



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 a health plan developed by the school or district nurse. 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. School districts will develop a process to identify students at risk for life-threatening allergies and to report this information to the school nurse. Upon receiving the diagnosis, school staff will contact the parent/guardian to develop a health plan. A health plan will be developed for each student with a medically diagnosed life-threatening allergy.

Health Care Plan

The school or district nurse (registered nurse) will develop a written health plan that identifies the student's allergies, symptoms of exposure, practical strategies to minimize the risks and how to respond in an emergency.

The principal or designee may arrange for a consultation between the school or district nurse and the parent/guardian prior to the first day of attendance to develop and discuss the health plan. The plan will be developed by the school or district nurse in collaboration with parent/guardian, licensed health care provider (LHP), and appropriate school staff. If the treatment plan includes self-administration of medications, the parent/guardians, 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 health plan; 2) a written medical order, signed by a LHP; and 3) an adequate and current supply of auto-injectors or intranasal medication and (other medications if needed). The school will also recommend to the parent/guardians that the student wear a medical alert bracelet at all times. The parents/guardians are responsible for notifying the school if the student's condition changes and for providing the medical treatment order, appropriate auto injectors or nasal spray, and other medications as ordered by the LHP.

The district will exclude from school those students who have a medically diagnosed life-threatening allergy and no medication or treatment order presented to the 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:

1. Written notice to the parents; /guardians or persons in loco parentis is delivered in person, by certified mail or email;

2. Notice of the applicable laws, including a copy of the laws and rules; and
3. The order that the student will be excluded from school immediately and until medications and a treatment order are presented.
4. The student's and parent/guardian's right to a hearing to grieve the decision.

Communications Plan and Responsibility of School Staff

After the health plan is developed, the school principal or a designee will inform appropriate staff regarding the affected student. The school or district nurse (registered nurse) will train appropriate staff regarding the affected student and the health plan. The plan will be distributed to appropriate staff and placed in appropriate locations in the district (classroom, office, school bus, lunchroom, near playground, etc.). With the permission of parents/guardian and the student, (if appropriate), other students and parents may be given information about anaphylaxis to support the student's safety and control to exposure to allergens.

All School Staff Training

Annually, each school principal will provide an in-service training 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 autoinjector and nasal spray. Training should also include notifications 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 student diagnosed with a known allergen and are implementing the health plan.

Controlling the Exposure to Allergens

Controlling the exposure to allergens requires the cooperation of parents/guardians, students, the health care community, school employees and the board. 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 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 appropriate cleaning of designated eating surfaces, 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 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

District Prescription and Standing Order Protocol

If the District is able to access undesignated epinephrine autoinjectors or nasal spray, it will be prescribed in the name of the district by a licensed health professional with the authority to prescribe epinephrine. The district prescription is valid for one school year only and will need to be renewed prior to the start of each school year. A standing order and prescription from a licensed health care provider may be used for the purposes of maintaining and administering undesignated epinephrine autoinjectors.

Each 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

The district will obtain epinephrine autoinjectors or nasal spray directly from an appropriate practitioner, pharmacist, medical facility, drug manufacturer, or drug wholesaler. All epinephrine must be accompanied by a prescription.

Storage/maintenance/expiration/disposal

School staff will comply with all manufacturer's instructions as to storage, maintenance, expiration, and disposal of epinephrine. School staff will also comply with district medication policy and procedures related to safe, secure management of medications.

Administration

Epinephrine 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 may carry an appropriate supply of school-supplied epinephrine. This does not negate the need to carry the supply of epinephrine devices 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, the school nurse may utilize the school supply of epinephrine to respond under the standing order protocol.

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

The district will maintain all practices regarding prescriptions and self-medication for children with existing epinephrine prescriptions and/or a guided anaphylaxis care plan. Parents/guardians of students with identified life-threatening allergies must continue to provide the school with appropriate medication and treatment orders pursuant to RCW 28A.210.320, Life-Threatening Conditions.

Employee Training

School employees will be trained on the safe administration of epinephrine autoinjectors and/or nasal spray to treat anaphylaxis in accordance with the guidelines taught in Safe Schools. The district will honor the provisions of RCW 28A.210.275.

No Liability

If the school employee or school nurse who administers epinephrine to a student substantially complies with the student's prescription (that has been prescribed by a licensed health professional within the scope of the professional's prescriptive authority) or a statewide standing order and the district's policy on anaphylaxis prevention and response, the employee, nurse, district, superintendent, and board are not liable for any criminal action or civil damages that result from the administration.

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