Washington Office of Superintendent of
PUBLIC INSTRUCTION

Guidelines for Care of Students with Anaphylaxis

2021

GUIDELINES FOR CARE OF STUDENTS WITH ANAPHYLAXIS

2021

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INTRODUCTION AND ACKNOWLEDGMENTS

The 2009 *Guidelines for Care of Students with Anaphylaxis* was created in consultation with the Washington State Department of Health (DOH), "to develop anaphylactic policy guidelines for schools to prevent anaphylaxis and deal with medical emergencies resulting from it" per Revised Code of Washington (RCW) RCW 28A.210.380.

In 2021, the Office of Superintendent of Public Instruction (OSPI) convened a workgroup to review and amend the *Guidelines for the Care of Students with Anaphylaxis* (March 2009) to reflect changes in research, laws, school policies, and treatments that have occurred since 2008. See Appendix A for a list of the 2008 and 2021 workgroup members.

OSPI acknowledges and thanks the members of the 2008 and 2021 workgroups for their time, expertise, and ongoing commitment and support. The committee members help ensure this document will provide useful, comprehensive guidelines for schools, families, students, and their medical providers.

Purpose

The purpose of this educational guide is to provide families of students with life-threatening allergies, school personnel, and medical providers with the information necessary for a safe learning environment at school and during all school-sponsored activities. A reasonable and appropriate plan led by the school nurse must be developed in cooperation with a student's family, school staff, and the family's medical provider to meet the individual needs of students and their families.

These guidelines focus on support for students with acute, life-threatening allergies that could precipitate an anaphylactic reaction during the school day, or any time the student is in the custody of the school, such as a field trip or after-school events or activities.

Schools have a responsibility to students with life-threatening health conditions and anaphylaxis under state law and to students with disabilities under federal law. Schools may have a responsibility to address other health concerns (non-anaphylactic reactions) impacting students during the school day. Information is provided to address other food-related concerns such as food intolerances.

Cultural Considerations

Washington State schools are racially and ethnically diverse. To meet the healthcare needs of students from multicultural communities, it is important that school staff respond with respect toward the cultural needs of all students and their concepts of wellness, illness, and healthcare. The Washington State Professional Educator Standards Board identifies principles for educators to promote equity with cultural competency that address "...students' experiences and individual cultural contexts"[1].

Disclaimers

Recommendations made in these guidelines should never be substituted for legal counsel in any individual situation. The law may be silent, unclear, or superseded by new legislation on specific aspects of care. In these instances, it is recommended that district administrators consult with district legal counsel and a risk management consultant.

When addressing situations or questions, consider district policies and procedures that should reflect current state and federal statutes as well as district practice. New developments in treatment may emerge or new laws may be created between updates of these guidelines. Refer to pertinent regulations, policies, and standards of care to guide care planning decisions.

The provision of forms and documents in the Appendices are samples only and are not endorsed or mandated by OSPI. Any sample contained in these guidelines should be approved by each individual school district's administration and/or board of directors as applicable.

Assumptions

Definition of Parent

These guidelines use the word "parent' in accordance with the Washington Administrative Code (WAC) definition in **WAC 392-172A-01125**

Allergy Aware Approach

In these guidelines, "allergy aware" is used to describe a preventative approach to anaphylaxis. This approach considers broad environmental as well as very specific, student focused processes. Experts do not endorse using phrases such as "allergy-free" or "allergy free-zones or tables".[2] School districts cannot guarantee an allergen free environment. There is little research evidence to support allergen free or restricted zones.

In consideration of the evidence and health care practice information, this manual does not endorse allergen free zones, with some exceptions. Allergen restricted zones may be appropriate for students who lack the capacity to self-manage due to age or cognitive abilities. Please refer to district policy and procedure.

The adverse impact of allergy restrictive phrases or zones include the following:

- Challenges in effectively monitoring and promoting community compliance may result in students bringing prohibited food to school.
- Decreased vigilance due to a false sense of safety and delayed response to an allergic reaction.
- Limitations on food choices for non-allergic students.
- Limitations on allergic students' autonomy if required to be separated from peers.
- Increased risk of bullying or isolation of allergic students.
- Limitations on allergic students' development of self-management strategies impacting their ability to navigate "…settings where their allergens are not prohibited". [2]
- Students reporting a decreased quality of life, increased incidents of bullying, and anxiety.[3]

SECTION 1: OVERVIEW OF ALLERGIES AND ANAPHYLAXIS

Allergy

Several million Americans suffer from allergies. According to the American Academy of Allergy Asthma and Immunology (AAAAI), more than 50 million Americans have some form of allergic disease, and they note that the incidence is rising. Allergy is an immune response that causes antibodies (Immunoglobulin E or IgE) to respond to allergens. Allergens are substances such as dust mites, animal dander, pollens, and mold that trigger an allergic response.[4]

Anaphylaxis

Some allergens such as food, medication, insect stings, and latex can trigger a severe, systemic allergic reaction called anaphylaxis. Anaphylaxis is a life-threatening allergic reaction that may involve the entire body. It is a medical emergency requiring immediate medical treatment and follow-up care by an allergist/immunologist. Food is the leading cause of anaphylaxis in children. **Deaths have occurred in schools because of delays in recognizing and responding to symptoms with immediate treatment and further medical interventions.**

Food Allergy

Food allergy is a growing concern in the United States and creates a significant challenge for children and their families. Increasing numbers of children are diagnosed with life-threatening food allergies (7–8%) that may result in a potentially life-threatening condition (anaphylaxis). An increase of nearly 200% in emergency department visits for anaphylaxis among 5–17-year-old's makes it an urgent issue for schools[5]. Currently, there is no cure for life-threatening food allergies. The only way to prevent life-threatening food allergies from occurring is strict avoidance of the identified food allergen[2,3,5,6]. It is essential that district plans include life-threatening food allergy education and awareness, avoidance of allergens, and immediate treatment of anaphylaxis.

Food allergies are a group of disorders that affect the way the body's immune system responds to specific food proteins. In a true food allergy, the immune system will develop an allergic antibody called Immunoglobulin E (IgE), sensitive to a specific food protein. Children with moderate to severe eczema have a 35–60% chance of having food protein specific IgE.[10] Manifestations of food allergies range from mild skin reactions to life-threatening reactions.[11] Children with allergies to environmental agents such as pollens and dust mites are more likely to develop food allergies, and those with asthma and food allergies are at the highest risk of death from food allergies.

Ingestion of the food allergen is the principal route of exposure that leads to allergic reactions. Even minute amounts of food particles (a piece of a peanut for example) can quickly lead to fatal reactions unless prompt treatment is provided. Research indicates exposure to food allergens by touch or inhalation is extremely unlikely to cause a life-threatening reaction. However, if children with life-threatening food allergies touch the allergen, then place their

fingers in their mouth, eye, or nose, the exposure becomes ingestion and can lead to anaphylaxis[9]. The amount of allergen capable of triggering a life-threatening reaction is dependent upon the sensitivity level of each individual child.

The top eight most common food allergens are cow's milk, hen's eggs, peanuts, tree nuts (such as pecans and walnuts), shellfish, fish, wheat, and soy but an individual can have an allergy to any food. The most prevalent food allergens for children are peanuts, cow's milk, and shellfish. Children will frequently outgrow an allergy to hen's eggs, cow's milk, and soy. However, allergies to peanuts, tree nuts, fish, and shellfish usually continue into adulthood. **The only proven prevention strategy for anaphylaxis in schools is to avoid contact or ingestion of the allergen.**

Food Intolerances

Students may suffer from food intolerances that do not result in a life-threatening food allergy reaction (anaphylaxis) but still hamper the student's ability to feel well or perform optimally.

Food intolerance is sometimes confused with food allergy. Food intolerance refers to an abnormal response to a food or food additive that is not an Immunoglobulin E (IgE) allergic reaction. For instance, an individual may have uncomfortable abdominal symptoms after consuming milk. This reaction is most likely caused by a mild sugar (lactose) intolerance, in which the individual lacks the enzymes to break down milk sugar for proper digestion. Another example is noted in Celiac Disease. Individuals develop food intolerance to gluten by producing Immunoglobulin G (IgG) and/or Immunoglobulin A (IgA) antibodies. Such individuals must avoid all gluten products. Licensed health care providers assist families in establishing accurate diagnoses and treatment plans[12].

Students and families of children with food intolerances should complete a Health Registration Form and a Student Food Allergy Form to identify the food item(s) that cause symptoms. The student, family, school nurse, and other appropriate school staff should create a plan to accommodate the individual needs of the student. An Individualized Health Plan (IHP) may be developed and disseminated to staff as needed to meet the student's dietary concerns. A 504 Plan may be required for a student with a food intolerance *not* considered a life-threatening condition. For more information, see Food Allergies and Intolerance at the United States Department of Agriculture (USDA).

Insect Allergy

Insect allergy is an underreported event that occurs every year in many adults and children. Approximately 3% of adults and 1–2% of children may be at risk for anaphylaxis from insect stings. Stinging insects commonly include bees, hornets, yellow jackets, paper wasps, and fire ants. For most, complications include pain and redness at the bite site. However, some people have a true allergy to insect stings that can lead to life-threatening systemic reactions (anaphylaxis). In these cases, prompt management of the reaction is needed. Immunotherapy

(allergy shots) is available for some types of stinging insects. Allergy shots reduce the risk of severe reactions.

Latex Allergy

Latex products such as balloons, gloves, rubber bands, erasers, adhesive bandages, and gym equipment are common causes of allergic-type reactions. Reactions to latex include contact dermatitis, oral or throat itching, lip swelling, and immediate allergic reactions. Contact dermatitis, a type of localized allergic reaction to the skin, can occur on any part of the body that has contact with latex products, usually within 24–48 hours. Oral or throat itching, and lip swelling may occur after contact with latex or after ingesting avocados, chestnuts, or tomatoes in some latex sensitive individuals. Students with latex allergies may also need to avoid bananas, kiwi, and papaya[13]. Immediate allergic reactions are potentially the most serious form of allergic reactions to latex products. Exposure can lead to anaphylaxis depending on the amount of allergen exposure and the degree of sensitivity which may increase with repeated exposures. Latex should be avoided by students and staff at risk for anaphylaxis. As latex allergy may develop at any time and is more likely to occur after repeated contact with latex containing products, it is recommended such products be avoided in general. Since reactions caused by latex vary, each student at risk should be evaluated by a trained medical provider.

Other Causes of Anaphylaxis

Other causes of anaphylaxis may include medications (such as penicillin, aspirin, and other non-steroidal anti-inflammatory drugs), exercise, temperature extremes, certain medical procedures, psychological reactions, along with other unknown causes.

Symptoms of Anaphylaxis

In some individuals, symptoms may appear in only one body system such as the skin or lungs, while in other symptoms appear in several body systems. Symptoms range from mild to life-threatening. Mild symptoms may quickly progress to life-threatening depending upon the sensitivity of the individual and the amount of allergen exposure. No one can predict with certainty how a reaction will occur or progress.

Life-threatening anaphylaxis symptoms usually happen within the first 20 minutes of exposure. However, the symptoms may subside then return hours later. In some cases, serious reactions might take hours to become evident. **Children who have both asthma and food allergies are at a greater risk for anaphylaxis and often react more quickly, requiring aggressive and prompt treatment.**

Students with symptoms of anaphylaxis should always be evaluated by a medical provider. Signs and symptoms of harmful reactions may include any or several of the following and may require immediate emergency treatment:

Skin

- Hives, skin rashes, or flushing
- Itching/tingling/swelling of the lips, mouth, tongue, throat
- Nasal congestion or itchiness, runny nose, sneezing
- Itchy, teary, puffy eyes

Respiratory

- Chest tightness, shortness of breath, wheezing, or whistling sound
- Hoarseness or choking

Gastro-Intestinal

- Nausea, vomiting, dry heaves
- Abdominal cramps or diarrhea

Cardiovascular

- Dizziness, fainting, loss of consciousness
- Flushed or pale skin
- Cyanosis (bluish circle around lips and mouth)

Mental/Psychological

- Changes in the level of awareness
- A sense of impending doom, crying, anxiety
- Denial of symptoms or severity

Behavioral

- Screaming or crying
- Very young children will put their hands in their mouth or pull at their tongues

The child may also say…

- "This food is too spicy. It burns my mouth or lips"
- "There's something stuck in my throat"
- "My tongue and throat feel thick"
- "My mouth feels funny/I feel funny or sick"[14]

Treatment

Anaphylaxis is a life-threatening condition requiring immediate medical attention. Most fatalities occur due to delays in delivery of needed medication.

Epinephrine is the only life-saving medication and must be given immediately to avoid death.

"Epinephrine is the medication of choice for the first-aid treatment of anaphylaxis. Through vasoconstrictor effects, it prevents or decreases upper airway mucosal edema (laryngeal edema), hypotension, and shock. In addition, it has important bronchodilator effects and cardiac inotropic and chronotropic effects."[6]

Epinephrine, also known as adrenaline, is a naturally occurring hormone. It is released in the body in stressful situations known as the "fight or flight syndrome." It increases the heart rate, diverts blood to muscles, constricts blood vessels, and opens the airways. Administering an epinephrine autoinjector quickly supplies individuals with a large and fast dose of the hormone. An injection of epinephrine will assist the student only temporarily. A second dose may be needed to prevent further anaphylaxis before the student is transported to a medical facility for advanced care.

