Policy Regarding Epinephrine Pre-filled Auto-injectors in Catechetical Class Settings

Parishes may choose from the following options when a child may require the administration of epinephrine with a pre-filled auto-injector.

Option A – Medical Professional or "Designee" present during Religious Education Classes: A medical professional (e.g. nurse, trained EMT, doctor) or a "designee" must be present during catechetical classes in order to administer the epinephrine with a pre-filled auto-injector should it be required. [See requirements for "designees" below.] The medical professional or "designee" must fulfill the requirement of the Child Protection Policy, undergo the background check and attend Protecting God's Children as required by the policy. If the parish is able to obtain the services of such medical professional or "designee" to be present during classes either on a paid or volunteer basis, then the parent/guardian must complete the "Epinephrine Administration Form – Option A" and return it to the Parish Religious Education Office. This form must be renewed on a yearly basis. (See attached form.)

<u>Designee:</u> A designee is someone who the Parish Catechetical Leader has selected or approved to be present during catechetical classes in order to administer the epinephrine with a pre-filled auto-injector should it be required. The designee must be trained and certified for this purpose by an organization accredited to provide such certification. This certification must be kept current and documentation of this certification for each designee must be kept on file by the Parish Catechetical Leader.

OR

Option B – Self Administration of Epinephrine with a Pre-filled Auto-injector: In the event that a child/adolescent has the competencies necessary to carry and self administer the epinephrine with a pre-filled auto-injector the parent/guardian must complete the "Epinephrine Administration Form – Option B" and return it to the Parish Religious Education Office. The parent/guardian must also provide the necessary documentation from their child's physician. (See attached forms.) A medical professional or "designee" must be present during catechetical sessions in order to ensure that the necessary steps are taken following the self-administration of the epinephrine and to provide other assistance if needed. This form must be renewed on a yearly basis. (See attached form.)

OR

<u>Option C</u> – Parent/Guardian present during Religious Education Classes: A parent/guardian of the child, or a "designee" appointed by the parent/guardian, must be present in the building during the class period to administer the epinephrine with a pre-filled auto-injector should it be necessary. Such a parent/guardian must fulfill the requirement of the Child Protection Policy, undergo the background check and attend Protecting God's Children as required by the policy. A "designee" selected by the parent/guardian must be approved by the Parish Catechetical Leader and must meet the requirements for "designees" as outlined in Option A above. The parent/guardian must complete the "Epinephrine Administration Form – Option C" and return it to the Parish Religious Education Office. This form must be renewed on a yearly basis. (See attached form.)

Also Note with respect to the emergency administration of epinephrine:

• Option A: The parents/guardians understand that they must provide the pre-filled auto-injector containing epinephrine. Parents may send the medication at each session or leave the medication with the Parish Catechetical Leader for the duration of the catechetical year. If the parents/guardians leave the medication for the duration of the program year, they understand that they are responsible for replacing the medication when it expires or when otherwise necessary. They agree to pick up any unused medication at the end of the school year, when the medication becomes outdated, or when the medication is no longer necessary, whichever comes first. The student's prescribed epinephrine shall be placed in a secure but unlocked location easily accessible by the medical professional, designee or parent/guardian to ensure prompt availability in the event of an allergic emergency at the parish program or related activity.

- Option B: The parents/guardians understand that they must provide the pre-filled auto-injector containing epinephrine as
 outlined in Option A above. The student may carry the prescribed epinephrine in a secure manner that is also easily
 accessible by the medical professional, designee or parent/guardian to ensure prompt availability in the event of an
 allergic emergency at the parish program or related activity.
- Option C: In cases where the parents/guardians, or a "designee" selected by the parents/guardians, are on premises to administer the epinephrine, they understand that they are responsible for bringing the pre-filled auto-injector with them to every session and take it home with them after every session. In cases where the parents/guardians, or a "designee" selected by the parents/guardians, are on premises to administer the epinephrine, they understand that they are responsible for having the pre-filled auto-injector containing epinephrine on their person at all times while present at program sessions.
- Should the administration of the epinephrine be required, emergency ambulance services must be called immediately via 911 and the patient must be transported to the hospital emergency room for further treatment once the epinephrine has been administered. This treatment and course of action cannot be refused by the patient nor by the parents/guardians of the patient. This requirement applies even if the student's symptoms appear to have resolved.

<u>If none of the above options</u> are <u>possible</u>, the family may opt to home school the child according to the Home School Policy that is outlined in the Catechetical Administration Manual.

Please be sure to include a copy of your parish's Policy for the administration of epinephrine in your Parent/Guardian Handbook. The parish catechetical program ensures all program parents/guardians are aware of the policy when the parents/guardians sign and acknowledge receipt of the parent handbook. In cases where the parish needs to implement this policy, the parents/guardians of the child who is prescribed epinephrine to be administered via a pre-filled auto-injector must also sign the appropriate form (for Option A, Option B or Option C) in addition to the parent/guardian handbook acknowledgment.

