

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 an allergist/immunologist.

The Lake Stevens School 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. Affected students require planned care and support during the school day and during school-sponsored activities.

Parents/guardians are responsible for informing the school about their student's potential risk for anaphylaxis and for providing the school with ongoing health information and necessary medical supplies. The District will take reasonable measures to avoid allergens for affected students. The District will also train all staff in the awareness of anaphylaxis and prepare them to respond to emergencies. Additionally, student-specific training will be provided for appropriate personnel.

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 reasonable 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 his/her prescribing authority and must be accompanied by a standing order protocol for his/her 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 without 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 the student is identified with a life-threatening allergy.

The Superintendent will establish procedures to support this policy and to ensure:

1. Rescue protocol in cases of suspected anaphylaxis will follow OSPI's current version of the *Guidelines for the Care of Students with Anaphylaxis*;
2. A simple and standardized format for an emergency care plan is utilized;
3. A protocol is in place to ensure emergency care plans are current and completed;
4. Each student's 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 the manufacturer's instructions and the District's medication policy and procedures.

Required Notification of EMS

Immediately upon every administration of epinephrine to a student, Emergency Medical Services (911) will be summoned.

Cross References:

Board Policy No. 5475.2: Administration of Medication

Board Policy No. 5460: Students Immunization and Life Threatening Health Conditions

Legal References:

RCW 28A.210.320 Children with life-threatening health conditions – Medication or treatment order - Rules

RCW 28A.210.380 Anaphylaxis –Policy Guidelines –Procedures –Report

RCW 28A.210.383 Epinephrine autoinjectors (EPI pens) – School supply - Use

WAC 392-380 Life-Threatening Health Condition

Management Resources:

Policy News, February 2009, Anaphylaxis Prevention Policy Required
Policy News, August 2012, Anaphylaxis Prevention and Response
Policy & Legal News, November 2013, Discretionary New Epinephrine
Autoinjector Law Allows Districts to Stock and Administer Their Own
Supply of Epinephrine Autoinjectors
OSPI, March 2009, Guidelines for the Care of Students with Anaphylaxis

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PROCEDURES:

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 health plan. 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 an individual health plan. An individual health plan will be developed for each student with a medically diagnosed life-threatening allergy.

Individual Health Plan

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 develop and discuss the individual health plan. The plan will be developed by the parent, school nurse, and appropriate school staff. If the treatment plan includes self-administration of medications, the parents, students, and staff will comply with Policy No. 5475.2: Administration of Medication.

Annually and prior to the first day of attendance, the student health file will contain: (1) a current, completed individual health plan; (2) a written description of the treatment order signed by a licensed health care provider; and (3) an adequate and current supply of auto-injectors (or other medications). 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, appropriate auto-injectors, and other medications as ordered by the prescriber.

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 parents, guardians, or persons 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.
- C. The order that the student will be excluded from school immediately and until medications and a treatment order are presented.
- D. Describe the rights of the parents and student to a hearing, the hearing process, and explain that the exclusion continues until the medication or treatment plan is presented or the Hearing Officer determines that the student should no longer be excluded from school.
- E. If the parents request a hearing, the District shall schedule one within three school days of receiving the request, unless more time is requested by the parents.
- F. The hearing process shall be consistent with the procedures established for disciplinary cases pursuant to Chapter 180-40 WAC.

Communications Plan and Responsibility of School Staff

After the individual health plan is developed, the school principal or a designee will inform appropriate staff regarding the affected student. The school nurse will train appropriate staff regarding the affected student and the individual 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 the parents/guardians and the student, (if appropriate), other students and parents may be given information about anaphylaxis to support the student's safety and control 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. Training should also include notification that more than one dose may be necessary in a prolonged anaphylaxis event.

Student-Specific Training

Annually, 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 individual health plan.

Controlling the Exposure to Allergens

Controlling the exposure to allergens requires the cooperation of parents, students, the health care community, school employees, and the Board. The District will inform parents 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 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 the 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 (playdough, 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 Autoinjectors

District Prescription and Standing Order Protocol

The District may maintain a supply of undesignated epinephrine autoinjectors that may be prescribed in the name of the District by a licensed health professional with the authority to prescribe epinephrine autoinjectors. The District's prescription is valid for one 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 may 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 the manufacturer's instructions as to storage, maintenance, expiration, and disposal of epinephrine autoinjectors. School staff will also comply with the District's medication policy and procedures related to safe, secure management of medications.

Administration

Epinephrine autoinjectors may be used on all school property, including in 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 autoinjectors. This does not negate the need to carry the supply of epinephrine autoinjectors 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 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.

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 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 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 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.