If a child is exhibiting signs of a life-threatening allergic reaction, epinephrine must be given immediately and Emergency Medical Services (EMS) 911 activated for transport. There should be no delay in the administration of epinephrine. Section 7 covers additional information regarding epinephrine administration training.

All students experiencing symptoms of anaphylaxis will require assistance, regardless of whether they are capable of epinephrine self-administration. The severity of the reaction may hamper their ability to effectively recognize symptoms and respond. **Adult supervision is mandatory**.

Experts recommend that all persons responsible for supervising students should be familiar with first aid and resuscitation techniques, including the use of an epinephrine autoinjector.[9]

Risk Reduction

Prevention is the most important method of managing anaphylaxis. Avoidance of exposure to the allergen is the best way to prevent a reaction. Each district must consider how to implement district-wide preventative measures. See Section 4 and Section 7 for risk reduction strategies.

Most (but not all) anaphylactic reactions in schools are caused by accidental exposure to food allergens. Schools are a high-risk setting due to the large number of students and staff, increased risk of exposure to allergens, and cross-contact. Schools should strive to maximize inclusiveness to the greatest extent possible without sacrificing safety.

Areas or Activities Requiring Special Attention

Substitute or Guest Teacher Training

- No student with an allergy should be left in the care of untrained staff
- All staff who supervise students, including substitutes, should be aware of students at risk of anaphylaxis

Cafeteria

- Establish appropriate cleaning protocols to remove allergens and avoid contamination of tables where food-allergic students will be eating
- When possible, keep cafeteria windows closed and outdoor garbage storage away from eating, study, and play areas to reduce potential insect stings
- Encourage students to wash their hands before AND after eating. Facilitate access to handwashing sinks or stations

Food Sharing

- Establish a school rule to prevent sharing of food throughout the school day

Activities

- Hidden ingredients in art, science, and other projects
- Bus transportation or other modes of transportation
- Fundraisers/bake sales
- Parties and holiday celebrations
- Field trips
- Before and after-school hours, school-sponsored events, and after-school programs

SECTION 2: LAWS AND REGULATIONS

Federal and State Laws

Federal and state laws provide protection for students with life-threatening allergies. School districts are legally obligated by these laws to ensure students with life-threatening allergies have equal access to their free and appropriate public education (FAPE). School districts must also have and follow their own policies and procedures for the health and well-being of these students (See Section 3).

Federal Laws and Regulations

Section 504 of the Rehabilitation Act of 1973 (Section 504)

The duty of public school districts to provide a free and appropriate public education for students with disabilities; protects students with disabilities from discrimination. A student with a life-threatening food allergy qualifies as a student with disabilities under Section 504.

Americans with Disabilities Act (ADA) of 1990

Prohibits discrimination for individuals with a disability. A life-threatening food allergy is identified as a physical disability that substantially limits one or more major life activities.

Americans with Disabilities Act Amendment Act of 2008

Expanded the ADA to include learning, reading, thinking, and concentrating as protected major life activities**.**

Individuals with Disabilities Education Act of 1976 (IDEA)

Prescribes the duty of states and public agencies to provide early intervention, special education, and related services for students whose disability impacts their ability to learn. For more information visit the OSPI website.

The Family Education Rights and Privacy Act (FERPA) of 1974

Protects the privacy of student information by restricting access to individual student records. Addresses student confidentiality including the notification of student and parental rights regarding access to student records.

McKinney-Vento Homeless Act - Revision by the ESSA Act

Prescribes the rights of students experiencing homelessness in America. For more information, see the Federal Register McKinney-Vento webpage or the federal McKinney-Vento law.

Occupational Safety and Health Act (OSHA) Part 1910 Title 29B Chapter XVII

Prescribes federal workplace health and safety regulations.

School Access to Emergency Epinephrine Act (2013) (P.L. 113-48)
Encourages states to implement policies requiring schools to stock undesignated epinephrine autoinjectors for use in emergencies.

Nutrition Specific Regulations

Accommodating Children with Special Dietary Needs in the School Nutrition Programs – Child Nutrition Program Regulations

(See 7 CFR Part 15b; 7 CFR Sections 210.10(m (1), 210.23(b), 215.14, 220.8(f), 225.16(c)(3)(ii)(F), 225.16(g)(i) & (e), 226.2(c), 226.6(v)(4)(ii), 226.20(g)(h) and 226.23(b) for regulations.)
Includes nutrition guidelines and establishes the duty of school food nutrition programs to avoid discrimination against students with a disability. Defines items related to food nutrition. See the Department's regulations on nondiscrimination in federally assisted programs.

Food Allergen Labeling and Consumer Protection Act (FALCPA) of 2004

Identifies the requirements for consumer labeling and reporting adverse reactions for the most common food allergens.

Food Allergy Safety, Treatment, Education, and Research (FASTER) Act of 2020

Expands U.S. Centers for Disease Control and Prevention (CDC) data collection of information related to food allergies and specific allergens. Revises the definition of *major allergen* to include sesame. The U.S. Department of Health and Human Services may designate additional food ingredients as major allergens.

Grant Awards

School Access to Emergency Epinephrine Act

Increases preference for awarding certain asthma-related grants to states that allow trained school personnel to administer epinephrine and meet related requirements.

https://www.govinfo.gov/content/pkg/BILLS-108hr2023eh/pdf/BILLS-108hr2023eh.pdf of 2004

Increases grant award preference to states that require schools to allow students to self-administer medication for asthma and anaphylaxis.

Washington State Laws: Revised Code of Washington (RCW)

Anaphylaxis

RCW 18.73.250 Epinephrine – Availability – Administration

Allows Washington state ambulances and aid services to make epinephrine available to their emergency medical technicians (EMT). An EMT may administer epinephrine while a first responder may not.

RCW 28A.210.260–270, Public and private schools – Administration of medication – Conditions
Allows nurses to delegate, with training and supervision, medication administration by certain routes to unlicensed staff under specific conditions in the school setting.

RCW 28A.210.370 **Students with Asthma [and Anaphylaxis]**
Allows students to self-administer and self-carry medication for asthma and anaphylaxis contingent upon specific conditions.

RCW 28A.210.383 **Epinephrine autoinjectors (EPI pens) – School supply – Use**
Describes requirements for school districts that maintain a supply of "stock" epinephrine autoinjectors.

RCW 28A.210.380 **Anaphylaxis–Policy Guidelines–Procedures–Reports**
Requires school districts to adopt guidelines to prevent anaphylaxis and address anaphylactic medical emergencies including staff training, development of emergency response plans, and reduction of risk exposure.

Student Care

RCW 28A.210.320 **Children with Life-Threatening Health Conditions**
Prescribes requirements for attendance for students with life-threatening conditions.

RCW 28A.600.477 **Prohibition of harassment, intimidation, and bullying**
Prescribes requirements for school district anti-bullying policies and procedures. Applies to students with life-threatening allergies.

Nursing Care in Schools and Related Laws

RCW 18.79 **Nursing Care**
Lists the practice and licensure requirements of Registered Nurses (RN), Licensed Practical Nurses (LPN), and Advanced Registered Nurse Practitioners (ARNP) who may provide nursing care to individuals for compensation (i.e., as employment). Describes requirements for supervision of LPNs by an RN.

RCW 18.79.260 **Registered nurse—Activities allowed—Delegation of tasks**
Allows for the delegation of nursing tasks to unlicensed staff, including the need for medical orders for the legal administration of medications, treatments, tests, and inoculations. Includes the implications of severing or penetrating of tissues and the impact of independent nursing judgment and skill on delegation to persons without a nursing license. *(This is effective until July 1, 2022.)*

RCW 18.79.240 **Construction**
Allows for the administration of medication in the case of an emergency, such as the administration of injectable epinephrine during an anaphylactic, life-threatening situation. *(This is effective until July 1, 2022.)*

RCW 28A.210.255 **Provision of health services in public and private schools—Employee job description**
Requires school employees providing health services to have those tasks included in their job description.

RCW 28A.210.260 **Public and private schools – Administration of medication – Conditions**
Provides requirements for the administration of medications in the school setting.

RCW 28A.210.270 **Immunity from Liability – Discontinuance, procedure.**
Provides protection for districts administering medication to students when the district is in substantial compliance with the law.

RCW 28A.210.275 **Administration of medications by employees not licensed under chapter 18.79 RCW – Requirements – Immunity from liability.**
Provides requirements for job descriptions for non-licensed persons and requirements for their training by a registered nurse (RN).

RCW 28A.210.305 **Registered nurse or advanced registered nurse practitioner – Duties relating to nursing care of students – Notice to school districts**
Clarifies the authority and independent clinical practice of an RN or ARNP.

RCW 4.24.300(4) **Good Samaritan Law – Immunity from Liability in Medical Care**
Provides protections for any school district employee not licensed under chapter 18.79 RCW who renders emergency care at the scene of an emergency during an officially designated school activity.

RCW 7.70.065(2)(b)(i) **Informed consent – Person authorized to provide for patients who are not competent**
Clarifies that informed consent may be obtained from a school nurse, school counselor, or homeless student liaison for health care on behalf of a patient/student who is under the age of majority and who is not otherwise authorized to provide informed consent.

RCW 70.02.050 **Disclosure without patient's authorization – Need-to-know basis.**
Describes the situations where health care providers may disclose information without patient permission.

Washington State Laws: Washington Administrative Code (WAC)

WAC 246.760.010(13) Definitions, abbreviations, and acronyms
Provides the legal definition of a school nurse.

WAC 246-840-700 Standards of nursing conduct or practice

Identifies responsibilities of the professional registered nurse (RN) and the licensed practical nurse (LPN). Includes the duty of the nurse to communicate significant changes in the client's status to appropriate members of the health care team (3)(a).

WAC 296-823 Occupational Exposure to Bloodborne Pathogens

Includes rules around occupational exposure to pathogenic microorganisms present in human blood that can cause disease in humans.

WAC 392-380-020 Definitions (student, life-threatening condition)

Includes key definitions related to medical care provided to students in a school setting.

WAC 392-380-045 School attendance conditioned upon presentation of proofs – medication for life threatening conditions

Defines due process for exclusion related to life-threatening health conditions.

WAC 392-172A-01125 Parent

Provides the definition of "parent" for this section of laws.

WAC 392-172A-02085 Homeless children

Lays out the duty of school districts to ensure that the rights of children and youth experiencing homelessness are protected in a manner consistent with the requirements under the federal McKinney-Vento Homeless Assistance Act

SECTION 3: GUIDANCE, ADVISORY OPINIONS, AND POLICIES

OSPI

OSPI Bulletin No. 61-02 (2002)

Outline's school district requirements for managing life-threatening allergies at school.

OSPI Epinephrine Administration Recommendations (2013)

Legislatively-directed recommendations by OSPI on training non-nursing staff to administer autoinjectors to undiagnosed students if a school nurse is not present. Available upon request from OSPI Health Services.

OSPI Bulletin No. 035-21 (2021)

Includes a refresher on existing state law (RCW 7.70.065) which empowers school district staff to provide informed consent for health care for minors experiencing homelessness.

Washington State Nursing Care Quality Assurance Commission (NCQAC)

Advisory Opinion No. NCAO 6.0 (2014)

Requires stock epinephrine prescriptions be accompanied by a standing order.

Advisory Opinion No. NCAO 15.00 (2019)

Clarifies delegation practices by RNs in a school setting.

Washington State School Directors' Association (WSSDA)

- Policy #3420 - Anaphylaxis Prevention and Response
- Procedure #3420 - Anaphylaxis Prevention
- Employee Administration of Epinephrine by Autoinjector Opt Out Form

Washington Schools Risk Management Pool (WSRMP)

- WA State Risk Management Epi Shortage Risk Alert (2018)
- Risk Management Students with Life -Threatening Health Conditions 2017
- Nursing Standards for Out of State Field Trips(2016)

Washington State School Nurse Corps (SNC)

Student Health Services Guidebook (2017)
Includes guidance for life-threatening anaphylaxis management in school.

Washington State School Staff Health Training Guide (2018)
Outline's school staff training requirements for anaphylaxis (page 6).

SECTION 4: SCHOOL DISTRICT POLICIES AND PROCEDURES

Each school district was directed by RCW 28A.210.380 to develop and adopt a policy to prevent anaphylaxis by September 1, 2009. Districts need to consider related policies such as administration of medication, students with asthma (and anaphylaxis), and school supply of undesignated epinephrine autoinjectors (stock epinephrine). Please refer to Section 3, p. 23, for Washington State School Directors' Association model policy and Section 5 for stock epinephrine.

The 2009 statute requires the following minimum content for district anaphylaxis policy:

- A procedure for development of a treatment plan that includes the responsibilities of school nurses and other personnel.
- The content of a training course for appropriate school personnel.
- A procedure for the development of an individualized emergency health care plan for children with food or other allergies that could result in anaphylaxis.
- A communication plan to gather and disseminate information on students at risk for anaphylaxis.
- Strategies for reduction of the risk of exposure to anaphylactic causative agents including food and other allergens.

Policy and procedure content are addressed in detail in the following pages. For information about roles and responsibilities, see Section 7.