- a. The parents or guardians of the student consent in writing to the administration of the epinephrine via a prefilled auto-injector mechanism according to the option selected (Option A, B or C).
- b. It is the parents/guardians responsibility to inform the parish catechetical leader at the time of registration that they have a child who is prescribed epinephrine to be administered via a pre-filled auto-injector. Parents must also inform the parish catechetical leader if their child is prescribed epinephrine at any point during the year.
- c. The PCL informs the parents or guardians of the student in writing that the parish and its employees and agents shall have no liability as a result of any injury arising from the administration of the epinephrine to the student.
- d. By signing the appropriate form (Option A, B or C), the parents or guardians of the student sign a statement acknowledging their understanding that the parish and its employees and agents shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the student and that the parents or guardians shall indemnify and hold harmless the parish and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student.
- e. The permission is effective for the program year for which it is granted but must be renewed for each subsequent program year upon fulfillment of the requirements of paragraphs (a) through (d) above.

Epinephrine Administration Consent Form

(Option A – Administration by Medical Professional or Designee)

Parent/Guardian Acknowledgement of Receipt, Review and Consent To All Terms And Provisions of Parish Catechetical Program Policy Regarding Epinephrine administration via a pre-filled auto-injector mechanism

Catechetical Year/Effective Dates:	to		
	Month/Year	Month/Year	
Child's Name:		Grade:	
I, the parent/guardian of			, understand that a
	Ch	ild's Name	<u> </u>
medical professional or a designee	will be present durin	g catechetical classes in	order to administer
Epinephrine via a pre-filed auto-inje	ector mechanism sho	ould it be required.	
With respect to the emergency admini	stration of epinephrin	e we also understand that	::
PLEASE INITIAL EACH STATEMENT IN 1	ГНЕ ВОХ:		
b. The parents/guardians under Parents may send the medicate the duration of the catechetic program year, they understate otherwise necessary. They a medication becomes outdate student's prescribed epinephemedical professional or design parish program or related accomparish and when a student is inject that the pattern of the epinepheme parish and its employees and result of any injury arising from the pare parish and its employees and result of any injury arising from the pare parish and its employees and result of any injury arising from the pare parish and its employees and result of any injury arising from the pare parish and its employees and the parent parish paris	rstand that they must pation at each session or ical year. If the parents, and that they are responsiso agree to pick up anyed, or when the medical rine shall be placed in a gnee to ensure prompt ativity. It is a many services pene parents/guardians of the solved. I rents or guardians of the service or guardians of the student. In the administration of the administration of the administration of the services or guardians shall be offessional on site, again the program year for the program year for	rovide the pre-filled auto-injective the medication with the guardians leave the medication with the guardians leave the medication at the ention is no longer necessary, we assecure but unlocked location availability in the event of an evaluability in the event of an extra the patient. This treatment and of the patient. This requirement is student that the parish and eve no liability as a result of a student are acknowledging the professional or designee or of the epinephrine via a pre-fill indemnify and hold harmless that any claims arising out of the to the student. Which it is granted but must	al or designee present during ector containing epinephrine. he Parish Catechetical Leader for cion for the duration of the ation when it expires or when he of the school year, when the which ever comes first. The he easily accessible by the allergic emergency at the sudent must be transported to a course of action can not be he applies even if the student's dits employees and agents and any injury arising from the heir understanding that the he site, shall have no liability as a filled auto-injector mechanism ess the parish and its employees he administration of the
Parent or Guardian Printed Name			
Parent or Guardian signature		Date Sign	ned
Date received by parish catechetical progr	ram:		

Epinephrine Administration Consent Form (Option B – Self-Administration by Child/Adolescent)

Parent/Guardian Acknowledgement of Receipt, Review and Consent To All Terms And Provisions of Parish Catechetical Program Policy Regarding Epinephrine administration via a pre-filled auto-injector mechanism

Catechetical Year/Effective Dates:	to		
Child's Name:	Month/Year	Month/Year Grade: _	
I,	the paren	t/guardian of	
Parent/guardian Name			Child's Name
understand that my child has perm	nission from his/he	r physician, is fully t	rained and is capable to self-
administer epinephrine via a pre-fi			•
provide the necessary documentat	•		-
Physician Form")	ion noming cima.	priysiciani. (See Ep	mrepmme nammseration
•			
With respect to the emergency admir	istration of epineph	rine we also understa	ind that:
PLEASE INITIAL EACH STATEMENT IN	THE BOX:		
a. By signing this form the par	rents or guardians ver	ify that the student ha	s permission from his/her physician, is
			elf-administering the epinephrine via
pre-filled auto-injector med		•	
			of the epinephrine via a pre-filled auto
•	•	• .	ring catechetical program times should
the student be unable to se			
	-		uto-injector containing epinephrine. when it expires or when otherwise
necessary.	are responsible for rep	nacing the medication v	when it expires of when otherwise
· · · · · · · · · · · · · · · · · · ·	scribed epinephrine in	a secure manner that is	s also easily accessible by the medical
•	·		n the event of an allergic emergency at
the parish program or relate	_		3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
, , ,	•	e, 911 must be called ar	nd the student must be transported to a
hospital emergency room b	y emergency services	personnel. This treatme	ent and course of action cannot be
		of the patient. This req	uirement applies even if the student's
symptoms appear to have r			
•	_	·	arish and its employees and agents shal
			of the epinephrine to the student.
g. By signing this form the par parish and its employees an	•		edging their understanding that the
·	~	•	m to the student and that the parents
•	•	•	vees or agents against any claims arising
out of the administration of			
		•	ut must be renewed for each
subsequent program year u	pon fulfillment of the	requirements of paragr	aphs a. through f. above.
Parent or Guardian Printed Name			
Parant an Consideration signature		-	Data Circust
Parent or Guardian signature		ı	Date Signed
Date received by parish catechetical prog	;ram:		_

