Anaphylaxis Prevention and Response

For students with a medically diagnosed life-threatening allergy (anaphylaxis), the district will take appropriate steps for the student's safety, including implementing an Individual Healthcare Plan (IHP). The district will utilize the Guidelines for the Care of Students with Anaphylaxis published by the Office of the Superintendent of Public Instruction.

Parent/Guardian Responsibility
Prior to enrolling a student, the parent/guardian will inform the school in writing of the medically diagnosed allergy(ies) and risk of anaphylaxis. The school district has a process in place to identify students at risk for life-threatening allergies and to report this information to the school nurse. The parent/guardian will include the information regarding the student's condition on their annual "Student Health History" form. Parents of student's with identified life-threatening allergies must provide the school with appropriate medication and treatment orders pursuant to RCW 28A.210.320, Life-Threatening Health Condition.

Individual Healthcare Plan (IHP)
Upon receiving information regarding a student's life-threatening allergy, the school nurse will contact the parent/guardian to develop an IHP. An IHP will be developed for each student with a medically diagnosed life-threatening allergy. The written plan will identify the student's allergies, symptoms of exposure, practical strategies to minimize the risks and how to respond in an emergency.

The principal or designee (school nurse) may arrange for a consultation with the parent/guardian prior to the first day of attendance to discuss and develop the IHP. The plan will be developed by the parent/guardian, school nurse, licensed healthcare provider (LHP) and appropriate school staff. If the treatment plan includes self-administration of medications, the parents, students and staff will comply with model policy and procedure 3419, Self-Administration of Asthma and Anaphylaxis Medication.

Annually and prior to the first day of attendance, the student health file will contain: 1) a current, completed IHP; 2) a written description of the treatment order, signed by a LHP; and 3) an adequate and current supply of autoinjectors (and/or other medications as ordered). The school will also recommend to the parents that a medical alert bracelet be worn by the student at all times. The parent/guardian is responsible for notifying the school if the student's condition changes and for providing the medical treatment order, appropriate auto-injectors and other medications as ordered by the LHP.

Students who have a medically diagnosed life-threatening allergy and no medication or treatment order presented to the school, will be excluded from school to the extent that the district can do so consistent with federal requirements for students with disabilities under the Individuals with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, and pursuant to the following due process requirements:
A. Written notice to the parent, guardian or person in loco parentis is delivered in person or by certified mail;
B. Notice of the applicable laws, including a copy of the laws and rules; and
C. The order that the student will be excluded from school immediately and until an IHP, LHP medication/treatment orders, and medications are presented.
Communications Plan and Responsibility of School Staff
After the IHP is developed, the school principal or a designee (school nurse) will inform appropriate staff regarding the affected student. The school nurse (registered nurse) will train appropriate staff regarding the affected student and their plan of care. The IHP will be distributed to appropriate staff with the permission of the parent/guardian and the student. Other students and parents may be given information about the student’s condition to support the student’s safety and control exposure to allergens.

School Staff Training
Annually, each school principal will assure that an in-service training for all staff on how to minimize exposure and how to respond to an anaphylaxis emergency. The training will include a review of avoidance strategies, recognition of symptoms, the emergency protocols to respond to an anaphylaxis episode (calling 911/EMS when symptoms of anaphylaxis are first observed) and hands-on training in the use of an auto-injector. Training should also include notification that more than one dose may be necessary in a prolonged anaphylaxis event.

Student-specific Training
Annually, before the start of the school year and/or before the student attends school for the first time, the school nurse will provide student-specific training and additional information to teachers, teacher’s assistants, clerical staff, food service workers, and bus drivers who will have known contact with a diagnosed student and are implementing the IHP.

Controlling the Exposure to Allergens
Controlling the exposure to allergens requires the cooperation of parents, students, the health care community, school employees and the school district Board of Directors. The district will inform parents/guardians of the presence of a student with life threatening allergies in their child’s classroom and/or school and the measures being taken to protect the affected student. Parents/guardians will be asked to cooperate and limit the allergen in school lunches and snacks or other products. The district will discourage the sharing of food, utensils and containers. The district will take other precautions such as avoiding the use of party balloons or contact with latex gloves. Additionally, play areas will be specified that are lowest risk for the affected student.

The district will also identify high-risk events and areas for students with life-threatening allergies, such as foods and beverages brought to school for seasonal events, school equipment and curricular materials used by large numbers of students (play-dough, stuffed toys, science projects, etc.) and implement appropriate accommodations.

During school-sponsored activities, appropriate supervisors, staff and parents/guardians will be made aware of the identity of the student with life-threatening allergies, the allergens, symptoms and treatment. The lead teacher will ensure that the auto-injector is brought on field trips.

Undesignated Epinephrine Autoinjectors

District Prescription and Standing Order Protocol
The district may maintain a supply of undesignated epinephrine auto-injectors that will be prescribed in the name of the district by a LHP with the authority to prescribe epinephrine auto-injectors. The district prescription is valid for one year only and will be renewed prior to the start of each school year.
Each district prescription must be accompanied by a standing order for the administration of school-supplied epinephrine autoinjectors for potentially life-threatening allergic reactions. The standing order protocol should include specific symptoms of anaphylaxis, the dose of medication and directions to summon emergency medical services (EMS 911) upon observance of symptoms of anaphylaxis. Parent/guardian notification should occur as soon as possible after EMS is notified.

**Donation of Epinephrine Auto-Injectors**
The district will obtain epinephrine autoinjectors directly from an appropriate practitioner, pharmacist, medical facility, drug manufacturer or drug wholesaler. All epinephrine auto-injectors must be accompanied by a prescription.

**Administration of Epinephrine Auto-Injectors**
Epinephrine autoinjectors may be used on all school property, including buildings, playgrounds and school buses. For school-sponsored events and field trips, the school nurse or (designated trained school personnel if there is a student with a current prescription for an epinephrine auto-injector) may carry an appropriate supply of school-supplied epinephrine auto-injectors. This does not negate the need to carry the supply of epinephrine auto-injectors belonging to students with known anaphylaxis.

In the event a student without a current prescription on file with the school or a student with undiagnosed anaphylaxis experiences an anaphylactic event, only the school nurse or the student's parent/guardian (if available) may utilize the school supply of epinephrine to respond under the standing order protocol.

In the event a student with a current prescription for an epinephrine auto-injector on file at the school experiences an anaphylactic event, the school nurse or designated trained school personnel may use the school supply of epinephrine auto-injectors to respond if the student’s supply is not immediately available.

**Storage/Maintenance/Expiration/Disposal**
School staff will comply with all manufacturers’ instructions as to storage, maintenance, expiration and disposal of epinephrine auto-injectors. School staff will also comply with district medication policy and procedures related to safe, secure management of medications.

**Staff Refusal to Administer**
School employees (except licensed nurses) who have not previously agreed in writing to the use of epinephrine autoinjectors as part of their job description may refuse to administer epinephrine auto-injectors. The employee’s refusal may not serve as grounds for discharge, non-renewal or other action adversely affecting the employee’s contract status.

**Liability**
If the school employee or school nurse who administers epinephrine by auto-injector to a student substantially complies with the student’s prescription (that has been prescribed by a LHP within the scope of the professional’s prescriptive authority) and the district’s policy on anaphylaxis prevention and response, the employee, school nurse, district administration, superintendent and Board of Directors are not liable for any criminal action or civil damages that result from the administration.