Emergency Care Plan and/or an Individualized Health Plan

Any student diagnosed with a life-threatening allergy must have an emergency care plan (ECP) completed prior to the student attending school as directed in RCW 28A.210.320. An ECP may be separate or a part of the IHP; most often the ECP is incorporated into the more comprehensive IHP. The ECP/IHP may also be a 504 plan. Care plans are developed by the school nurse in collaboration with the family and a team of professionals and address the school's overall responsibilities for the provision of a safer school environment. The ECP/IHP is distributed to school staff who have contact with the student. The school nurse trains and supervises school staff regarding their responsibilities under the guidance of the written care plan(s).

Prior to the beginning of every school year, the school nurse reviews the health history forms submitted by parents and obtains any updated information regarding life-threatening allergies. The school nurse may request written permission from the parents to communicate

State law requires all students with life-threatening health conditions to have medication or treatment orders, a nursing care plan, necessary supplies, and staff training completed prior to attending school.

with the student's Licensed Health Care Provider (LHCP) if needed.
Following the development of the ECP/IHP, parents supply the medications ordered by the LHCP. If the parents do not provide the appropriate information needed or the prescribed emergency medication to implement the care plans and orders, the school district may exclude the student from school in accordance with RCW 28A.210.320. This requirement does not apply to homeless students as they are protected under the federal McKinney-Vento Homeless Assistance Act and must have equal access and immediate enrollment to the same free and appropriate public education as provided to other children and youths, including preschool. School nurses need to make special efforts to ensure that the necessary IHP and ECP, LHCP orders, medications and/or treatments and staff training are in place for homeless students as soon as possible after enrollment. McKinney-Vento liaisons may be helpful for accessing community resources. See the OSPI Homeless Education Liaison Contact List webpage for contact information.

Developing Individual and Emergency Care Plans: The Team Approach

Families and students are the experts on their individual student's allergy while the school nurse is the expert in the school's management of the allergy at school. To ensure a safe learning environment for the student with a life-threatening allergy, parents and the student should plan to meet with the school nurse, school officials, school nutrition services, and other school staff as necessary to develop the IHP and/or ECP. This meeting needs to occur prior to the student's attending school, upon returning to school after an absence related to the diagnosis, and any time there are changes in the student's treatment plan.

Families of students with life-threatening allergies are very concerned about their child's welfare during the school day. Having parents actively involved in the development of the IHP/ECP alleviates many concerns and provides insights into the individual needs of the student.

The IHP and/or ECP are integral parts of the overall school policies and procedures for ensuring a safe learning environment for students with life-threatening allergies. The IHP/ECP may serve as the 504-accommodation plan as determined by district policy or procedure. The general guidelines in this manual must be individualized for each student with a life-threatening allergy.

The ECP is distributed to all appropriate school staff trained to respond to a student's anaphylactic emergency. The ECP is student specific. A current picture of the student on the plan may be helpful for quick identification for emergencies. Staff having direct responsibility for the student must be trained in student specific procedures. All school staff should receive annual awareness training on symptoms of anaphylaxis and how to respond.

The following activities are steps for completion of the ECP:

- Obtain a medication authorization form signed by both the parent and LHCP. Obtain a signed release of information (ROI) to access information from the student's LHCP, if needed.

- Secure medication and other necessary supplies.
- Parents should provide all supplies, including a second dose of epinephrine if ordered by the LHCP.
- Districts must provide appropriate, secure, accessible storage for medications. Students may self-carry epinephrine if appropriate criteria are met. Backup medication, if supplied by the parent, should be stored in a secure, designated location.
- Develop disaster preparedness plans to accommodate a minimum of 72 hours without outside access to care.
- Establish an in-service training plan for staff on risk reduction strategies including avoidance prevention, recognizing symptoms of anaphylaxis, administration of an epinephrine autoinjector and other emergency medications, and monitoring of students with life-threatening food allergies. This training may include the student and parents, as appropriate, and should be provided by a RN, ARNP, or LHCP.
- If medication and/or treatment orders are included in the plan, there should be written LHCP approval and parent signature to authorize that portion of the care plan.
- A parent and LHCP signature documents review of the IHP/ECP and should be considered by the school nurse.
- Establish a plan for educating all students generally about allergies and anaphylaxis. The classroom teacher(s), school nurse, student, and parents (with permission) should collaborate on the age-appropriate teaching components that fit within Washington State Learning Standards. It is not necessary to identify students with life-threatening allergies to provide general training.

District Communication Plan

The school district policies and procedures must address a communication plan for the school to follow to gather and appropriately disseminate information on a "need to know" basis regarding students with food or other allergies who may experience anaphylaxis. The communication plan must include safeguards to ensure student confidentiality. It is recommended that the school nurse be designated as the lead staff in developing and implementing the communication plan. The plan must include the procedures for disseminating information to substitute school staff. Communication plans should also include a process for activating emergency medical services.

Emergency Medical Services (EMS/911)

The school district policy and procedural guidelines must address emergency responses identifying:

- When 911 is to be called and by whom.
- Types of medical response needed (Medic with epinephrine).
- Use of school stock epinephrine (if the district has a stock epinephrine program).
- Required notification of school administrators, staff, and parents.
- Assigning staff to meet the EMS first responders.
- The need for EMS to transport students to medical care for further observation.
- Documents and information to provide to EMS.
- Disposition of used epinephrine autoinjector.

- Follow up paperwork (accident/incident report forms) responsibilities.
- Debriefing procedures.

If an epinephrine autoinjector is administered, EMS (911) must be activated immediately. Parents are notified after epinephrine is administered and 911 is called. Standard practice is to transport the student to a local medical facility regardless of the student's status at the time of EMS arrival. According to the American Academy of Pediatrics (AAP) 2017[9], once transported to a medical facility the student should be assessed and monitored for a worsening of symptoms that can return after initial treatment with epinephrine. A second dose of epinephrine and other adjunctive medications, fluids, and oxygen may be necessary.

Following the administration of an epinephrine autoinjector, documentation and reporting should occur per district policy and procedures. This may include any necessary follow-up actions or recommendations. For a sample "Report of Epinephrine Administration" form, see Appendix D. Anaphylaxis events and the administration of an epinephrine autoinjector may also be documented on the OSPI annual *Assessment of District Student Health Services* data collection tool.

Incident debriefing should occur among those who implemented the ECP including the school nurse, building and district administration, and risk management. Input may be sought from the parents, the student, the first responders, and the student's LHCP. Debriefing may include a process for quality improvement, support for school staff regarding their role in the event, and evaluation of the outcomes of the response. The ECP must be reviewed and revised, if needed. Subsequent training must then follow to address the revised ECP.

Training needs to occur annually, before the start of the school year and/or before the student attends school for the first time. Systems for training substitutes in schools need to be addressed.

All School Staff Training

Life-threatening allergy awareness training for all school staff must occur each school year. There are several resources available to assist districts in this process. If a video or online training media is used, it is recommended that a school nurse is present or identified as a resource to whom staff can direct questions and/or concerns. If the district has a stock epinephrine program, training must include general information regarding district protocol.

See Appendix E for a list of resources. At a minimum, training should include:

- Overview of anaphylaxis and life-threatening allergy awareness.
- Allergen trigger avoidance and prevention.
- Recognizing symptoms of anaphylaxis.
- Emergency response procedures including:

    - ECP implementation
    - Administration of epinephrine autoinjectors with hands-on training
    - Initiating EMS (911)
- The school nurse's role regarding training, supervision, and monitoring of designated school staff responsible to implement students' specific IHP/ECPs.

Note: If the district has a stock epinephrine program, additional training is required for designated staff.

Student-Specific Emergency Care Plan Training

Staff designated to implement the student's ECP must be trained by the school nurse or designated LHCP in early recognition of anaphylaxis symptoms and the administration of epinephrine and other emergency medications. ECP training occurs annually before the start of the school year and/or before the student attends school for the first time.
It is essential to ensure the child's safety while at school by securing LHCP orders, developing the ECP, and training designated school staff prior to the child attending school.

ECP training components include:

- Avoidance strategies for the identified allergen(s).
- Recognition of symptoms and what to do if the student is exposed to the allergen or exposure is suspected.
- Recognition of increased risk with comorbidities such as asthma.
- Instruction on the administration of the epinephrine autoinjector. Epinephrine autoinjector training tools are available through pharmaceutical or product company representatives or the School Nurse Corps Nurse (SNC) Administrators in each educational service district (ESD).
- Instruction on the administration of oral medication if the student's LHCP has ordered an oral antihistamine to be administered; however, only after the epinephrine autoinjector has been given.
- School notification procedures for calling 911 (EMS), parents/families, school nurse, and school administration.
- Pertinent bloodborne pathogen information training with emphasis on safe handling of contaminated sharps. After some types of epinephrine autoinjectors are used the needle may be exposed bringing a higher risk of accidental needlesticks.
- Documentation of the incident, including medications administered, the amount of medication administered, time, and by whom.
- Confidentiality of healthcare information.
- Identification of harassment or teasing situations that may result in a student being exposed to the allergen.
- Retraining at least each school year, or if the student's condition changes, or if there is a change in staff assigned to implement the ECP.

- At least annual practice ECP drills.

Avoidance training must include identifying items for possible exposure such as those that contain allergens that may not be obvious. Avoidance training is site specific and allergen specific. In the classroom, teachers need to be aware of potential allergens and avoid their use in science and laboratory materials, arts and crafts, snacks, and party foods or supplies. While safety is always the highest priority, inclusiveness is critical. The goal should be to minimize the number of activities in which students at risk for anaphylaxis are treated differently than other students.

More than one staff person must be trained for each situation or location including, but not limited to, the student's classroom teacher, classroom aides, specialists, office staff, bus drivers and building administrators. Special attention is needed to ensure trained school staff accompany the student on field trips. For districts with a stock epinephrine program, designated staff need to understand their role in the use of stock epinephrine autoinjectors.
Protocols must be in place to ensure substitute teachers and bus drivers are informed of the student's life-threatening allergy, the location of the ECP, prescribed epinephrine autoinjector, and duties associated with implementing the ECP.

There is a natural reluctance to wait to administer epinephrine until symptoms worsen and you are sure the student is experiencing an anaphylactic reaction. There is the same reluctance to call 911. Many fatalities occur because epinephrine is not administered in a timely manner. Practicing implementation of the ECP can be the most effective strategy to overcome the tendency to delay and to decrease the likelihood of a student fatality.

Risk Reduction Strategies

Several strategies may be used to reduce the risk of anaphylaxis in the school setting through reasonable efforts to limit exposure to allergens. The following list (although not exhaustive) provides many examples of strategies each building, and district may consider:

Cleaning and Sanitation: Establish effective measures for cleaning lunch tables and classroom surfaces with disposable towels and cleaning products known to effectively remove food proteins.

Hand Washing: Promote hand washing practices before and following eating to prevent cross-contact using recommended procedures of soap and water or hand wipes when soap and water are not available. Hand sanitizers are not effective for removing food allergens or dirt.

Discourage Food Sharing: Enforce safe practices among students, such as prohibiting meal/snack swapping, utensil swapping among students, and eating while on school transportation.

Allergy-Aware Zones: Allergy-aware zones in the classroom, lunch tables, cafeteria, and common areas may decrease exposure to allergens.

NOTE: Districts cannot guarantee an allergy free zone. There is no evidence that such stringent procedures reduce the risk of exposure[9]. Refer to district policy. For sample policy, see Section 3.

Substitute, Playground or Lunchroom Monitors, Volunteers, and other Staff Training: Students at risk for anaphylaxis should always be under the supervision of an adult who is trained on their emergency response plans. Districts should develop and implement strategies to make sure that these students are never alone with staff, guest teachers, or volunteers who do not know how to respond in an anaphylactic emergency.

Celebrations/Special Events: Plan for celebrations, birthdays, school parties, holidays, and other school events to provide food alternatives. Resources are available from the USDA at USDA Local School and Wellness Policy, National School Lunch Program.

Science Projects, Teaching Kits, or Craft Supplies: check supplies for potential allergen contents. See more information from the Asthma and Allergy Foundation of America.

Emergency Preparedness: Plan for fire drills, lockdowns, or shelter in place, which may include considerations for access to medications or allergy-free foods, etc.

School-Sponsored After-school Events and Activities: When planning school sponsored events, accommodations should be made for students with anaphylaxis.
Discuss use of classrooms and other school facilities by outside groups and the necessary safety considerations.

Insect Allergies: Districts should systematically identify and remove insect nests on or near school grounds before the school year starts, and periodically throughout the school year. Garbage should be properly stored in well-covered containers. Consider restricting eating areas to inside school buildings.

Latex Allergies: Identify and remove latex products in the school environment including balls, gym equipment, adhesive bandages, first aid gloves, balloons, etc.

Special Considerations

Accommodations

Under Section 504 of the Rehabilitation Act of 1973, students with life-threatening allergies must be provided environmental accommodations and the emergency school health services they need to safely attend school. It is possible a Section 504 accommodation plan would *not* be required for a student with an allergy or intolerance that is *not* considered a life-threatening

condition. If the student is determined to be eligible for services under Section 504, then the district's Section 504 procedures should be followed. The IHP and/or the ECP may serve as the Section 504 accommodation plan. If the student is determined to be eligible for special education services under IDEA, then IDEA district procedures must be followed.

Field Trips/Before and After school Events and Activities

When planning school field trips or other school sponsored events accommodations should be made for students with anaphylaxis. Field trips require additional time for planning and coordination by the school nurse to ensure a safe experience for all students. The field trip coordinator should consider whether the destination site is appropriate for the safety of all students. If the district has a stock epinephrine program, the school nurse or designated trained school personnel may carry an appropriate supply of school-owned epinephrine autoinjectors on field trips or excursions.

