoms, signs, time course, etc.)
Use Continuation Page if needed

19. Medical tests and laboratory results related to the adverse event(s): (include dates)
Use Continuation Page if needed

20. Has the patient recovered from the adverse event(s)?: ☐ Yes ☐ No ☐ Unknown

21. Result or outcome of adverse event(s): (Check all that apply)
☐ Doctor or other healthcare professional office/clinic visit
☐ Emergency room/department or urgent care
☐ Hospitalization: Number of days (if known)
Hospital name:
City: State:
☐ Prolongation of existing hospitalization (vaccine received during existing hospitalization)
☐ Life threatening illness (immediate risk of death from the event)
☐ Disability or permanent damage
☐ Patient died – Date of death: (mm/dd/yyyy)
☐ Congenital anomaly or birth defect
☐ None of the above

ADDITIONAL INFORMATION

22. Any other vaccines received within one month prior to the date listed in item 4: Use Continuation Page if needed

Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	Dose number in series	Date Given
select			select	select	select	
select			select	select	select	

23. Has the patient ever had an adverse event following any previous vaccine?: (If yes, describe adverse event, patient age at vaccination, vaccination dates, vaccine type, and brand name)
☐ Yes ☐ No ☐ Unknown
24. Patient's race: (Check all that apply) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Unknown ☐ Other:
25. Patient's ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown
26. Immuniz. proj. report number: (Health Dept use only)

COMPLETE ONLY FOR U.S. MILITARY/DEPARTMENT OF DEFENSE (DoD) RELATED REPORTS

27. Status at vaccination: ☐ Active duty ☐ Reserve ☐ National Guard ☐ Beneficiary ☐ Other:
28. Vaccinated at Military/DoD site: ☐ Yes ☐ No

FORM FDA VAERS 2.0 (07/24) SAVE

VAERS

CONTINUATION PAGE (Use only if you need more space from the front page)

17. Enter all vaccines given on the date listed in item 4 (continued):					Dose number in series
Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	
select			select	select	select
select			select	select	select
select			select	select	select
select			select	select	select

22. Any other vaccines received within one month prior to the date listed in item 4 (continued):					Dose number in series	Date Given
Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site		
select			select	select	select	
select			select	select	select	
select			select	select	select	
select			select	select	select	
select			select	select	select	
select			select	select	select	

Use the space below to provide any additional information (indicate item number):

FORM FDA VAERS 2.0 (07/24)

SAVE

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COMPLETING THE VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS) FORM

GENERAL INSTRUCTIONS

- Submit this form electronically using the Internet. For instructions, visit www.vaers.hhs.gov/uploadfile/.
- If you are unable to submit this form electronically, you may fax it to VAERS at 1-877-721-0366.
- If you need additional help submitting a report you may call the VAERS toll-free information line at 1-800-822-7967, or send an email to info@vaers.org.
- Fill out the VAERS form as completely as possible and use the **Continuation Page** if needed. Use a separate VAERS form for each individual patient.
- If you do not know exact numbers, dates, or times, please provide your best guess. You may leave these spaces blank if you are not comfortable guessing.
- You can get specific information on the vaccine and vaccine lot number by contacting the facility or clinic where the vaccine was administered.
- Please report all significant adverse events that occur after vaccination of adults and children, even if you are not sure whether the vaccine caused the adverse event.
- Healthcare professionals should refer to the VAERS Table of Reportable Events at www.vaers.hhs.gov/reportable.html for the list of adverse events that must be reported by law (42 USC 300aa-25).
- Healthcare professionals treating a patient for a suspected vaccine adverse event may need to contact the person who administered the vaccine in order to exchange information and decide how best to complete and submit the VAERS form.

SPECIFIC INSTRUCTIONS

Items 2, 3, 4, 5, 6, 17, 18 and 21 are **ESSENTIAL** and should be completed.