Epinephrine Administration Consent Form

(Option C – Administration by Parent/Guardian of the child)

Parent/Guardian Acknowledgement of Receipt, Review and Consent To All Terms And Provisions of Parish Catechetical Program Policy Regarding Epinephrine administration via a pre-filled auto-injector mechanism

Catechetical Year/Effective Dates: _		_ to				
	Month/Year	Month/Year				
Child's Name:	S Name: Grade:					
I/We,	th	e parent/guardian of				
Parent/guardian Name		e parenty guaranan or	Child's Name			
understand that I/We, or the nam	ed designee		, will be present in			
		Name of *Parent Selected Des	ignee			
the building during catechetical cla	asses in order to	administer epinephrine vi	a a pre-filed auto-injector			
mechanism to my own child shoul	d it be required.	I/We understand I/We mu	st fulfill the requirements of			
the Child Protection Policy, underg	go the backgrou	nd check and attend Proted	cting God's Children as			
required by the policy.						
With respect to the emergency admi	nistration of enin	enhrine we also understand t	·hat·			
	·	epinine we also understand t	ac.			
a. By signing this form the pare		their *selected "designee". of the	student consent to being present in			
the building, , during the cate	echetical program tir	nes in order to administer the epir	nephrine to their own child via a pre-			
filled auto-injector mechanis						
			by the Parish Catechetical Leader, vide such certification and must fulfill			
the requirements of the Arch			nue such certification and must fullifi			
-		-	nsible for bringing the pre-filled auto-			
·	injector with them to every session and take it home with them after every session.					
_	In cases where the parents/guardians are on premises to administer the epinephrine, they understand that they are responsible for having the pre-filled auto-injector containing epinephrine on their person at all times while present at					
program sessions.	e-illed auto-injector	containing epinephrine on their per	rson at all times while present at			
-	ted with epinephrine	, 911 must be called and the stude	nt must be transported to a hospital			
	emergency room by emergency services personnel. This treatment and course of action cannot be refused by the patient					
	the patient. This req	uirement applies even if the studer	nt's symptoms appear to have			
resolved. f. The PCL has informed the par	olved. • PCL has informed the parents or guardians of the student that the parish and its employees and agents shall have no					
	liability as a result of any injury arising from the administration of the epinephrine to the student.					
· · · · · · · · · · · · · · · · · · ·	•		administration of the epinephrine via a			
			shall indemnify and hold harmless the in of the epinephrine via a pre-filled			
auto-injector mechanism to t		inis arising out of the daministration	in or the epinephinic via a pre finea			
-		or which it is granted but must be r	enewed for each subsequent program			
year upon fulfillment of the re	equirements of parag	graphs a. through f. above.				
Parent/Guardian Printed Name	Date	Parent Designee Printed	Name (if applicable) Date			
Parent or Guardian signature	Date	Parent Designee signatu	re (if applicable) Date			
Balance and the second second						
Date received by parish catechetical pro	gram:					

Epinephrine Administration - Physician Form FORM DUE: School Year: Forms submitted after may delay the child's participation in religious education. PLEASE PRINT CLEARLY Student: Last Name Date of Birth **First Name** male \Box female Grade Weight _____ **HEALTH CARE PRACTITIONERS COMPLETE BELOW** Please List Student Allergies: ☐ NO History of anaphylaxis? ☐ YES Date __ _ / __ _/ __ ____ Comments: Comments: Does this student have the ability to: Yes □No Self-Manage (See 'Student Skill Level' below) Yes Recognize signs of allergic reactions ☐ No Recognize/avoid allergens independently Yes □No **Epinephrine Administration CALL 911**, Immediately administer (Select appropriate dose): ☐ Epinephrine Auto-Injector 0.15 mg ☐ Epinephrine Auto-Injector 0.3 mg Student Skill Level (select the most appropriate option) ☐ Dependent Student: medical professional/trained designee/parent/guardian must administer I attest student demonstrated ability to **Practitioner's Initials** self-administer the prescribed ☐ Independent Student: student is self-carry/self-administer medication effectively for catechetical sessions / related events. Health Care Practitioner Name (Please Print) **Signature** Date __ _ / __ _ / __ _ _ _ LAST FIRST State Zip Address City Tel. (_____