Anti-Bullying Policies and Procedures

The unique health needs of students with life-threatening allergies may cause them to become targets for harassment, intimidation, and bullying. Bullying has been reported by 30–80% of students, mostly at school, with negative impacts on quality of life and school attendance[9]. School districts are required by RCW 28A.600.477 to have anti-bullying policies and procedures. Bullying behavior must be addressed promptly according to district policy. See more OSPI information on harassment, intimidation, and bullying.

Epinephrine Shortages

In times of epinephrine autoinjector shortages, school nurses can consult with district risk management staff to determine safest approach to inadequate supply of epinephrine autoinjectors, disseminate current information, resources, and any potential district decisions to parents and the community. They can assist parents/families working with their healthcare provider, pharmacy, and insurance company to determine all options available.

Resources for Epinephrine Shortages

- **U.S. Food and Drug Administration:** The U.S. Food and Drug Administration (FDA) Shortages website posts current and resolved drug shortages and discontinuations reported to the FDA. A search can be done by a generic name or active ingredient for manufacturer updates on availability and estimated shortage duration.

  If the FDA extends expiration dates on certain lots of epinephrine autoinjectors, verify with Washington State authorities such as the Nursing Care Quality Assurance Commission, Washington State Department of Health, and Washington State Pharmacy Commission to determine if they will recognize the FDA decision in Washington state.

- **Pharmacies:** Availability of autoinjectors varies based on supply chains and pharmacies. It may be helpful to try multiple pharmacies during a shortage. Substitutions are sometimes available but may need a new prescription from the LHCP indicating

substitutes are permitted. Be aware of differing instructions for use if a substitute autoinjector is used.

- **Manufacturers:** Call the manufacturer customer services or relations department for assistance in locating alternative products or pharmacies.

Nursing Practice

RCW 18.79 and WAC 246-840-700 govern nursing practice regardless of the practice setting. A professional RN is obligated to follow RCW 18.79 to determine how nursing care should be carried out.

In the school setting, the RN is responsible for developing, implementing, and managing student emergency care plans. This includes delegation, training, and supervision of student medication administration by non-licensed staff.

Scope of Practice Decision Tree

The Nursing Care Quality Assurance Commission (NCQAC) is responsible for regulating the practice of nursing in Washington state. Nurses are expected to employ the NCQAC Scope of Practice Decision Tree as a tool to determine the scope of nursing practice and resolve nurse practice questions. It is used to determine the responsibilities a nurse can safely perform and is intended to complement professional nursing judgement rather than deliver definitive "yes" or "no" answers to complex situations. The decision tree encourages individual nurse accountability for practice decisions.

School administrators should be aware that in applying the Scope of Practice Decision Tree, school nurses are bound by the professional licensing statutes and rules governing their practice, regardless of the employment setting. For example, the RN must follow RCW 18.79.260 when determining care activities for students. As noted in the law:

> *"No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines that it is inappropriate to do so…Nurses shall not be subject to any employer reprisal or disciplinary action by the nursing care quality assurance commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety (*RCW 18.79.260 (3)(d)*)."*

Authority of a School Nurse

An additional law regarding nursing practice in a school setting is RCW 28A.210.305. This law clarifies that an RN or an ARNP working in a school setting is authorized and responsible for the nursing care of students to the extent that the care is within the practice of nursing. It clarifies the independent clinical practice of an RN in the school setting including medication

administration and the summoning of emergency medical assistance.

Code of Professional Conduct

The OSPI *Code of Professional Conduct for Education Practitioners - State of Washington* for certificated school employees also supports the independent responsibilities set forth above in the nurse licensing statute. The Washington-Administrative Code defines an act of unprofessional practice as "The assignment or delegation in a school setting of any responsibility within the scope of the authorized practice of nursing, physical therapy, or occupational therapy to a person not licensed to practice such profession unless such assignment or delegation is otherwise authorized by law, including the rules of the appropriate licensing board." WAC 180-87-070(2). In this regard, nursing care can only be delegated by the RN.

Washington State Standards of Practice for Epinephrine Administration

In Washington schools, if a student known to have anaphylaxis has an exposure or a suspected exposure to an allergen, the epinephrine autoinjector is to be given immediately and the EMS (911) system activated.

According to 2013 Washington state legislative findings:

> *"...rapid and appropriate administration of the drug epinephrine, also known as adrenaline, to a patient experiencing an anaphylactic reaction may make the difference between life and death. In a school setting, epinephrine is typically administered intramuscularly via an epinephrine autoinjector device. Medical experts agree that the benefits of emergency epinephrine administration far outweigh the risks."*

Based upon current medical standards of practice[6], epinephrine is recommended as the first aid treatment for anaphylaxis followed by the initiation of EMS (911). This information may assist school nurses in discussions with district staff and community providers about school district policies and procedures. Additionally, school district legal counsel and risk management partners should advise the district about the development of policies and procedures. Please see Section 5 on how school supplies of stock epinephrine can aid in this effort.

Recommendation for Practice

It is recommended school districts follow the following guidelines when addressing the treatment of anaphylaxis during the school day, or at any school sponsored field trip, activity, or event.

Districts without Stock Epi Program

1. If a student known to have anaphylaxis has an exposure or a suspected exposure to an

allergen, the student's epinephrine autoinjector is to be given immediately and the EMS (911) system activated.

2. If a student without known anaphylaxis has symptoms of an anaphylactic reaction, immediately call EMS (911).

Districts with Stock Epi Program

1. If a student known to have anaphylaxis has an exposure or a suspected exposure to an allergen, the student's epinephrine autoinjector is to be given immediately and the EMS (911) system activated.

   NOTE: When a student has a prescription for an epinephrine autoinjector on file, the school nurse or designated trained school personnel should use the family provided epinephrine autoinjector under the individual LHCP order. If the family provided epinephrine is not available, the school nurse or designated trained school personnel should use the school district or school supply of epinephrine autoinjectors under a standing protocol according to RCW 28A.210.383.

2. If a student without known anaphylaxis has symptoms of an anaphylactic reaction, only the school nurse may use the school district or school supply of epinephrine autoinjectors to respond under a standing order protocol according to RCW 28A.210.383. If the nurse is not available, immediately call EMS (911).

   Address the unique circumstances for each student while retaining adherence to the scope of nursing practice and district policy.

SECTION 5: STOCK EPINEPHRINE

School-Supplied, Undesignated Epinephrine Autoinjectors

A school supply of undesignated epinephrine autoinjectors (stock epinephrine) is an option in Washington State schools but is not mandated. Any district considering this option must be aware of the specific actions required by RCW 28A.210.383. The statute addresses the conditions under which districts or schools may stock undesignated supplies of epinephrine and are addressed in the WSSDA Anaphylaxis Prevention model Policy #3420 and Procedures #3420P (2018).

The following identifies key components of the statute:

- Stock supplies must have a prescription in the name of the district or school as well as a standing order for administration.
- Conditions for use of autoinjectors by school personnel are outlined in the district's Stock Epinephrine Program.
- Requirements for children with existing prescriptions or care plans are not changed; nor are there changes to self-administration practices.
- The school's supply of epinephrine autoinjectors 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. Supplies may be donated if accompanied by a prescription.
- Liability limits and application of district policies are described.
- The process and conditions for school employees who wish to refuse to use autoinjectors are described. For a sample staff opt-out refusal letter, see Appendix D.

Implications for Practice

When a student has a prescription on file, if the family-provided epinephrine is not available, the school nurse or designated trained school personnel should use the school district or school supply of epinephrine autoinjectors under a standing protocol according to RCW 28A.210.383.

If a student without known anaphylaxis has symptoms of an anaphylactic reaction, only the school nurse may use the school district or school supply of epinephrine autoinjectors to respond under a standing order protocol according to RCW 28A.210.383. If the nurse is not available, immediately call EMS (911).

Note: Each student requires an individualized response while retaining adherence to the scope of nursing practice and district policy.

Procedural Guidelines – Undesignated Epinephrine Autoinjectors

Procedural Guidelines adapted from WSSDA Anaphylaxis Prevention Procedures #3420 (2018).

District Prescription and Standing Order Protocol – Undesignated Epinephrine Autoinjectors

If a stock epinephrine program is implemented, the district will maintain a supply of undesignated epinephrine autoinjectors that will be prescribed in the name of the district by a licensed health care professional with the authority to prescribe epinephrine autoinjectors. The district prescription is valid for one year only unless there is a change in provider and will be renewed prior to the start of each school year. Consider provisions for refills if stock epinephrine autoinjectors are used or need to be replaced.

Each prescription must be accompanied by a standing order for the administration of school-supplied epinephrine autoinjectors for potentially life-threatening allergic reactions. The standing order protocol should include specific symptoms of anaphylaxis, the dose of medication and directions to summon emergency medical services (EMS 911) upon observance of symptoms of anaphylaxis. Parent/guardian notification should occur as soon as possible after EMS is notified.

There is no established, standardized process for obtaining a LHCP prescription for district stock-epi standing orders. Districts can partner with local providers in their community. Small independent practices or allergy specialists who have a relationship with the district may be willing to provide a prescription and standing orders. Districts with existing stock epinephrine programs may be of help by sharing their experience. Local health jurisdictions may be able to provide resources.

The Washington State NCQAC provides recommendations for standing orders in its advisory Opinion - Standing Orders and Verbal Orders NCAO 6.0. See Section 3. For a sample standing order, see Appendix D.

Donation of Epinephrine Autoinjectors for Stock Programs

The district will obtain epinephrine autoinjectors directly from an appropriate practitioner, pharmacist, medical facility, drug manufacturer or drug wholesaler. All epinephrine autoinjectors must be accompanied by a standing order and prescription. See Appendix E for resources.

Storage/Maintenance/Expiration/Disposal

School staff will adhere to manufacturer's instructions as to storage, maintenance, expiration, and disposal of epinephrine autoinjectors. Expiration dates must be checked regularly, and

replacements secured prior to the expiration date. School staff will also follow district medication policy and procedures related to safe, secure management of medications.

Training

See all school staff and student-specific training on pages 29–31 for minimum training content. Districts and schools with stock epinephrine must also provide additional training to designated staff authorized to administer stock epinephrine. This training must at minimum include information on roles and responsibilities of each staff member regarding the administration of stock epinephrine per RCW 28A.210.383.

Administration

Stock epinephrine autoinjectors may be used during all school functions and activities including field trips. This does not negate the need to carry the supply of epinephrine autoinjectors belonging to students with known anaphylaxis.

In the event a student with a current prescription for an epinephrine autoinjector on file at school experiences an anaphylactic event, the school nurse or designated trained school personnel may use the school supply of epinephrine autoinjectors to respond if the student's supply is not immediately available.

In the event a student without a current prescription on file at school or a student with undiagnosed anaphylaxis experiences an anaphylactic event, only the school nurse may utilize the school supply of undesignated epinephrine autoinjectors to respond under the standing order protocol.

The district will maintain all practices regarding prescriptions and self-medication for children with existing epinephrine autoinjector prescriptions and/or an anaphylaxis care plan. Parents/families of students with identified life-threatening allergies must continue to provide the school with appropriate medication and treatment orders pursuant to RCW 28A.210.320.

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 district. The employee's refusal may not serve as grounds for discharge, non-renewal or other action adversely affecting the employee's contract status. For sample opt-out form see Appendix D.

Liability

If the school employee or school nurse who administers epinephrine by autoinjector to a student substantially complies with the student's prescription that has been provided 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.

SECTION 6: ANAPHYLAXIS MEDICATION/TREATMENT

Epinephrine Autoinjectors

An epinephrine autoinjector is a medical device used to deliver a single dose of epinephrine for the emergency treatment of anaphylaxis. While Epi-pen™ and its authorized generic are the most familiar, access to alternative epinephrine autoinjectors is becoming more widely available. Examples may include: Adrenaclick and its generic Impax , Symjepi, Teva, and Auvi-Q. For instructions on use, click on individual autoinjector links.

According to Food Allergy Research & Education[15], administration and safety information for all epinephrine autoinjectors includes the following:

- Do not put your thumb, fingers, or hand over the tip of the autoinjector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
- If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- Epinephrine can be injected through clothing if needed.
- Call 911 immediately after injection.
- Regardless of the manufacturer or brand of autoinjector, the school nurse is responsible for understanding the LHCP order for any epinephrine autoinjector, the directions for use (which may include a second dose), the side effects, and if it can be delegated to unlicensed school staff.

Self-Administration of Anaphylaxis Medication

While RCW 28A.210.370 mainly addresses students with asthma, it also references a few requirements regarding anaphylaxis treatment at school:

- Public elementary and secondary schools are required to grant authorization for self-administration of medication for asthma or anaphylaxis treatment if specific requirements are met.
- The student may possess and use anaphylaxis medication at school, school-sponsored events or during transit to and from school or school-sponsored events.
- Back up medication, if provided by a parent, must be kept in a location for immediate access by the student for use in an anaphylaxis emergency.
- The healthcare practitioner's written treatment plan and all completed parent documentation is kept on file at the student's school for immediate access in an anaphylaxis emergency.

For more information, please refer to RCW 28A.210.370.

