Procedures - Anaphylaxis Prevention and Response

Anaphylaxis Response Procedures

In the event of an anaphylactic episode, school staff will provide first aid, and specific care will be provided as outlined in the student's IHCP. Symptoms of severe allergic reaction (anaphylaxis) may include breathing difficulty, facial/throat swelling or tingling, hives, rash, itching, stomach cramps, nausea/vomiting, or dizziness.

FIRST AID FOR ANAPHYLAXIS

- Always accompany and do not leave the student while s/he is experiencing symptoms. Call for assistance to the location if the student is unable to walk.
- Have the student lie down or allow the student to assume a position of comfort. Provide a calm, quiet environment. Remove potential allergens.
- Follow student's IHCP for the use of epinephrine and assist the student as needed.
- Call 911 for any exposure to a known allergen, any time epinephrine is administered, or if symptoms of anaphylaxis are present.
- Notify the parent/guardian.
- Be prepared to start CPR if the student stops breathing.
- If the student is not transported by emergency personnel, s/he must be picked up by an adult and taken home, so s/he can be watched closely for any symptoms that may occur later.

The following shall be easily accessible:

- Emergency medication provided by parent/guardian
- Health care provider's request for epinephrine to treat anaphylaxis that includes parent/guardian signed permission
- Individualized Health Care Plan
- Backup emergency medication, if provided by parent/guardian, for the student who is authorized to carry and self-administer medication(s)

Authorization for Student to Carry and Self-Administer Medication(s) for Anaphylaxis

A student with the potential to develop anaphylaxis shall be allowed to carry and self-administer prescribed medication(s) while in school, at a school-sponsored event, or in transit to/from school or a school-sponsored event, provided the following requirements are met:

- The health care provider prescribes the medication(s) for use by the student.
- The student's parent/guardian submits a written request, signs the district permission form, and provides phone contacts.

The HEALTH CARE PROVIDER REQUEST FOR EPINEPHRINE TO TREAT ANAPHYLAXIS is the form recommended to meet the above requirements. The authorization for a student to carry and self-administer medication(s) for the treatment of anaphylaxis will be valid for the current school year only. The parent/guardian must renew the authorization with the health care provider annually and give it to the building health room staff before the student attends school. A student's authorization to possess and self-administer medication(s) for anaphylaxis may be limited or revoked by the building principal after consultation with the school nurse and the student's parent/guardian, if the student demonstrates an inability to responsibly possess and self-administer such medication(s).

For students with a medically diagnosed life-threatening allergy (anaphylaxis), the district will take appropriate steps for the student's safety, including implementing a nursing care 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 a nursing care plan. A nursing care plan will be developed for each student with a medically diagnosed life-threatening allergy.

Individualized Health 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 nursing 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 model 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 nursing care plan; 2) a written description of the treatment order, signed by an LHP; and 3) an adequate and current supply of auto-injectors (and other medications if needed). The school will also recommend to the parents/guardians that the student wear a medical alert bracelet 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 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 of the Rehabilitation Act of 1973, and pursuant to the following due process requirements:

1. Written notice to the parents/guardians or persons in loco parentis is delivered in person or by certified mail;

2. Notice of the applicable laws, including a copy of the laws and rules; and

3. The order that the student will be excluded from school immediately and until medications and a treatment order are presented.

Communications Plan and Responsibility of School Staff
After the nursing care plan is developed, the school principal or a designee will inform appropriate staff regarding the affected student. The school nurse (registered nurse) will train 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 (classroom, office, school bus, lunchroom, near playground, etc.). With the permission of parents/guardian 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 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, 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 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.

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.

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 staff will carry the supply of epinephrine autoinjectors belonging to students with known anaphylaxis.

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 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.

Adopted: 09/01/18
Revised: 10/06/22