



ANAPHYLAXIS PREVENTION PROCEDURE

For students with a medically diagnosed life-threatening allergy, the district will take appropriate steps for the student's safety, including implementing an individual health plan.

Parent/Guardian Responsibility

Prior to enrolling a student, or when newly diagnosed, 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 certificated school nurse. If the student participates in activities outside regular school hours, the parent/guardian is responsible to inform the supervising staff of the student's health condition, including allergen, symptoms and treatment. The parent/guardian is responsible to notify the school of any changes in the student's condition and for providing the medical treatment order, the auto-injectors and medications.

Individual Health Plan

Upon receiving the diagnosis, the certificated school nurse will contact the parent/guardian to develop an individual health plan. An individual health plan 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 certificated school nurse may contact the parent/guardian prior to the first day of attendance to develop and discuss the individual health plan. The plan will be developed by the certificated school nurse in collaboration with the parent/guardian, licensed health care provider, and appropriate school staff. If the treatment plan includes self-administration of medications, the parent/guardian, student, and staff will comply with model policy and procedure 3420, *Self-Administration of Asthma and Anaphylaxis Medication*.

Annually and prior to the first day of attendance, the student's health file will contain: (1) a completed individual health plan; (2) a written description of the treatment order, signed by the licensed health care provider and parent; (3) medication authorization form completed by health care provider and parent; and (4) an adequate and current supply of auto injectors (or other medications). If the student will self-carry emergency medications, the parent or guardian assumes all responsibility for ensuring the student carries the medication during the school day, during school-sponsored events or while traveling to and from school or school-sponsored activities. 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, 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, shall be excluded from school to the extent that the district can do so consistent with federal requirement 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 parents/guardians or person in locos parentis is delivered in person, by mail, or by email
- B. Notice of the applicable law, including a copy of the laws and rules
- C. The order that the student shall be excluded from school immediately and until medications or treatment orders are presented

Communication Plan and Responsibility of School Staff

After the individual health plan is developed, the school principal or certificated school nurse will inform appropriate staff regarding the affected student. The certificated school nurse will train appropriate staff regarding implementation of the treatment plan. The plan will be distributed to appropriate staff and placed in appropriate locations in the district (classroom, office, school bus, lunch room, etc). With permission of parent/guardian and the student (if appropriate), other students and parents may be given information about the student's condition.

The lead teacher will ensure that the auto-injector (Epi-Pen) is brought on field trips.

In-Service Training

Annually, each school principal will provide time for the certificated school nurse to present an in- service 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 use of an auto-injector. Training should also include notifications that more than one dose may be necessary in a prolonged anaphylaxis event.

Student specific training and additional information will be provided by certificated the school nurse 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.

Student-specific Training

Annually, as soon as is practicable, the certificated 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 individual health plan.

Controlling the Exposure to Allergens:

Controlling the exposure to allergens requires the cooperation of parent/guardian, students, health care community, school employees, and the Board. Parents 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.

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, 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 (stock)Epinephrine Autoinjectors District Prescription and Standing Order Protocol

The district will maintain a supply of undesignated epinephrine autoinjectors that will be prescribed in the name of the district by a licensed health professional with the authority to prescribe epinephrine autoinjectors. The district prescription is valid for one school year only and will be renewed prior to the start of each school year.

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 directly from an appropriate practitioner, pharmacist, medical facility, drug manufacturer, or drug wholesaler. All epinephrine autoinjectors 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 autoinjectors. School staff will also comply with district medication policy and procedures related to safe, secure management of medications.

Administration

Epinephrine autoinjectors may be used on all school property, including buildings, playgrounds, and school buses. School-supplied epinephrine autoinjectors will not be sent off-campus.

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 certificated

school nurse, registered nurse, or licensed practical 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 an epinephrine autoinjector on file at the school experiences an anaphylactic event, the certificated 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.

The district will maintain all practices regarding prescriptions and self-medication for children with existing epinephrine autoinjector 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 Opt-Out

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 file a written letter of refusal to administer epinephrine autoinjectors with the districts. 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 certificated school nurse who administers epinephrine by autoinjector 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) 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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