Intranasal Epinephrine Nasal Spray

The use of intranasal epinephrine is being explored as an alternative treatment for anaphylaxis. At the time of this writing, an investigational intranasal epinephrine spray has been granted fast-track designation by the U.S. Food and Drug Administration (FDA) with positive clinical results for the treatment of severe allergic reactions. Compared to intramuscular administration, intranasal epinephrine spray may decrease hesitation and avoidance, leading to more immediate administration. Nurses can administer and delegate nasal sprays under current Washington RCW 28A.210.260 medication administration law. See the OSPI Guidelines for Medication Administration in Schools (2015).

Immunotherapy

Allergen immunotherapy may be a viable long-term treatment option that decreases symptoms for many people including children over the age of five. Therapy can either be subcutaneous immunotherapy (allergy shots), sublingual immunotherapy in a liquid or table form under the tongue, or oral[16].

Oral immunotherapy (OIT) refers to feeding an allergic individual an increasing amount of an allergen to elevate the threshold that triggers a reaction. It should be implemented only under the supervision of a LHCP[17]. Students undergoing OIT still need to have access to an epinephrine autoinjector during the school day, field trips, or other school sponsored events.

The school nurse should know their role in supporting students undergoing immunotherapy and the appropriate response to a suspected reaction at school. Life-threatening reactions can still occur and require immediate medical attention. Work with the family and LHCP to develop and implement an appropriate ECP.

Storage

Emergency epinephrine autoinjectors need to be stored where they can be readily available. School districts must require that backup medication, if provided by a student's parent or guardian, be kept in a location to which the student has immediate access in the event of an asthma or anaphylaxis emergency as noted in RCW 28A.210.370.

Temperature extremes need to be considered when storing epinephrine autoinjectors as it may affect the function of the autoinjector. According to the AAAAI[18], recommended storage temperatures of 68–77 degrees Fahrenheit, with excursions of 59–86 degrees Fahrenheit are permitted for storing epinephrine autoinjectors. Epinephrine should not be stored in extreme heat, cold, or direct light and so should not be refrigerated or stored in a car or school bus glove box. This poses challenges storing the medication when school buildings or buses are not heated or cooled during field trips and extended breaks. Districts may want to consider sending epinephrine autoinjectors home over extended breaks.

Disposal

Sharps and medical waste disposal guidelines may vary from county to county. It is suggested that used epinephrine autoinjectors be sent with the paramedics when the student is transported. Damaged or expired epinephrine autoinjectors should be disposed of according to district blood borne pathogen policy and local regulations. For further guidance, contact the district facilities manager or your local health jurisdiction, pharmacy, waste management, police, or fire station. Some districts contract with a waste disposal company. For further information see OSPI Guidelines for Administration of Medication in Schools (2015)[19].

Discontinuance of Medication

OSPI 2015 Guidelines for the Administration of Medication in School states:

> *"Before a medication is discontinued, districts need to be aware that under the federal civil rights legislation, 504 Rehabilitation Act of 1973, administration of medication in school may be a related service that must be provided if the student qualifies for 504 accommodations. Therefore, there must be a valid reason that does not compromise the health of the student to discontinue medication administration.*

If a parent/guardian chooses to discontinue a medication at any time, it is recommended that the request be in writing. If the medication is for a life-threatening health condition, RCW 28A.210.320 requires that the medication or treatment be in place for the student to attend school. Discontinuation of the medication may put the student at risk. The RN in this instance should discuss the request to discontinue the medication not only with the parent/guardian but also with the LHCP. District policy may require written documentation from the LHCP and parent/guardian for permission to discontinue the medication"[19(p.21)].

SECTION 7: ROLES AND RESPONSIBILITIES

An effective district plan for managing anaphylaxis results from an effort that is collaborative, student focused, and includes all the individuals identified in the following subsections.

When a student comes to school with a life-threatening allergy, accommodations are implemented across all school systems from the classroom, lunchroom, and playground to the bus and on school sponsored activities or events. The Centers for Disease Control and Prevention (CDC) Whole School, Whole Community, Whole Child (WSCC) model provides a framework for collaboration across this system with staff, families, and communities in caring for students with life-threatening allergies. This collaborative process underlies the following roles and responsibilities adapted from Massachusetts (2016)[20] and Connecticut (2020)[21] guidelines and other sources (see Appendix E).

Students with Life-Threatening Allergies: the goal for students is to gain increasing independence in managing and treating their anaphylactic allergies. Developmental levels and cognitive and physical capacities must be considered.

- Know what their allergens are

- Avoid exposure to any known allergen
- Learn to recognize symptoms of an allergic reaction
- Notify an adult immediately if any symptoms suggestive of an allergic reaction begin to develop
- Notify an adult immediately if exposure to an allergen has occurred or is believed to have occurred
- Be proactive in the care and management of their allergies and reactions as appropriate for developmental level
- Notify an adult if they are being bullied, harassed, or intimidated
- Consider wearing a medical alert identification
- Know the conditions for carrying and self-administering epinephrine autoinjector
- For food allergies, students should:
    - Avoid foods with unknown ingredients or known to contain any allergen
    - Not trade food with others
    - Wash their hands before eating
- For insect allergies, students should:
    - Avoid eating outside during high insect activity
    - Avoid eating near refuse or areas that attract insects
    - Avoid wearing heavily scented products, brightly colored clothing, or open toed shoes to prevent attracting insects
- For latex allergies:
    - Avoid contact with items containing latex and foods known to cause cross-sensitivities

Note: Students are encouraged to agree to these responsibilities in consultation with parents as part of an effort to increase self-advocacy skills. A student-school nurse contract may facilitate student independence in achieving these skills. This agreement does not lessen the school's obligation implementing the student's IHP and/or ECP.

Parents/Guardians of Students with Life-Threatening Allergies

The parent/guardian is a pivotal partner in the process for developing the student health plan.

- Notify the school of the student's life-threatening allergy before the student attends school as required per RCW 28A.210.320.
- Provide prescribed medication, treatment, or other medical orders from the student's licensed health care provider.
- Collaborate with the school nurse to notify school staff and others caring for their student that an IHP/ECP has been developed to address a life-threatening health condition.
- Sign release forms for school staff to obtain pertinent medical information if needed.

- Review school district procedures with their student as appropriate.
- Keep all emergency contact information current including phone numbers and addresses.
- Provide a photograph of the student for the health plan, if requested.
- Work with the school team to develop a plan accommodating the student's needs throughout the school day including in the classroom, cafeteria, after-care programs, school-sponsored activities, and on the school bus.

Note: Some programs occurring on school grounds are not district sponsored. Work with the program staff and parents to ensure student safety and access to health plan provisions.

- Replace medications immediately after use or upon expiration. Work with the school nurse, LHCP, and pharmacist in cases of medication shortages.
- Notify the school nurse of changes in their student's allergies or treatment.
- Debrief with school staff, the student's LHCP, and the student (age-appropriate) if a reaction has occurred.
- Participate in planning for the student's re-entry to school after any anaphylactic reaction if one occurs.
- Inform school administration, school nurse, or counselor if bullying or teasing occurs
- Support the student in working toward age-appropriate self-management of their allergy. Student role and responsibilities are as follows:
    - Identifying, recognizing, and describing symptoms of allergic reactions. How and when to tell an adult if any allergy-related problem is occurring.
    - Recognizing allergens or unsafe behaviors.
    - Strategies for avoiding allergen exposure such as peer pressure and engaging in high-risk activities that would increase allergen exposure.
    - Recognizing allergen-containing materials such as art or science supplies, band aids, or other school supplies.
    - How to read food or product labels if age appropriate for allergen identification.
    - Practice drills and role playing.
    - Review expectations for self-carrying medication if applicable.
- Provide meals or snacks from home if desired.
- Consult with the school nurse regarding disaster planning.
- If the student eats meals provided by school nutrition services and requires alternative foods, a diet order form may be required from a LHCP prior to meal service (see Appendix D for a sample form). It is important for parents to contact the district's

Parents must provide updated LHCP orders each school year and notify the school nurse of any changes in the student's condition or LHCP's orders during the school year. A diet order must be completed by a licensed physician for nutrition services to accommodate a life-threatening allergy.

nutrition services department to plan for the student's school meals. It is recommended parents check with nutrition services prior to obtaining a diet order to ensure correct form(s) are used.

School Nurse

- Identify students with known diagnosis of anaphylaxis through review of registration health forms and health room records.
- Meet with the student and parent/guardian, prior to school entry and/or prior to each school year, to develop a current and complete ECP/IHP in coordination with the student's LHCP. Review IHP/ECP periodically.
- Distribute the student ECP/IHP to staff based on a need-to-know basis as defined in Section 4.
- Provide education and training to school administration and personnel to support students according to state laws and related district policies and procedures.
- Provide education to families and students to improve student self-management of the student's health condition.[22]
- Work with the family to address barriers to regular school attendance related to health conditions and associated social-emotional concerns.
- Collaborate with the student's healthcare provider to meet the health goals of the student in a seamless manner between home, community, and school.
- Connect families and students to community resources and partners as needed, with sensitivity to the student and family's cultural and socio-economic status.
- Educate staff about students' right to privacy and confidentiality.
- Collaborate with school administrators to ensure a general district wide training is provided for all staff and departments involved in the care of students during any school-sponsored activity about.
- Communicate and review the meal program with district nutrition services for cases of food allergy. Jointly develop a communication process for students receiving school meals.
- Collaborate with local EMS to provide for care and/or transport of students with life-threatening anaphylactic reactions.
- Ensure medications are accessible and not expired, including medication needed for lockdowns, evacuations, or catastrophic events.
- Participate in debriefing and planning for the student's re-entry to school after an anaphylactic reaction.
- Report and document the administration of an epinephrine autoinjector per district policy and procedures. This may include necessary follow-up recommendations. Anaphylaxis events may also be documented on the annual OSPI *Assessment of District Student Health Services* data collection form.
- Support the student in reporting bullying and intimidation related to their allergy.

School Administrators

School administrator (principals, program managers, etc.) support is essential to the successful implementation of student ECPs for anaphylaxis. Administrators are responsible for compliance with existing state laws and procedures. Administrators should:

- Allow time for annual staff training on life-threatening allergies prior to the beginning of school for all staff responsible for the supervision of students with life-threatening health conditions including anaphylaxis.
- Check that protocols are in place for training substitute staff that may have responsibility for a student with a life-threatening allergy including teachers, school nurses, nutrition services, recess and/or lunch aides, bus drivers, and other specialists.
- Provide safe environments, both physically and emotionally.
- Support the school nurse in obtaining required information and supplies necessary for completing ECP/IHPs prior to school attendance.
- Support staff, parents, students, and communities in the care of students with life-threatening allergies.
- Provide for protocols to have ECPs, emergency equipment, and communication devices for all school activities involving students with life-threatening allergies.
- Check that designated staff are cleaning surfaces per district policies and procedures to minimize allergen exposure risk.
- Follow up on any incidents of anaphylaxis to ensure that incidents reports are completed according to district policy and procedure.
- Identify Cardio-Pulmonary Resuscitation (CPR) certified staff in the building and have a system for communicating with them to elicit an immediate response in emergencies.
- Check that emergency procedures and equipment including AEDs (Automated External Defibrillator) or other CPR equipment are in place for response to anaphylaxis in school buildings and on buses.
- Initiate and participate in debriefing and planning for the student's re-entry to school after an anaphylactic reaction.
- Inform after-hours users of the school building of restrictions and rules for the use of common spaces and individual classrooms.
- Communicate risk reduction strategies and/or school allergy policies to organizations working with students or using the school building on a regular basis.
- Monitor and evaluate effectiveness of district plan, policy, and procedure. Consult with the School Nurse and the district Health Services Team about health trends that may impact students with anaphylaxis.
- Check that nutrition services staff are following protocols and the child IHP/ECP or diet prescription.
- Check that classroom and after-school activities are conducted in such a way as to be inclusive of all students in the school.
- Discourage school staff from the use of food or other allergen products such as latex balloons as a reward for school activities per district policy.

- Discourage school staff and families from providing classroom snacks. Collaborate with nutrition services to offer safer alternatives for snacks.
- Take advantage of opportunities to educate the school community about school policies and provide general information about life-threatening allergies at regular intervals throughout the school year such as through newsletters, school assemblies, and parent meetings.
- Monitor and address episodes of bullying related to anaphylaxis.

Classroom Teachers, Specialists, Paraprofessionals, Coaches and After-School Staff

The classroom teacher and associated support staff generally have the most contact with a student. As such, they are most likely to observe a potential anaphylactic reaction and implement the ECP/IHP.

- Be alert for potential anaphylaxis in the classroom.
- Know the students with life-threatening allergies, how to recognize symptoms and exposures, and how to implement the ECP.
- Have a readily available, but confidentially placed, copy of the ECP, and know how to access emergency medications.
- Know school communication procedure for contacting EMS, the school nurse, and the office.
- Attend training from the school nurse to implement the ECP per RCW 28A.210.380.
- Be aware that it is **not** appropriate to send another student to the office with the student experiencing symptoms of a life-threatening allergic reaction. An adult must accompany a student with a known allergy to the school office or health room when they are experiencing symptoms or have had a suspected or known allergen exposure. If necessary, request assistance from staff outside the classroom.
- Ensure student confidentiality and privacy as appropriate per law.
- Check that all staff and substitutes working with the student are familiar with the student's allergies and ECP.
- Help volunteers understand the presence of life-threatening allergies in the classroom.
- Coordinate with the school nurse and obtain parent and student permission to provide age-appropriate classroom instruction about life-threatening allergies.
- Provide non-food rewards for student equity and to avoid stigmatization of students with Anaphylaxis. Encourage non-allergen and non-food activities, rewards, and treats.
- Educate all classroom students about anti-bullying policies and monitor students appropriately.
- Coordinate with school nurse and school administrator as appropriate to obtain written permission from the parent of the student with life threatening allergies to inform the parents of all students about life-threatening allergies and provide guidance to maintain an allergen-aware classroom.