- **Items 4 and 5:** Provide dates and times as specifically as you can and enter as much information as possible (e.g., enter the month and year even if you don't know the day). If you do not know the exact time, but know it was in the morning ("AM") or afternoon or evening ("PM"), please provide that information.
- **Item 6:** If you fill in the form by hand, provide age in years. If a child is less than 1 year old, provide months of age. If a child is more than 1 year old but less than 2 years old, provide year and months (e.g., 1 year and 6 months). If a child is less than 1 month of age when vaccinated (e.g., a birth dose of hepatitis B vaccine) then answer 0 years and 0 months, but be sure to include the patient's date of birth (item 2) and date and time of vaccination (item 4).
- **Item 8:** If the patient who received the vaccine was pregnant at time of vaccination, select "Yes" and describe the event, any pregnancy complications, and estimated due date if known in item 18. Otherwise, select "No" or "Unknown."
- **Item 9:** List any prescriptions, over-the-counter medications, dietary supplements, herbal remedies, or other non-traditional/ alternative medicines being taken by the patient when the vaccine(s) was given.
- **Item 10:** List any allergies the patient has to medications, foods, or other products.
- **Item 11:** List any short-term or acute illnesses the patient had on the date of vaccination AND up to one month prior to this date (e.g., cold, stomach flu, ear infection, etc.). This does **NOT** include the adverse event you are reporting.
- **Item 12:** List any chronic or long-standing health conditions the patient has (e.g., asthma, diabetes, heart disease).
- **Item 13:** List the name of the person who is completing the form. Select the "Check if same as item 1" box if you are the patient or if you live at the same address as the patient. The contact information you provided in item 1 will be automatically entered for you. Otherwise, please provide new contact information.
- **Item 14:** List the doctor or other healthcare professional who is the best person to contact to discuss the clinical details of the adverse event.
- **Item 15:** Select the "Check if same as item 13" box if the person completing the form works at the facility that administered the vaccine(s). The contact information provided in item 13 will be automatically entered for you. Otherwise, provide new contact information.
- **Item 16:** Select the option that best describes the type of facility where the vaccine(s) was given.

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- **Item 17**: Include only vaccines given on the date provided in item 4. The vaccine route options include:
  - Injection/shot (intramuscular, subcutaneous, intradermal, jet injection, and unknown)
  - By mouth/oral
  - In nose/intranasal
  - Other (specify)
  - Unknown

  For body site, the options include:
  - Right arm
  - Left arm
  - Arm (side unknown)
  - Right thigh
  - Left thigh
  - Thigh (side unknown)
  - Nose
  - Mouth
  - Other (specify)
  - Unknown

  For vaccines given as a series (i.e., 2 or more doses of the same vaccine given to complete a series), list the dose number for the vaccine in the last column named "Dose number in series."
- **Item 18**: Describe the adverse event(s), treatment, and outcome(s). Include signs and symptoms, when the symptoms occurred, diagnosis, and treatment. Provide specific information if you can (e.g., if patient had a fever, provide the temperature).
- **Item 19:** List any medical tests and laboratory results related to the adverse event(s). Include abnormal findings as well as normal or negative findings.
- **Item 20:** Select "Yes" if the patient's health is the same as it was prior to the vaccination or "No" if the patient has not returned to the same state of health prior to the vaccination, and provide details in item 18. Select "Unknown" if the patient's present condition is not known.
- **Item 21**: Select the result(s) or outcome(s) for the patient. If the patient did not have any of the outcomes listed, select "None of the above." Prolongation of existing hospitalization means the patient received a vaccine during a hospital stay and an adverse event following vaccination occurred that resulted in the patient spending extra time in the hospital. Life threatening illness means you believe this adverse event could have resulted in the death of the patient.
- **Item 22:** List any other vaccines the patient received within one month prior to the vaccination date listed in item 4.
- **Item 23:** Describe the adverse event(s) following any previous vaccine(s). Include patient age at vaccination, dates of vaccination, vaccine type, and brand name.
- **Item 24:** Check all races that apply.
- **Item 25:** Check the single best answer for ethnicity.
- **Item 26:** For health department use only.
- **Items 27 and 28:** Complete only for U.S. Military or Department of Defense related reports. In addition to active duty service members, Reserve and National Guard members, beneficiaries include: retirees, their families, survivors, certain former spouses, and others who are registered in the Defense Enrollment Eligibility Reporting System (DEERS).

