

Superintendent Procedure 3420SP

Anaphylaxis Prevention and Response

Approved by: s/Larry Nyland Date: 1/21/15

Dr. Larry Nyland, Superintendent



It is the policy of the Seattle School Board to expect school administrators, teachers and support staff to be informed and aware of life threatening allergic reactions (i.e. anaphylaxis) and how to respond to the resulting medical emergencies. 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 appropriate health care provider. 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. Avoiding the allergen is the only way to prevent anaphylaxis.

For students with a medically diagnosed life-threatening allergy (i.e. 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. A life-threatening health condition means a condition that will put the child in danger of death during the school day if a medication or treatment order providing authority to a registered nurse and nursing plan are not in place.

Parent/Guardian Responsibility

Upon enrolling a student, the parent/guardian/emancipated student will inform the district in writing of the medically diagnosed allergy(ies) and risk of anaphylaxis. The district 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 information the school nurse will have contact with 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. This plan will include emergency management and mitigation strategies to make reasonable efforts to avoid exposure to allergen.

Nursing Care Plan

The written plan will identify the student's allergies, symptoms of exposure, practical strategies to minimize the risks of exposure and how to respond in an emergency.

The principal or designee (school nurse) may arrange for a consultation with the parent/guardian/emancipated student prior to the first day of attendance to develop and discuss the nursing care plan. The plan will be developed by the parent/guardian, school nurse and appropriate school staff with orders from the child's health care provider. If the treatment plan includes self-administration of medications, the parents/guardians, students and staff will comply with Policy and Procedure No. 3419, *Self-Administration of Asthma and Anaphylaxis Medication*.

Annually updated 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 a licensed health care provider; and 3) an adequate and current supply of epinephrine auto-injectors (or other medications). The school will also recommend to the parents/guardians that a medical alert bracelet be worn by the student at all times. The parents/guardians/emancipated students are responsible for notifying the school if the student's condition changes and for providing the medical treatment order, appropriate epinephrine auto-injectors and other medications as ordered by the prescriber.

Students who have a medically diagnosed life-threatening allergy and no medication or treatment order presented to the school, shall 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 Education 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 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/guardians/emancipated students may be given information about anaphylaxis to support the student's safety and control exposure to allergens.

When epinephrine is administered to treat anaphylaxis, emergency medical services (EMS) should immediately be activated, and the parent/guardian and school nurse should be notified.

Training

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 and hands-on training in the use of an epinephrine auto injector. Training should also include notification that more than one dose may be necessary in a prolonged anaphylaxis event.

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 diagnosed student and who will be implementing the nursing care plan.

Controlling the Exposure to Allergens

Controlling the exposure to allergens requires the cooperation of parents/guardians, students, the health care community, school employees and the Board, however 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. Steps to reduce exposure include the following: the district may inform parents/guardians 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/guardians 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 other precautions such as avoiding the use of party balloons or contact with latex gloves. Additionally, eating areas and play areas may 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 (playdough, stuffed toys, science projects, etc.) and implement appropriate accommodations.

During school-sponsored activities, appropriate supervisors, staff and parents/guardians 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 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.

Approved: December 2011
Revised: January 2015
Cross Reference: Policy No. 3420