STUDENTS

Anaphylaxis Prevention Procedures

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. . The district will utilize the Guidelines for the Care of Student with Anaphylaxis published by the Office of the Superintendent for Public Instruction (OSPI).

Parent/Guardian Responsibility

Prior to enrolling a student, the parent/guardian must inform the school in writing of any 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 Plan

The school nurse will develop a written 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 a consultation between the school nurse with 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 nurse in collaboration with the parent/guardian, licensed health care provider (LHP), and appropriate school staff. If the treatment plan includes self-administration of medications, the parents/guardians, students and staff will comply with Policy and Procedure 3419 and 3419P, 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 licensed health care provider (LHP); and

3) An adequate and current supply of auto-injectors or intranasal medication, and other medications as ordered by the LHP.

The school will also recommend to the parents that a medical alert bracelet be worn by the student 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, the auto-injectors and or nasal spray, and any other medications as ordered by the LHP.

Exclusion from School

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 medical order are presented.

4. The student's and parents' right to a hearing to challenge the decision.

Communication of 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 nurse (registered nurse) will train appropriate staff regarding the affected student. The plan will be distributed to appropriate staff and placed in appropriate locations in the school building and district. 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, training will be provided to school 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 deal with an anaphylaxis episode and hands-on training in the use of an auto injector 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 and staff who will have known contact with a student diagnosed with a known allergen and are implementing the nursing care 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 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 appropriate cleaning of 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 and implement appropriate accommodations.

During school-sponsored activities, appropriate supervisors, staff and parents/guardians will be made aware of the identity of the student(s) 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

The district will maintain a supply of undesignated epinephrine autoinjectors or nasal spray that 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 heath care provider may be used for the purposes of maintaining and administering undesignated epinephrine auto injectors.

Each prescription must be accompanied by a standing order for the administration of school-supplied epinephrine auto injectors for potentially life-threatening allergic reactions. The standing order protocol should include specific symptoms of anaphylaxis, the dose of medication, the 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 auto injectors 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. This does not negate the need to carry the supply of epinephrine devices belonging to students with know anaphylaxis.

In the event a student without a current prescription on file with the school or 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 prescription and/or an IHP. 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 Opt-Out

School employees (except licenses nurses) who have not previously agreed in writing to the use of epinephrine auto injectors as part of their job description may file a written letter of refusal to administer epinephrine auto injectors with the district. The employee's refusal may not serve as grounds for discharge, non-renewal, or other action adversely affecting the employee's contract status.

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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