GENERAL INFORMATION

- VAERS (www.vaers.hhs.gov) is a national vaccine safety monitoring system that collects information about adverse events (possible reactions or problems) that occur during or after administration of vaccines licensed in the United States.
- VAERS protects patient identity and keeps patient identifying information confidential.
- The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permits reporting of protected health information to public health authorities including the Centers for Disease Control and Prevention (CDC) and U.S. Food and Drug Administration (FDA) (45 CFR § 164.512(b)).
- VAERS accepts all reports without judging the importance of the adverse event or whether a vaccine caused the adverse event.
- Acceptance of a VAERS report by CDC and FDA does not constitute admission that the vaccine or healthcare personnel caused or contributed to the reported event.
- The National Vaccine Injury Compensation Program (VICP) is administered by the Health Resources and Services Administration (HRSA). The VICP is separate from the VAERS program and reporting an event to VAERS does not constitute filing a claim for compensation to the VICP (see www.hrsa.gov/vaccinecompensation/index.html).
- Knowingly filing a false VAERS report with the intent to mislead the Department of Health and Human Services is a violation of Federal law (18 U.S. Code § 1001) punishable by fine and imprisonment.

ATTACHMENT D

OXYGEN TANK & EMERGENCY SUPPLIES MONTHLY LOG

(CHECK & INITIAL MONTHLY)

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Medical Services

O_2 Tank and Emergency Supplies Monthly Log

Year: _____

SUPPLIES & EQUIPMENT	*example 12/12/20*	JUL	AUG	SEP	OCT	NOV	DEC
Oxygen Tank - *3/4 full (PSI 1500), key, chain & regulator attached)* ^	*2000*						
Dosage Chart in Emergency Kit +	√						
Epinephrine 1mg/ml *	*12/12/21*						
Diphenhydramine 50mg/ml *	*12/13/21*						
Epinephrine Auto-Injector 0.3mg/ml *	*12/13/21*						
Epinephrine Auto-Injector 0.15mg/ml *	*12/14/21*						
Epinephrine Auto-Injector 0.1mg/ml *	*12/14/21*						
Albuterol MDI 90mcg/inh *	*12/15/21*						
Albuterol SOL 2.5mg/3mL*	*11/12/23*						
Bag-Valve Mask (Infant) ^	*1*						
Bag-Valve Mask (Pediatric) ^	*1*						
Bag-Valve Mask (Adult) ^	*1*						
Suction Device (Bulb Syringe) +	√						
Infant O2 Face Mask & Tubing ^	*1*						
Pediatric O2 Face Mask & Tubing ^	*1*						
Adult O2 Face Mask & Tubing ^	*1*						
Nasal Canula (Pediatric) ^	*1*						
Nasal Canula (Adult) ^	*1*						
Nebulizer +	√						
Oral Airways +	√						
Tuberculin syringes with needles *	*11/15/21*						
Alcohol Wipes +	√						
Personal Protective Equipment *(masks, goggles, gowns, gloves)* +	√						
Sterile Dressings +	√						
Splints +	√						
Staff Initials	***AA***						

STAFF NAME, TITLE & INITIALS

_____

_____

_____

Document date and appropriate symbol as you check each item
+checked
***expiration date**
^amount

Initials indicate the supplies have been checked, expired medication and supplies purged, properly disposed of, and the disposal is documented.

NOTES:

_____

_____

_____

Revised 05/2022

Anaphylactic Reaction Clinic Emergency Protoc ol_RevSeptember 2024

Final Audit Report 2024-10-01

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