- Inform parents of any school events and activities where food will be served other than during regularly established meal/snack times or when other allergens may be present.
- Do not interpret food and product labels. Work with nutrition services and the school nurse to obtain safer snacks.
- Allow parents to provide snacks for their student with anaphylaxis.
- Avoid using foods or other allergens for activities such as arts and crafts, projects, science, math (counting), holidays, and celebrations.
- Ensure trained staff are always present during any activity using any media that may contain allergens.
- Participate in planning for the student's re-entry to school if an anaphylactic reaction occurs.

School Nutrition Services

- Ensure nutrition services policies and procedures for students with life-threatening food allergies are aligned with district policies and procedures.
- Develop a system of identification for nutrition services staff to recognize students at risk of anaphylaxis.
- Work with school nurse, family, student, and administrator to review potential food allergen exposure risks:
    - Communicate menu information to parents, students, and staff and inform them menu changes may occur.
    - Make food label information available for parents as requested. Keep a file of food labels and recipes in the nutrition services department.
- Work with the site administrator, nutrition staff, as well as the custodian to minimize allergen cross-contact in student food consumption areas.
- Designate and train appropriate staff to read food labels and to answer food ingredient questions.
- Maintain current contact information with food vendors and other industry resources.
- Educate food services staff on the prevention of cross-contact of allergenic food products. Clean surfaces or use surface protection barriers to prevent cross-contact of allergens and provide safer food preparation.
- Participate in annual staff training for allergy awareness to recognize and respond to signs and symptoms of an allergic reaction.
- Work with teachers to plan for safe meals on field trips.
- Work with school nurse, family, student, and administrator to:
    - Make student specific care plans (IHP/ECP) accessible to appropriate nutrition services staff.
    - Participate in applicable student specific ECP training provided by school nurse, including implementing ECP protocols and administration of epinephrine; and

- Establish protocols for special diet orders according to district policy. Educate staff to follow protocols.

- For students with life-threatening food allergies, a diet prescription form must identify:
  - The student's disability.
  - An explanation of why the disability restricts the child's diet.
  - The major life activity affected by the disability; and
  - The food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.
- Review the signed diet prescription form for adequate detail to clearly identify appropriate food substitutions.
- Note only a LHCP may make the life-threatening determination for the purposes of a school diet prescription.
- Collaborate with custodial staff to arrange for the cleaning of all tables, chairs, and floors after each meal.
- Never use latex gloves.
- Avoid open doors and windows around food areas during times of high insect activity.
- Take all student complaints seriously and respond as trained per CDC food allergy guidelines.[23]

Lunchroom/Playground Assistants

- Follow district policies and procedures regarding students with life–threatening allergies.
- Attend training from the school nurse on life-threatening allergy awareness and, if applicable, student specific IHP/ECP training for the implementation of student specific ECP/IHP.
- Maintain confidential access to ECP/IHP if needed.
- Take all complaints seriously and respond appropriately. Follow the IHP/ECP as trained by the school nurse.
- Assist lunchroom staff in the identification of students who have special diets provided by nutrition services.
- Do not interpret food labels or advise children on allergen content. Work with the school nurse or nutrition services staff.
- Maintain properly functioning emergency communication equipment and understand use of such equipment.

Children sometimes do not exhibit overt and visible symptoms after ingesting an allergen, making early diagnosis difficult. Some children may not be able to communicate their symptoms clearly because of their age or developmental challenges. Complaints such as abdominal pain, itchiness, or other discomforts may be the first signs of an allergic reaction. (See Food Allergy Symptoms in Children)[23]

School Custodial Services

- Thoroughly clean all tables, chairs, and floors after each meal with district approved cleaning products that meet allergen removal standards.
- Clean all tables per district policy to remove allergen cross contact - use latex-free gloves.
- Ensure school dumpsters are not in areas close to student activity.
- Ensure food waste containers are covered when possible.
- Notify administrator and school nurse of significant anaphylaxis related hazards.

School Transportation

- Participate in the development of the student's IHP/ECP as needed.
- All bus drivers must be trained in emergency preparedness and district specific policies and procedures including the process and notification system for students who have a specific health plan.
- Know local EMS/911 procedures and have properly functioning communication equipment and a procedure for out-of-service areas.
- All bus drivers and substitute drivers will attend annual anaphylaxis awareness training and student specific ECP training if applicable.
- Participate in emergency drills.
- Collaborate with the school nurse to ensure the transportation dispatcher has knowledge of all students with life-threatening allergies by bus number/route and instructions for activating EMS/911.
- Collaborate with school nurse and individual bus drivers to develop protocols for student's epinephrine to be on the student's person with a copy of the ECP when applicable. It may not be safe to store epinephrine on the bus for reasons such as temperature variances and substitution buses.
- Have a backup copy of the ECP on the bus.
- Have procedures for implementing ECPs addressing:
    - Calling EMS/911.
    - Location of the epinephrine and/or other emergency medications.
    - Contacting district administration and requesting that the administrator contact school nurse and parents. Buses used to transport teams to extracurricular and sports events may require some adaptation of this procedure; and
    - Trained staff available to assist students in the event of an anaphylactic emergency and to implement the student specific ECP.
- Provide a safe environment on the bus for students with life-threatening allergies: have a "no eating" policy on buses. Exceptions to this rule will occur for some students that medically require access to food such as students with diabetes and during certain trips where extenuating circumstances allow for meal consumption on the buses.
- Cleaning of bus surfaces, including seats and handrails per district policy and procedure (using non-latex gloves).

- Do not allow latex balloons on the bus.
- Do not allow windows to remain open during periods of high insect activity.

SECTION 7: COOPERATIVE RESPONSIBILITIES

Emotional Health and Well-Being

Administrators, school nurses, mental health staff (counselors/psychologists), and others all work as a team to support the anaphylactic student at school:

- Act as a resource to address anxiety, stress, and normal development for students and families.
- Consider the perspective of the student, parent, and staff at school.
- Some students experience grief related to an anaphylaxis diagnosis. Staff awareness and accommodations can be important in helping the student come to terms with this part of living with anaphylaxis.
- Maladaptive behaviors due to loss may be manifested if not addressed.
- Educate staff to avoid endangering, isolating, stigmatizing, or harassing students with life-threatening allergies.
- If there are multiple students with life-threatening conditions in school, consult with the school team and parents about student access to a support group where students can express their feelings and concerns.
- Conduct debriefing if an anaphylactic reaction occurs during the school day.

Meals/Snacks

- Establish procedures to ensure all students eat only their own food – no sharing.
- Encourage parents to send appropriate "allergy aware" snacks for their child.
- Provide eating areas that are "allergy aware" and appropriate:
    - Follow district procedures for classroom snacks. Consult the school nurse and nutrition services for guidance. Avoid food consumption in classrooms for the safest option; and
    - Arrange food containers to avoid cross-contact. In most cases, food should only be handled and distributed by staff, not students.
- Designate a knowledgeable adult to monitor eating areas or limit the areas in a building where food is consumed.
- Avoid cross-contact by enforcing hand washing and cleaning all eating surfaces before and after eating.
- Clean all tables per district policy to remove allergen cross-contact using latex-free gloves.
- Consider a classroom education program such as Be a PAL (Protect A Life) to increase allergy awareness for all students[24]. See the Be a Pal (Protect A Life) website for more information.

Field Trips

Field trips can present challenges for students with anaphylaxis in relation to their safety and inclusion per Section 504.

Field trip coordinators must provide adequate notification and time for collaboration to provide for student safety. The school nurse must be notified well in advance of any field trip.

- Field trip destinations should be assessed for potential risks and access to emergency services. If the field trip destination is potentially unsafe and/or first responders and medical facilities are too distant for a safe response time, an alternative destination may be appropriate.
- Out of state or country trips involve complex considerations regarding delegation of medication, risk management, and require more time to address. For more information regarding field trips and school sponsored events see OSPI Guidelines for the Administration of Medication 2015 page 36–37.
- Notify parents about field trips (dates/length of time, location, activities, anticipated food consumption).
- Student specific ECP, LHCP orders, and emergency medications must be carried by trained school staff who supervise students with life-threatening allergies during the field trip.
- More than one person should be trained to care for the student and to follow the ECP including avoidance/prevention training should be available.
- Inform staff to assist the student in avoiding possible contact with allergens during the field trip.
- Prior to departure, have mobile communication devices available and in working order.
- Have at least **2 adults** able to provide emergency care and support – must be school staff:
    - Medication administration and first aid.
    - Activation of EMS/911; and
    - Supervision of other students.
- It may be in the student's best interests to assign a staff member as a group leader, even if a student with anaphylaxis has a parent in attendance.
- Encourage parents to attend the field trip if appropriate. Parents are not required to accompany the student on field trips.
- School staff are ultimately responsible for the safety of students.
- Provide for a designated "allergy aware" area during meals.
- Make provisions for students to wash their hands with soap and water before and after eating. Hand sanitizer does not remove allergens from hands.
- Sack lunches provided by nutrition services for students with life-threatening food allergies must not contain allergens and must be properly labeled with that student's name.
- Verify meals labeled for students with allergies are distributed to the appropriate student(s). If in doubt, do not give the student the meal.

- Remind the student:
    - To avoid allergens; and
    - Immediately inform an adult if the student believes they may have ingested or had contact with an allergen or is not feeling well.

Active ECP anytime ingestion or exposure to anaphylactic allergen is suspected.

SECTION 8: REFERENCES

1. Washington Professional Educator Standards Board. (n.d.). *Professional educator standards* [2018]. pesb.wa.gov. Cultural Competency Standards 2018.6.6.pdf - Google Drive
2. Waserman, S., Cruickshank, H., Hildegrand, K. J., Mack, D., Bantock, L., Bingemann, T., Chu, D. K., Cuello-Garcia, C., Ebisawa, M., Fahmy, D., Fleischer, D. M., Galloway, L., Gartrell, G., Greenhawt, M., Hamilton, N., Hourihane, J., Langlois, M., Loh, R., Muraro, A., Brozek, J. L. (2021). Prevention and management of allergic reactions to food in childcare centers and schools: Practice guidelines. *Journal of Allergy and Clinical Immunology*, *147*(5), 1561–1578. Prevention and management of allergic reactions to food in child care centers and schools: Practice guidelines - Journal of Allergy and Clinical Immunology (jacionline.org)
3. Bartnikas, L. M., Huffaker, M. F., Sheehan, W. J., Kanchongkittiphon, W., Petty, C. R., Leibowitz, R., Hauptman, M., Young, M. C., & Phipatanakul, W. (2017). Impact of school peanut-free policies on epinephrine administration. *Journal of Allergy and Clinical Immunology*, *140*(2), 465–473. Impact of school peanut-free policies on epinephrine administration - Journal of Allergy and Clinical Immunology (jacionline.org)
4. American Academy of Allergy, Asthma & Immunology. (n.d.). *Allergies overview*. www.aaaai. Allergies Symptoms, Diagnosis, Management & Treatment (aaaai.org)
5. Gupta, R S, et al. The public health impact of parent-reported childhood food allergies in the United States. Pediatrics, vol. 142, no. 6, 2019. , doi:10.1542/peds.2018-1235.
6. Sicherer, S. H., & Simmons, E. R. (2017). Epinephrine for first-aid management of anaphylaxis. *Pediatrics*, *139*(3). Epinephrine for First-aid Management of Anaphylaxis | Pediatrics | American Academy of Pediatrics (aap.org)
7. Dupuis, R., Kinsey, E. W., Spergel, J. M., Brown-Whitehorn, T., Graves, A., Samuelson, K., Epstein, C., Mollen, C., & Cannuscro, C. C. (2020). Food allergy management at school. *Journal of School Health*, *90*(5), 395–406. Food Allergy Management at School - Dupuis - 2020 - Journal of School Health - Wiley Online Library
8. Lieberman, J. A., & Wang, J. (2020). Epnephrinein anaphylaxis: Too little, too late. *Current Opinion in Allergy & Clinical Immunology*, *20*(5), 452–458. Epinephrine in anaphylaxis: too little, too late: Current Opinion in Allergy and Clinical Immunology (lww.com)
9. Wang, J., Bingermann, T., Russell, A. F., & Young, M. C. (2018). The allergist's role in anaphylaxis and food allergy management in the school and childcare setting. *The Journal of Allergy and Clinical Immunology*, *6*(2), 427–435. The Allergist's Role in Anaphylaxis and Food Allergy Management in the School and Childcare Setting - ScienceDirect
10. Asthma & Allergy Network. (n.d.). *All about eczema*. allergyasthmametwork.org. Retrieved March 28, 2021, fromEczema | Allergy & Asthma Network (allergyasthmanetwork.org)
11. American Academy of Allergy Asthma & Immunology. (n.d.). *Food allergy symptoms*. aaaah.org. Retrieved March 28, 2021, fromFood Allergies Symptoms, Diagnosis & Treatment | AAAAI
12. American Academy of Allergy Asthma & Immunology. (n.d.). *Food intolerance vs food allergy*. AAAAI. Retrieved March 28, 2021, from Food Intolerance Versus Food Allergy (aaaai.org)
13. Allergy & Asthma Network. (n.d.). *Latex allergy*. allergyasthmanetwork.org. Retrieved March 28, 2021, from You searched for | Allergy & Asthma Network (allergyasthmanetwork.org)

