

Anaphylaxis Prevention

For students with a medically diagnosed life-threatening allergy, each school and department will take appropriate steps for the student's safety, including implementing an emergency care plan.

Parent/Guardian Responsibility: Prior to enrolling a student, the parent/guardian must inform the school in writing of all known and/or medically diagnosed allergy/allergies and risk of anaphylaxis.

School Responsibility: Upon receiving a diagnosis, from a student's parent/guardian and/or medical provider, school staff will contact the parent/guardian to develop an emergency care plan. An emergency care plan will be developed for each student with a medically diagnosed life-threatening allergy. Each school will maintain a Food Allergy Management and Prevention Plan (FAMPP) that is reviewed and circulated annually.

Emergency Care Plan

The Emergency Care Plan will be developed by the registered nurse, assigned to the school, in collaboration with parent/guardian, licensed health care provider (LHP), and appropriate school staff. 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.

If the treatment plan within the emergency care plan includes self-administration of medications, the parent/guardian, student, and staff will comply with District Policy 3419, Self-Administration of Asthma and Anaphylaxis Medication and District Policy 3416, Medication at School.

Annually and prior to the first day of attendance, the student health file will contain: 1) a completed emergency care plan; 2) a written medication authorization form, signed by a licensed healthcare provider; and 3) an adequate and current supply of auto-injectors (or other medications).

The school will recommend to the parents/guardians that a medical alert bracelet be worn by the student at all times. The parents/guardians are responsible, and must notify the school administration if the student's condition changes and provide the medical treatment order, the auto-injectors and medications as ordered by the licensed health care provider.

The District will exclude from school 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:

- 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 shall be excluded from school immediately and until medications or a treatment order is presented.

Communications and Responsibility of School Staff

After the emergency care plan is developed, the health staff person, assigned to the school, will inform appropriate staff regarding the affected student and the emergency care plan. Appropriate

staff may include teachers, classified staff, bus drivers, child nutrition staff, and others as needed. Staff who will be in contact with the student will be trained on the content of the emergency care plan, such as the student's allergies, symptoms of exposure, the procedures that school staff and the student should do in the case of an emergency, and the location of medication.

The student's emergency care plan will be filed in the school's health room. Copies of the plan will be distributed to staff on a need to know basis. Classroom teachers will note the student's condition for substitute teachers. With the permission of parent/guardian, the student's condition and emergency care plan may be shared with other students and parents/guardians to take precautions and minimize the student's exposure to allergens.

In-service Training and Emergency Response Training

Annually, each school principal will schedule an in-service training for staff on how to minimize exposure to allergens 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. In-service training will also include procedures for classroom management of students with known food allergies, including lunch and cross-contamination.

Directors for departments will ensure that staff is provided annual in-service regarding anaphylaxis prevention and response. Principals and Directors will ensure that staff hired after the start of the school year will receive the same in-service training that was provided at the annual training at the beginning of the school year.

The Transportation Dept. will include procedures for anaphylaxis prevention in the Bus Driver's Handbook. Bus drivers will not provide food of any kind to students.

Principals and Directors will ensure that staff members participate in an emergency response drill, annually, to practice how to respond to an anaphylaxis emergency.

Controlling the Exposure to Allergens

Controlling the exposure to allergens requires the cooperation of parents/guardians, students, school staff, and the community. Universal precautions will be implemented. The District will discourage students from sharing food, utensils, and containers. In accordance with District Policy 6512, universal infectious disease prevention practices will be used in the maintenance and operations of school property. Affected students will be encouraged to eat only food that they bring from home.

The District will prohibit consuming food in the classroom unless it is a designated and approved breakfast, lunch, or snack time. Exceptions will be allowed only if access to food is explicitly required as part of an individual student's IEP or 504 plan. Teachers will not provide food as a reward unless explicitly included in an individual student's IEP or 504 plan.

Any food used in a class activity will require prior approval by the building principal and must contain a full list of ingredients on the packaging.

Teachers or other school staff will not provide food for birthday parties or classroom celebrations. Any food provided by parents/guardians/PTO for birthday parties or classroom celebrations will require prior approval by the building principal and must be purchased with a full list of ingredients displayed on the packaging. Food prepared at home for birthday parties or

celebrations is not allowed at school. Birthday parties or celebrations will be scheduled in the classroom only during the designated breakfast, lunch, or snack time.

Schoolwide celebrations, such as Popcorn Friday, must be pre-approved by the principal and must comply with the school's Food Allergy Management and Prevention Plan (FAMPP) taking into consideration any special food allergies at the school.

For all classrooms where life-threatening food allergies exist, additional restrictions/precautions may be directed by the principal as part of the school's Food Allergy Management and Prevention Plan (FAMPP). Additional restrictions/precautions, such as signage or additional cleaning protocols, will be guided by the severity and risk of the anaphylaxis prevention.

Food for students provided in the school's health room, counseling center, and office must be approved by the school's health service staff. Approval by the health service staff will limit risk of exposure to common allergens. Food for staff in these areas will be guided by the school's Food Allergy Management and Prevention Plan (FAMPP) taking into consideration any special food allergies at the school.

In an effort to minimize potential exposure to allergens on field trips, the District will not provide foods with the most common food allergens - peanut, tree nut, egg, soy, fish or shellfish - in sack lunches for field trips. Other foods may be restricted based on individual requirements.

The leader of school-sponsored field trips for academics, athletics, or activities, will give at least two (2) weeks notice of travel to health services staff. The notice will include the field trip itinerary and any plans for meals, if needed. The leader will be informed of the student's emergency care plan, along with prescribed emergency medications, and both will accompany the student when leaving school grounds. The parent/guardian will complete the field trip form appropriately as per District Policy 2320 which will include parent/guardian notification to the field trip leader that the student has special medical needs. For students with severe allergies, the field trip leader will ensure that all conditions related to the field trip environment are appropriate for the needs of that student. Chaperones shall not provide or purchase food for students while driving for field trips. Unscheduled stops/changes to the itinerary on field trips will not be allowed unless there is an emergency situation.

Even with the District's best efforts, staff and parents/guardians will be made aware that it is not possible to achieve a completely allergen free environment.

Communication with families

Principals will ensure that expectations for anaphylaxis prevention are included in the school's Student Handbook. The Transportation Director will ensure that expectations for anaphylaxis prevention on buses are communicated to students and families.

Undesignated Epinephrine Auto-injectors

District Prescription and Standing Order Protocol: The District will maintain a supply of undesignated epinephrine auto-injectors that will be prescribed in the name of the District by a licensed health professional with the authority to prescribe epinephrine auto-injectors. The District prescription is valid for one school year only and will be renewed prior to the start of each school year. The District's lead school nurse will be responsible for renewing the District prescription annually.

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

Location: Undesignated epipens will be located in each school office. At elementary schools, additional undesignated epipens may be distributed to additional sites and personnel at the school based on the school's Food Allergy Management and Prevention Plan (FAMPP).

Administration: Epinephrine auto-injectors 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 must carry an appropriate supply of school-supplied epinephrine auto-injectors.

The school supply of epinephrine auto-injectors 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.

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 auto-injector on file at the school experiences an anaphylactic event, the school nurse or designated trained school personnel may use the school supply of epinephrine auto-injectors 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 auto-injector 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.

No Liability

If the school employee or school nurse who administers epinephrine by auto-injector 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

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Students

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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