

Anaphylaxis Prevention and Response

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.

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 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. Parents will be asked to complete a Life Threatening Allergy Care Plan and a Student Health Concerns Annual Update. 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.

Parents/guardians are responsible for providing safe meals and snacks for their child. Families are encouraged to leave appropriate snacks in the classroom for their child to choose from in the event that a classroom party/event snack isn't a safe choice. Parents/guardians may contact the food services supervisor for assistance with ingredient lists of food served in the cafeteria.

Nursing Care 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 a meeting (*or telephone call*) 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 parent, school nurse and appropriate school staff. If the treatment plan includes self-administration of medications, the parents, students and staff will comply with procedure P3080-6, *Self-Administration of Asthma and Anaphylaxis Medication*.

Annually and prior to the first day of attendance, the student's health file will contain: (1) a completed nursing care 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 may 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, the auto-injectors and medications.

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; and
- C. The order that the student will be excluded from school immediately and until medications or a treatment order is presented.

Communications Plan and Responsibility of School Staff

After the nursing care plan is developed, the district nurse will inform appropriate staff regarding the affected student. The district nurse (R.N.) 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, etc.). Substitute Teachers will be made aware of students with severe allergies via substitute folders which should contain the affected student's care plan. The student's condition and presence of a care plan will also be entered into the district-wide computer system to communicate with school staff.

In-service Training

Annually, each school principal will provide an opportunity for in-service training for all school staff 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 deal with an anaphylaxis episode, and use of an auto injector, typically taught by a district nurse. The RSD may alternately use an approved online training program, which is an acceptable method of training staff about anaphylaxis.

Student specific training and additional information will be provided by the district nurse to teachers, educational assistants, clerical staff who will have known contact with a diagnosed student. The district nurses will also provide lists of affected students to the supervisors of food service and transportation service. These supervisors will in turn communicate with staff who will have known contact with a diagnosed student.

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.

At the preschool/elementary level, individual schools may on a case-by-case basis, choose to make primary classrooms, with students with life-threatening allergies, reduced-risk rooms. A reduced risk room is one in which reasonable attempts are made to not have the allergen in the classroom, either eaten or for use in craft/science projects. Teachers may choose to not allow food to be eaten in their classroom. To further reduce risk of exposure, the school may inform families of the presence of a student with a life-threatening allergy in their child's classroom. In some cases, parents may be asked to cooperate and avoid sending the allergen into the classroom.

At the secondary level, the school may inform parents of the presence of life-threatening allergies at their child's school.

At all grade levels, school staff will discourage the sharing of food, utensils, and containers. Parents/guardians may request a reduced-risk table in the cafeteria. This is a table where students are asked not to have in their lunch or eat a specific allergen when seated at this table. The student with a life-threatening allergy is responsible for seating themselves at this table. Supervising staff will monitor food eaten at this table to an extent that is reasonable. Custodial staff will clean the reduce-risk table prior to lunch per district policy, using a separate/clean rag or disposable wipe effective in removing allergy traces.

The school will take other precautions such as avoiding the use of party balloons or contact with latex gloves. The school will also identify high-risk events 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.).

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. During field trips, the affected student should be supervised by staff trained in anaphylaxis or the student's parent/guardian.

Legal Reference: RCW 28A.210.380 Anaphylaxis – Policy Guidelines-
Procedures - Report

Adopted: May 8, 2012
Revised: February 12, 2013