14. Food Allergy Research & Education. (n.d.). *How a child might describe a reaction*. food allergy.org. Retrieved May 14, 2021, fromHow a Child Might Describe a Reaction | Food Allergy Research & Education
15. Food Allergy Research & Education. (2019, January 1). *Epinephrine autoinjector*. childrenswi.org. PDF Children's Wisconsin Epinephrine Auto-Injector (EAI)
16. Cox, L., Nelson, H., & Lockey, R. (2010). Allergen immunotherapy: A practice parameter third update. *Journal of Allergy and Clinical Immunology*, *127*(1), s1–55. Allergen immunotherapy: A practice parameter third update - Journal of Allergy and Clinical Immunology (jacionline.org)
17. American Academy of Allergy Asthma & Immunology. (n.d.). *The current state of oral immunotherapy*. aaaai.org. Retrieved April 6, 2021, from The Current State of Oral Immunotherapy (OIT) for the Treatment of Food Allergy (aaaai.org)
18. American Academy of Allergy Asthma & Immunology. (2018, November 28). *EpiPen's may lose potency within hours when stored in heated car* [News Release]. prweb.com. PDF EpiPen's May Lose Potency Within Hours When Stored in Heated Car.
19. Office of the Superintendent of Public Instruction. (2015). *Guidelines for medication administration in schools*. k12-wa.us. PDF for Guidelines for Medication Administration in Schools (2015) Student Support OSPI
20. Massachusetts Department of Elementary and Secondary Education. (2016, May). *Managing life-threatening allergies in schools*. johnstalkerinstitute.org. PDF for Managing Life-Threatening Allergies in Schools
21. Connecticut State Department of Education. (2020). *Guidelines for managing life-threatening food allergies in Connecticut schools*. portal.ct.gov. PDF Guidelines for managing life-threatening-food-allergies in school this includes guidelines for managing Glycogen Storage. National Association of School Nurses. (2020). *Fact sheet for school administrators, families, and school personnel: Roles and responsibilities of key stakeholders*. nasn.org. PDF for NASN Fact sheet for School Administrators, Families, and School Personnel
22. Centers for Disease Control and Prevention. (2013). *Voluntary guidelines for managing food allergies in schools and early care and education programs*. cdc.gov. CDC Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs
23. Food Allergy Research & Education. (n.d.). *Be a PAL*. food allergy.org. Be a PAL® | Food Allergy Research & Education
24. Adams, S., & McCarthy, A. M. (2005). Evidence-based practice and school nursing. *Journal of School Nursing*, *21*(5), 258–265. Evidence-Based Practice and School Nursing - Susan Adams, Ann Marie McCarthy, 2005 (sagepub.com)

APPENDICES

Appendix A

Life-Threatening Food Allergy Workgroup Members 2008–09

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Guidelines for Care of Students with Anaphylaxis Workgroup Members 2021

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Appendix B

COMMON ACRONYMS and DEFINITIONS

ACRONYMS

AAAI – American Academy of Allergy Asthma and Immunology
AAP – American Academy of Pediatrics
AED – Automated External Defibrillator
ADA – American with Disabilities Act
ARNP – Advanced Registered Nurse Practitioner
CDC – Centers for Disease Control and Prevention
CPR – Cardio-Pulmonary Resuscitation
DOH – Washington State Department of Health
ECP – Emergency Care Plan
EMS/911 – Emergency Medical Services
EMT – Emergency Medical Technician
ESD – Educational Service District
FAPE – Free and Appropriate Public Education
FARE – Food Allergy Research & Education
FERPA – Federal Educational Rights and Privacy Act
FAQ – Frequently Asked Questions
IDEA – Individuals with Disabilities Education Act
IHP – Individualized Health Plan
LHCP – Licensed Health Care Provider
LPN – Licensed Practical Nurse
NASN – National Association of School Nurses
NCQAC – Nursing Care Quality Assurance Commission
OIT – Oral Immunotherapy
OSHA – U.S. Occupational Safety and Health Administration
OSPI – Office of Superintendent of Public Instruction
RCW – Revised Code of Washington
RN – Registered Nurse
ROI – Release of information
SNC – School Nurse Corps
USDA – U.S. Department of Agriculture
WAC – Washington Administrative Code
WISHA – Washington Industrial Safety and Health Act
WSCC – Whole School, Whole Community, Whole Child
WSSDA – Washington State School Directors' Association

DEFINITIONS

Anaphylaxis - 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.

Allergy-aware -This phrase is used to describe best practice, positive intent student interventions to prevent anaphylaxis. The plans consider a broad anaphylaxis prevention environmental approach as well as very specific, student specific processes

Best Practice - Generally accepted Nursing standards. They are techniques, methods or processes that have been accepted over time. These practices have not undergone the rigorous scientific research involved with "Evidence based practice."

Diet Order - A medical prescription which documents the special nutritional needs of a child requiring dietary modifications.

ESD - Nine educational service districts in Washington state that provide supportive services to school districts including technical support for school health services.

FAPE - Under the law public school districts have a duty to provide a free and appropriate public education (FAPE) for students with disabilities. See Section 2.

FERPA - The Family Education Rights and Privacy Act of 1974 (FERPA).
See Section 2.

Epinephrine - Also called adrenaline. It is an injectable medicine that is the first-line treatment for a severe or life-threatening allergic reaction (anaphylaxis).

Evidence Based Practice - "Evidence-based practice involves combining the best evidence available with nursing expertise and patient and family preferences to determine optimum care. Evidence-based practice guidelines are developed by carefully reviewing the available evidence on a topic and synthesizing this information into recommendations for practice."[25]

Food Allergy - Food allergy is a group of disorders distinguished by the way the body's immune system responds to specific food proteins. In a true food allergy, the immune system will develop an allergic antibody called Immunoglobulin E (IgE).

Food Intolerance - A food intolerance is a reaction to a food that does not involve the immune system and is not life-threatening. For example, people with lactose intolerance lack an enzyme needed to digest milk sugar.

LHCP – Licensed Health Care Provider. This can be a MD/Medical Doctor, DO/Doctor of Osteopathy, ARNP/Advanced Registered Nurse Practitioner, PA/Physician's Assistant, Naturopath; all having prescriptive authority.

Need to Know - Sharing of confidential student information with district employees or contract personnel that provide direct health care services or are responsible for the safety and supervision of students, only when it is essential to provide safe care. This can include school officials with a legitimate educational interest under FERPA and as defined in district policy. The school nurse determines who has a need to know, what they need to know and when they need to know according to:

RCW 70.02.050 Disclosure without patients' authorization - Need-to-know

WAC 246-840-710 4(b) - Violations of standards of nursing conduct or practice

FERPA (20 U.S.C. § 1232g; 34 § CFR Part 99.31) School officials with legitimate educational interest and appropriate officials in cases of health and safety emergencies.

WAC 246.840.700 Standards of Nursing Conduct or Practice (See Section 2).

RCW - Revised Code of Washington This is state law as enacted by the Legislature.

School Nurse - defined in law, see Section 2.

School Policy - Written statements by which school districts govern all facets of school operations. They provide binding guidance to directors, administrators, staff, students, parents/guardians, and the public about how school district programs will work.

Section 504 - Section 504 of the Rehabilitation Act of 1973. See Section 2.

WAC- Washington Administrative Code. These are the rules adopted by state agencies that support the implementation of RCWs and hold the force of law.

Appendix C

Frequently Asked Questions (FAQS)

From Parents and Families

Can the school exclude my child if I do not have a care plan (IHP/ECP) and health care provider orders signed?

Yes, the school and school district have the authority to exclude children with life-threatening conditions from attendance until treatment and medication orders, and emergency care plans requiring medical services are in place. For additional information see RCW 28A.210.320 or WAC 392.380.045.

Can my child self-carry an epinephrine autoinjector?

Yes, under RCW 28A.210.370 students may self-carry and self-administer medication for asthma and anaphylaxis contingent upon specific conditions. Additionally, the student is entitled to have backup medication, if provided by the parent, in a location to which the student has immediate access. This does not infer that school staff have any less responsibility to carry out the student's Emergency Care Plan.

Can my child's epinephrine autoinjector be stored in the classroom?

Yes, as noted above under RCW 28A.210.370 students are entitled to have backup medication in a location to which the student has immediate access. The classroom may very well be an appropriate location to store epinephrine.

Who can administer an epinephrine autoinjector in schools?

Under RCW 28A.210.260 to 270, a Registered Nurse can delegate, train, and supervise unlicensed staff to administer medications at school under specific conditions. In nursing practice laws, an exception also allows for the administration of medication in an emergency RCW 18.79.240 (1) (b). This includes the administration of an epinephrine autoinjector in a life-threatening emergency.

How do I ensure my child's safety during before-and after-school activities?

Students may be involved in school-sponsored activities throughout the year. It is extremely important that parents talk to the supervising staff of any activity occurring before or after school and ask that they have access to the emergency care plan. Some after-school programs are not administered by nor subject to the same procedures as the school district. Parents are advised to inquire about the safety protocols for these non-district programs to confirm their student's situation.

Can food be restricted from a classroom?

It may be reasonable to request on a case-by-case basis that students not bring foods containing an allergen into the classroom, especially for younger children who eat meals in the classroom. Please keep in mind that some students may require access to foods that your child is allergic to based on that child's medical condition. There is no evidence that restricting foods

improves safety. In general, not restricting foods encourages full disclosure about what foods other students bring to school.

How do I ensure that the school will provide safe meals for my child? Follow the school district's policies and procedures. In general, the following information must be provided in a diet order completed by a LHCP:

- The disability (allergy).
- The restriction of the disability.
- The major life activity affected.
- A list of foods to be omitted and substituted.

See OSPI Sample Form: Request for Special Dietary Accommodations

It is highly recommended that the student and family work with the school nurse and the nutrition service department while they are in the process of obtaining a diet order from the physician.

Will the school menu provide me with enough information to accommodate my child's life-threatening food allergies?
Not necessarily. The school menu is subject to change for a variety of reasons. Recipes and food labels are constantly changing. Please contact your district nutrition service department for any questions or concerns. See FAQ number 7 above.

Will school staff assist my child in reading labels?
No, school staff will be advised not to assist or interpret labels for any child. If in doubt do not ingest the questionable item.

Are there resources available if I cannot afford my child's epinephrine autoinjector?
Yes. Kids with Food Allergies, a division of the Asthma and Allergy Foundation of America provide suggestions for epinephrine auto-injectors.

The LHCP has prescribed two doses of epinephrine for my child. I am only able to provide one dose for the school. Will my child be excluded from school if both doses are not provided?
Technically, yes. The school and school district have the authority to exclude children with life-threatening conditions from attendance until treatment and medication orders, all prescribed medications, and emergency care plans requiring medical services are in place. The school nurse can consult with the LHCP and other appropriate providers and sources in assisting the family to secure the second dose. For additional information see RCW 28A.210.320 or WAC 392.380.045.

From School Staff

How else might a student be exposed to food allergens (other than through meals)?
Many classroom activities involving art, nature/science projects, and home-life activities often use food-based items including paints (some are egg based).

Can the Nursing Care Plan (IHP/ECP) also serve as the 504 plan?
Yes, the IHP and/or the ECP may serve as the Section 504 accommodation plan.

If a student appears to be having an allergic reaction, but I am uncertain if the student was truly exposed to any food containing the allergen, what should I do?
Treat the student immediately by administering the epinephrine autoinjector, call 911, and follow the care plan. When in doubt, treat the student. Students may have a delayed reaction. Fatalities frequently occur because the epinephrine was delivered too late.

What is the most effective way to clean surfaces to remove food allergens?
Thoroughly cleaning hard surfaces (tables/desks) with methods commonly used in school cafeterias are likely to adequately remove any allergen residue. District policies and procedures should address cleaning methods. It is especially important to use a separate rag or disposal wipe on the allergy-aware tables.

Can we use hand sanitizer to clean student's hands to remove allergens?
No, hand sanitizer will not remove residue and may in fact spread the residue more easily. Rigorous hand washing with soap and water is the most effective method for students and staff to remove allergens.

What is a gluten sensitivity or intolerance?
Some students may have a diagnosed condition that causes gluten sensitivity such as Celiac Disease or Dermatitis Herpetiformis. Gluten intolerance is the result of an immune-mediated response producing Immunoglobulin (IgA) and/or Immunoglobulin G (IgG) antibodies to the ingestion of gluten (wheat, durum, semolina, kamut, spelt, rye, barley, and triticale). Strict avoidance of all gluten products is the only treatment. For additional dietary information see Celiac disease and gluten-free lifestyle and support since 1995..

Can the school district accept an epinephrine autoinjector prescription from Canada?
Out of state prescriptions are addressed in RCW 69.41.030. Prescriptions written for legend drugs, not including controlled substances may also be dispensed by a Washington pharmacist/pharmacy if written by any of the practitioners described in the law who are licensed to practice in British Columbia. District medication policy and RCW 28A. 210.260 must still be adhered to. For more information see Guidelines for Medication Administration in Schools 2015 page 17.

