

Section: **STUDENTS**

Procedure Title: **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 a health care plan. The district will utilize the *Guidelines for the Care of Students with Anaphylaxis* published by the Office of the Superintendent for 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 a health care plan. A health care plan will be developed for each student with a medically diagnosed life-threatening allergy.

Nursing Care Plan

The school nurse (registered 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 (school nurse) may arrange for a consultation with the parent/guardian prior to the first day of attendance to develop and discuss the health care plan. The plan will be developed by the school nurse in collaboration with parent/guardian, licensed health care provider (LHP) and appropriate school staff. If the treatment plan includes self-administration of medications, the parent/guardian, student, and staff will comply with Policy and Procedure 3419, *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 care plan.
2. A written description of the treatment order, signed by a LHP.
3. An adequate and current supply of auto-injectors (and other medications if needed).

The school will also recommend to the parents that the student wear a medical alert bracelet at all times. The parent/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.

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 for the Rehabilitation Act of 1973, and pursuant to the following due process requirements:

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- 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 and a treatment order are presented.

Communications Plan and Responsibility of School Staff

After the health care plan is developed, the school principal or a designee will inform appropriate staff regarding the affected student. The health-care specialist will inform appropriate staff regarding the affected student and the nursing care plan. The plan will be distributed to appropriate staff and placed in appropriate locations in the district (class room, office, school bus, lunchroom, near playground etc.). With the permission of parent/guardian and the student (if appropriate), other students and parents may be given information about the student's condition.

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, and the emergency protocols to respond to an anaphylaxis episode (call 911/EMS when symptoms of anaphylaxis are first observed), and hands-on training in the use of an autoinjector.

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 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, 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, 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 nursing care plan.

Controlling the Exposure to Allergens

Controlling the exposure to allergens requires the cooperation of parents, students, the health care community, and school employees. Parents may 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 precautions such as avoiding the use of party balloons or contact with latex glove. 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 (play-dough, stuffed toys, science projects, etc.) and implement appropriate accommodations.

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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.

Employee Opt-Out

School employees (except licensed 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 districts. The employee's refusal may not serve as grounds for discharge, non-renewal or other actions adversely affecting the employee's contract status.

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 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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