

Anaphylaxis Prevention

The Board of Directors recognize that national guidelines recommend avoiding the use of identified allergens in class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, or rewards. While our district does not explicitly restrict the use of food in most of these situations, we do support and encourage the use of allergen-safe foods, and preferably non-food items in these circumstances. Decisions to use food in these situations will be deferred to the supervising staff member in their individual classroom and will be allowed only after careful review of the each individual student's written food allergy action plan and notification to that student's parents or guardians for each individual activity.

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. Affected students require planned care and support during the school day and during school sponsored activities.

Prior to enrolling a student, parents/guardians must inform the school, in writing, of their student's known and medically diagnosed allergy/allergies and his/her potential risk for anaphylaxis and for ensuring the provision of ongoing health information. The parent/guardian is responsible, and must, notify school administration if the student's condition changes and provide the medical treatment order and necessary medical supplies and medication. Additionally, any student could potentially have a life threatening allergic reaction even without a history of such.

The District will take reasonable measures to avoid allergens for affected students. The District will also train all staff annually 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 precautions in an effort to reduce the risk of a student with a history of anaphylaxis coming into contact with the offending allergen in school. The Superintendent shall develop procedures for the management of food allergies which shall include Food Allergy Management and Prevention Plans at each school.

Hand held radios shall be required for all supervising personnel at all school day outdoor activities, including but not limited to recess, PE, and field trips when school busses are not provided.

The District will maintain at designated school locations a supply of epinephrine auto-injectors based on the number of students enrolled at the school. Undesignated epinephrine auto-injectors 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 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. 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 according to RCW 28A.210.380 and RCW 28A.210.320.

The school's 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.

The Superintendent 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 (2009);
- 2) A simple and standardized format for emergency care plans is utilized;
- 3) A protocol is in place to ensure 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 auto-injectors, if any, is maintained pursuant to manufacturer's instructions and district medication policy and procedures.

The Superintendent will establish additional procedures to support this policy.

Cross Reference:	Policy 3415	Students with Life-threatening Health Conditions
	Policy 3416	Medication at School
	Policy 3418	Emergency Treatment
	Policy 3419	Self-Administration of Asthma and Anaphylaxis Medications
Legal References:	RCW 28A.210.383	Anaphylaxis - Policy Guidelines - Procedures - Reports
	WAC 392-380	Public School Pupils-Immunization Requirement and Life-Threatening Health Condition

<i>Policy and Legal News:</i>	August 2018 Issue	
	December 2013 Issue	
	August 2012 Issue	
	February 2009	
	OSPI, March 2009	Guidelines for the Care of Students with Anaphylaxis

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