Who can administer an undesignated stock epinephrine autoinjector in schools?
Under RCW 28A.210.380 when a student has a prescription for an epinephrine autoinjector on file, the school nurse or designated trained school personnel may utilize the school district or school supply of epinephrine autoinjectors to respond to an anaphylactic reaction under a standing protocol.

When a student does not have an epinephrine autoinjector or prescription for an epinephrine autoinjector on file, the law provides that only a school nurses may utilize the school district or school supply of epinephrine autoinjectors to respond to an anaphylactic reaction under a standing protocol.

My district would like to have stock epinephrine but are unable to secure a standing order prescription from a licensed healthcare provider (LHCP). Where can we find assistance or resources?
Contact local providers within your community. Often it is the small, independent practices or allergy specialists who have a relationship with the district that are willing to assist. Some providers may be willing to sign off for multiple districts within a county so check with interested neighboring districts. Districts with existing stock epinephrine programs may be of help sharing their experience and local health jurisdictions may be able to provide resources.

Some parents and/or LHCPs have requested first giving an oral antihistamine for certain symptoms then "waiting and watching" (assessing student symptoms for progression of anaphylaxis) and giving epinephrine if additional certain symptoms occur. Can the district accept these types of orders?

Deaths have occurred in schools because of delays in appropriate treatment. Unlicensed school staff cannot "wait and watch" for the progression of symptoms to administer epinephrine. This is considered nursing assessment/judgement and cannot be delegated by the RN. **Epinephrine needs to be administered immediately and the EMS/911 system activated for any student exposure or suspected exposure to an allergen.** The American Academy of Pediatrics states that because of the unpredictable nature of anaphylaxis, it is impossible to predict the timing or severity of an episode from person to person or even event to event in the same person. Life threatening respiratory and cardiac effects of anaphylaxis are treated with epinephrine. "There is no absolute contraindication to epinephrine treatment in anaphylaxis." (Sicherer, 2017) [6]

My district has a policy that allows homeless and foster students with life-threatening allergies to attend school without the required LHCP treatment plan, medication orders or medication. Based on the Life-Threatening Condition law, these students should be excluded from school. Why are homeless and foster students allowed to attend school without the required medication to treat anaphylaxis?
Homeless students are protected under the McKinney-Vento Education of Homeless Children and Youth Assistance Act. This is a federal law that ensures immediate enrollment and educational stability for homeless children and youth, including students awaiting foster care placement.

McKinney-Vento provides federal funding to states for the purpose of supporting district programs that serve homeless students. The laws are to ensure the stability of a child's education. Each school district has a homeless and/or foster student liaison whose duties include referrals to health, dental, mental health, and substance abuse services, housing, and other appropriate services needed by children and youth experiencing homelessness. Whether

the student is experiencing homelessness or is in foster care, it is the responsibility of the school nurse to collaborate with the student, family, the Washington State Department of Children, Youth, and Families (DCYF), and the healthcare provider to assist the student in obtaining the needed LHCP orders, treatment plan, and medication.

Appendix D

Sample Forms

This section of the guidelines offer various sample forms and tools districts may adapt for use to provide for care of students with life-threatening allergies. They are not mandated for use by OSPI. These forms are available in a fillable format on the OSPI website.

Note: If the forms are revised, the footer should indicate "Adapted from OSPI Anaphylaxis Guidelines."

Washington State Forms

- Food Allergy Assessment Form
- Bee or Insect Allergy Assessment Form
- Sample RN Checklist for Students with Life Threatening Allergies
- Life Threatening Allergy Emergency Care Plan Individual Health Plan sample
- Severe Allergic Reaction and Medication orders/504

National Association of School Nurses (NASN) Sample Practice Forms and Checklists

- Family Food Allergy Health History Form
- Notification of a Food Allergy in the Classroom - Sample Family Letter
- Checklist for the Development of Student Healthcare Plans
- Sample Individualized Healthcare Plan - Severe Allergy Management
- Report of Epinephrine Administration
- Checklist for Quality Improvement Monitoring

Staff Training

- Sample Anaphylaxis Training Assessment
- Post Evaluation Anaphylaxis Training
- NASN Training School Personnel Checklist
- NASN Get Trained for School Staff - Training Tools
- Pre-Assessment or Anaphylaxis Training

Sample Communications

- Staff Opt-out Letter for Stock Epinephrine
- Sample Substitute Teacher Letter

Classroom Letter

- Sample School Letter to all Parents
- NASN Notification of a Food Allergy in the Classroom - Sample Family Letter

Miscellaneous

- Request for Special Dietary Accommodations (OSPI, 2017)

- Standing Order for School Supplied Stock epi
- Verification of Status as an Unaccompanied Homeless Child or Youth and
- Authorization for Health Care Services 2016
- Epinephrine autoinjector (EAI) FARE, 2019

Appendix E

Resources

OSPI does not endorse or support the information expressed in the following resources listed below. Some resources provide national level guidance and may not reflect Washington State school practice for administering an epinephrine autoinjector immediately at exposure or suspected exposure. **School districts are responsible for policies that align with federal and state statutes.**

Accommodating Children with Special Dietary Needs in School Nutrition Programs
Guidance for School Food Service Staff (2001)
Accommodating Children with Special Dietary Needs in the School Nutrition Programs/PDF.

Allergy and Asthma Network - Latex Allergy: A Practical Guide for Patients and Providers
A practical guide addressing latex allergy diagnosis, symptoms, and treatment.
PDF Latex Allergy: A Practical Guide for Patients and Providers.

Allergy and Asthma Network - Steps to Stock Epinephrine
Steps for stocking Epinephrine in Schools
PDF Step to Stock Epinephrine

American Academy of Allergy, Asthma, and Immunology (AAAAI)
School Tools - Allergy & Asthma Resources for Families, Clinicians, and School Nurses
School Tools Overview: Allergy & Asthma Resources for Professionals (aaaai.org)

American Academy of Family Physicians (AAFP) Position Paper
Cultural Sensitivity: The Importance of Cultural Sensitivity in Providing Effective Care for Diverse Populations
For the full paper on AAFP Cultural Sensitivity: The Importance of Cultural Sensitivity in Providing Effective Care for Diverse Populations (Position Paper)

American Academy of Pediatrics (AAP)
Anaphylaxis journal articles and publications
For journal and publications on anaphylaxis.

Asthma and Allergy Foundation of America (AAFA)
Provides educational resources, current research, and information on treatment modalities for parents and health professionals.

For more information on Asthma and Allergy Foundation of America's educational resources.

Center for Chronic Disease Prevention and Health Promotion: DASH Healthy Youth Food Allergies
Resources for managing allergies as school.
CDC Healthy Schools information on Food Allergies

CDC Food Allergies in Schools Toolkit
This toolkit contains tip sheets, training presentations and podcasts to train school staff in the prevention and management of food allergies at school.
CDC Food Allergies in School Toolkit Guidelines.

CDC Healthy Schools. Promoting Healthy Behaviors: Celebrations and Rewards
For more information on the CDC Celebrations and Rewards in schools.

CDC Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs
For more information on Voluntary Guidelines CDC Healthy Schools Food Allergies.

FAQ's

Guidelines intended to support implementation of food allergy management and prevention plans and practices in schools and early care and education (ECE) programs. Recommended actions for school boards, administrators, teachers, school nurses, and other staff.
PDF Voluntary Guidelines for Managing Food Allergies in schools CDC.

EpiPen4Schools
A free nationwide stock epinephrine program for schools offered by Mylan. Contact BioRidge Customer Service at info@bioridgepharma.com or 973-845-7600.

Family Education Rights & Privacy Act
U.S. Department of Education guidance U.S. Department of Education Family Educational Rights and Privacy Act index.

FDA Summary and Resources re: food allergies
FDA Allergen Labeling and Consumer Protection Act of 2004 additional resources.

Federal Drug Administration (FDA): Food Allergies
Explains the federal laws around food allergen labels
US FDA Food Allergies laws around food allergen labels.

Federal Emergency Management Food Safe Schools Action Guide
Includes preparation for food allergy response
USDA Food Safe Schools Action Guide PDF

Food Allergy Research and Education (FARE) Be a Pal
Education program with downloadable resources to help children learn how to protect a life by being a good friend to kids with food allergies.
Food Allergy Research and education (FARE) Be a (PAL) Protect A Life

Food Allergy Research and Education (FARE) Managing Food Allergies at School
Training and webinar resources for teachers, administrators, nurses, and parents for managing food allergies in school.
FARE resources getting started in school

Food Allergy & Anaphylaxis Connection Team (FAACT) – **Resources for School Personnel**
Staff education program to educate and raise awareness for all individuals and families affected by food allergies and life-threatening anaphylaxis.
FAACT food allergy awareness education for school personnel.

Food Allergy and Anaphylaxis Network
Provides food allergy research and education materials.
FARE Website with information on food allergies research and education materials.

National Center for Homeless Education on the McKinney-Vento Homeless Assistance Act
McKinney-Vento – National Center for Homeless Education
National Center for Learning Disabilities on the Americans with Disabilities Act Amendment Act of 2009
ADAAA - NCLD
National Institutes of Health Food Allergy
Latest research on food allergies
National Institute of Allergy and Infectious Diseases

National Education Association (NEA): Food Allergy Book - What School Employees Need to Know
This booklet explains what school employees need to know about food allergies and allergic reactions at school.
PDF The Food Allergy Book What School Employees Need to Know.

National Association of School Nurses (NASN), Food Allergies and Anaphylaxis Tool Kit
Planning checklists, sample forms, sample policy, training, and education resources.
Information on this page is a collaboration by Epinephrine Policies and Protocols Workgroups, as well as representatives of the NASN, the American Academy of Pediatrics, and more.

National Association of State Boards of Education (NASBE): Discussion Guide Anaphylaxis and Schools
This guide provides guidance on developing policy and management strategies for responding to anaphylaxis at school.

PDF NASBE Discussion Guide Anaphylaxis and Schools: Developing Policies for Treating Students with Severe Allergic Reactions

National School Boards Association (NSBA): Safe at School and Ready to Learn
A comprehensive policy guide for protecting students with life-threatening food allergies. It contains a comprehensive package of resources on food allergies in schools supported by the CDC.
PDF NSBA Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-Threatening Food Allergies.

Occupational Health and Safety Administration Bloodborne Pathogens and Needlestick Prevention Federal guidance on preventing blood borne pathogen injuries
OSHA United States Department of Labor page contains information on bloodborne pathogens and needlestick prevention.

Office of Superintendent of Public Instruction (OSPI) Equity and Civil Rights Webpage
Information and resources for families and school staff to support equal access to public education without discrimination for all students.
For more information on OSPI Equity, civil rights, policy, and funding.

Resources for Homeless Children and Youth
For more information on OSPI Resources for Homeless Children and Youths.

Guidelines for Implementation of School Employee Training on HIV/AIDS and Other Bloodborne Pathogens (2011)

PDF Guidelines for Implementation of School Employee Training on HIV/AIDS and Other Bloodborne Pathogens.

Section 504 of the Rehabilitation Act of 1973 (Section 504) Frequently Asked Questions (FAQs)
US Department of Education Office for Civil Rights (OCR) Protecting Students with Disabilities.

***Taking Food Allergies to School* by Ellen Weiner**
This book can be read to classmates to help them understand food allergies. Available for purchase at major retailers.

United States Department of Agriculture (USDA) Memo SP 32-2015: Statements Supporting Accommodations for Children with Disabilities in the Child Nutrition Programs
The purpose of this memorandum is to expand the list of acceptable medical professionals that may sign a medical statement for meal accommodations in the Child Nutrition Programs and recommend alternate foods for children whose disability restricts their diets.

PDF for Memo SP 32-2015 USDA Subject: Statements Supporting Accommodations for Children with Disabilities in the Child Nutrition Programs

WISHA A Guide to Workplace Safety and Health in Washington State
PDF for Washington State Labor and Industries subject: A Guide to Workplace Safety and Health in Washington State what every employer and worker needs to know.

Washington State Department of Health Food Safety Program
Information from Washington Department of Health on Food Safety.
This website provides food safety tips for the home and community, food recalls and advisories and information on foodborne illnesses.

Washington State Professional Educator Standards Board Cultural Competency Standards
Describes expectations for Washington educators on equity in a multicultural society, statutory requirements, and support for reflective anti-bias work and working with a diverse community.
Cultural Competency Standards 2018.6.6.pdf - Google Drive

USDA Department of Agriculture Child Nutrition Programs
National school lunch program, school breakfasts, milk program, summer food program, etc.
Child Nutrition Programs | Food and Nutrition Service (usda.gov)

Epinephrin Autoinjector Training Resources
Manufacturer specific training videos and resources. The school nurse or parent may find additional product-specific resources by searching for manufacturers in a web browser search engine such as Bing or Google. This requires attention to reliable sources of information.

Auvi-Q AUVI-Q® (epinephrine injection, USP) Public Access Resources

EpiPen Training Video (epipen4schools.com) How to Use an EpiPen® (epinephrine injection, USP) Auto-Injector

Authorized generic EpiPen – same video as above

Lineage Impax epinephrine autoinjector Using Epinephrine Auto-Injection | Anaphylaxis Treatment (epinephrineautoinject.com)

LEGAL NOTICE

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All students prepared for post-secondary pathways, careers, and civic engagement.

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PUBLIC INSTRUCTION

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