Title: **Anaphylaxis Prevention and Response**
Code: 3420
Section: WSSDA Model Policies
Section: 3000 - Students

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 may require follow-up care by an allergist/immunologist.

The _____ Board of Directors expects school administrators, teachers, and support staff to be informed and aware of life-threatening allergic reactions (anaphylaxis) and how to deal with the resulting medical emergencies. For students, some common life-threatening allergens are peanuts, tree nuts, fish, dairy, bee or other insect stings, latex, and some medications. Affected students require planned care and support during the school day and during school sponsored activities. Additionally, any student could potentially have a life-threatening allergic reaction even without a history of such.

Parents/guardians are responsible for informing the school about their student's potential risk for anaphylaxis and for ensuring the provision of ongoing health information and necessary medical supplies. The district will take reasonable measures to avoid allergens for affected students. The district will also train all staff in the awareness of anaphylaxis and prepare them to respond to emergencies. Additionally, student specific training will be provided for appropriate personnel. The plan shall be distributed to appropriate staff based on the students' needs and the staffs' level of interaction with the student as determined in the health plan.

Even with the district's best efforts, staff and parents/guardians need to be aware that it is not possible to achieve a completely allergen-free environment. However, the district will take reasonable precautions to reduce the risk of exposure to allergens for students with history of anaphylaxis.

Insert the following language if stocking undesignated epinephrine auto injectors:

The district may maintain at designated school locations a supply of epinephrine or nasal spray based on the number of students enrolled at the school. Undesignated epinephrine or nasal spray must be obtained with a prescription in the name of the school by a licensed health professional within the scope of their prescribing authority and must be accompanied by a standing order protocol for their administration. Prescriptions and standing orders may be obtained from a community Licensed Health Care Provider or through a statewide standing order from the Secretary of Health or designee.

In the event a student with a current prescription for epinephrine on file at the school experiences an anaphylactic event, the school nurse or designated trained school personnel may use the school supply of epinephrine to respond if the student's supply is not immediately available. In the event a student without a current prescription for epinephrine on file with the school or a student with undiagnosed anaphylaxis experiences an anaphylactic event, the school nurse may utilize the school supply of epinephrine to respond under the standing order protocol according to RCW 28A.210.370, RCW 28A.210.380 and RCW 28A.210.383.

The school's supply of epinephrine auto injectors or nasal spray 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.

The superintendent will establish procedures to support this policy and to ensure:

1. Rescue protocol in cases of suspected anaphylaxis will follow OSPI's current Guidelines for the Care of Students with Anaphylaxis
2. A simple and standardized format for emergency care plans is utilized;
3. A protocol is in place to ensure emergency care plans are current and completed and distributed to appropriate staff;
4. Medication orders are clear and unambiguous;
5. Training and documentation is a priority**;**
6. ***insert the following language if stocking undesignated epinephrine auto injectors or nasal spray):*** *and each school's supply of epinephrine, if any, is maintained pursuant to manufacturer's instructions and district medication policy and procedures.*

Commented [A1]: RCW 28A.210.380(1)(c)

Last Revised: ~~**October 30, 2024**~~
Classification: **Critical**
Prior Revised Dates: **02.09: 12.11; 08.12; 12.13; 08/01/2018; October 30, 2024**

Legal References:

- WAC 392-380 PUBLIC SCHOOL PUPILS - IMMUNIZATION REQUIREMENT AND LIFE-THREATENING HEALTH CONDITION
- RCW 28A.210.380 Anaphylaxis - Policy guidelines - Procedures - Reports.
- RCW 28A.210.383 Epinephrine and epinephrine autoinjectors (EPI pens) - School supply - Use
- RCW 28A.210.370 - Students with asthma and anaphylaxis—Uniform policy—Authorization for self-medication.

Management Resources:

- 2024 - October Issue
- 2018 - August 2018 - August Policy Issue

- 2013 - December Issue
- 2012 - August Issue
- OSPI, March 2009 Guidelines for the Care of Students with Anaphylaxis
- 2009 - February Issue

Cross References:

- 3419 - Self-Administration of Asthma and Anaphylaxis Medications
- 3418 - Response to Student Injury or Illness
- 3416 - Medication at School

© 2022-2027 Washington State School Directors' Association. All rights reserved.