ANAPHYLAXIS PREVENTION AND RESPONSE

POLICY:

Anaphylaxis is a life-threatening allergic reaction that may involve systems of the entire body. Anaphylaxis is a medical emergency that requires immediate medical treatment and follow-up care by a licensed health care provider (LHP).

The Board of Directors expects school administrators, teachers and support staff to be informed and aware of life-threatening allergic reactions (anaphylaxis) and how to deal with the resulting medical emergencies. For students, some common life-threatening allergens are peanuts, tree nuts, fish, bee or other insect stings, latex and some medications. Life-threatening anaphylaxis symptoms usually occur within the first 20 minutes of exposure. Affected students require planned care and support during the school day and during school-sponsored activities. Students who have asthma and life-threatening allergies are at a great risk for anaphylaxis and death with any allergen exposure.

Prior to attendance at school, parents/guardians are responsible for informing the school nurse about their student’s potential risk for anaphylaxis and for ensuring the provision of ongoing health information and necessary medical supplies. Anaphylaxis means that the student exposed to their trigger allergens is in danger of death during the school day if a medication or treatment order providing authority to a registered nurse to administer the emergency medications and/or treatment is not in place. Individualized health/emergency care plans are developed by the school nurse in collaboration with the student’s family and LHP. Following submission of the medication or treatment order, a care plan will be developed and the staff trained on the plan before the student may attend school.

Students who have a medically diagnosed life-threatening allergy(ies) and no medication or treatment order presented to the school shall 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:
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1. Written notice to the parents, guardians or persons in loco parentis is delivered in person or by certified mail.

2. Notice of the applicable laws, including a copy of the laws and rules, is provided.

3. The order that the student will be excluded from the school immediately and until medications or treatment order is presented.

The District will take reasonable measures to avoid allergens for affected students. The District will assure that all staff are trained in the awareness of anaphylaxis and prepare them to respond to emergencies. Additionally, student specific training will be provided for appropriate personnel by the school nurse.

Even with the District’s best efforts, staff and parents/guardians need to be aware that it is not possible to achieve a completely allergen-free environment. However, the District will take precautions to reduce the risk of a student having an anaphylactic reaction by developing strategies to minimize the presence of allergens in schools.

The District may maintain at designated school locations a supply of epinephrine autoinjectors based on the number of students enrolled at the school. Undesignated epinephrine autoinjectors must be obtained with a prescription in the name of the school by a licensed health professional within the scope of their prescribing authority and must be accompanied by a standing order protocol for their administration.

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

The school’s supply of epinephrine autoinjectors does not negate parent/guardian responsibility to ensure that they provide the school with appropriate medication and treatment orders pursuant to RCW 28A.210.320 if their student is identified with a life-threatening allergy.
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The Superintendent/designee will establish procedures to support this policy and to ensure:

1. Rescue protocol in cases of suspected anaphylaxis will follow OSPI’s *Guidelines for the Care of Students with Anaphylaxis* (current issue);

2. A simple and standardized format for individualized health/emergency care plans is utilized;

3. A protocol is in place to ensure individualized health/emergency care plans are current and completed;

4. Medication orders are clear and unambiguous;

5. Training and documentation is a priority; and

6. Each school’s supply of epinephrine autoinjectors, if any, is maintained pursuant to manufacturer’s instructions and District medication policy and procedures.

**Legal References:**
- WAC 392-380 Life-Threatening Health Condition

**Policy References:**
- 3419 Self-Administration of Asthma and Anaphylaxis Medication