

## MANAGING ANAPHYLAXIS

The Bonneville School District No. 93 Board of Trustees recognizes that the safety of an anaphylactic child depends on the cooperation of the entire school community to promote an understanding of the child's needs, minimize risk of exposure to allergens, provide guidelines that allow school staff to respond to individual circumstances, and ensure rapid emergency response.

### Guidelines

1. It is **not** possible to reduce the risk for students to zero and accidents may occur. Once reasonable precautions have been taken, neither staff, parents, nor other students should feel responsible for accidental exposure.
2. If accidental exposure does occur, appropriate emergency measures must be in place and acted upon immediately.
3. The school, parents, and students should work together to develop a management plan that includes procedures appropriate to the individual situation without depriving anaphylactic children of normal peer interactions or placing unreasonable restrictions on the activities of other children in the school.
4. The school must have on file a completed #3515F1 Authorization for Self-Administered and Emergency Medication form and a #3515F2 Indemnification/Hold Harmless Agreement for Self-Administration of Medication before students will be allowed to be in possession of auto-injectors on any school premises or at any school sponsored activity, regardless of location.

### Information and Awareness

#### Identification to School Authorities

1. It is the responsibility of parents with anaphylactic children to identify their children to the school principal/designee and provide:
  - a. Information regarding foods, materials, insect stings, drugs, or exercise that may trigger an anaphylactic reaction. (#3515F3 Emergency Anaphylactic Protocol)
  - b. If dietary allergies are present, dietary restrictions from the parent, as ordered by the physician, need to be reviewed by the District Child Nutrition Supervisor before any dietary measures are taken. (#35215F8 Request for Special Meal Accommodation due to Medical Condition)
  - c. Current treatment protocol, signed by the child's physician. (#3515F4 Physician's Information Form for Anaphylaxis)
  - d. Medic Alert® bracelet or necklace for their child to wear that identifies specific allergens.

- e. Up-to-date auto injectors.
  - f. Auto injector trainer if needed.
2. Secondary school students should provide a one-page information sheet defining their allergies to each of their teachers at the beginning of each school year.
  3. Parents are required to complete and return to the school the following district forms:
    - a. 3515F1 Authorization for Self-Administered and Emergency Medication
    - b. 3515F2 Indemnification/Hold Harmless Agreement for Self-Administration of Medication
    - c. 3515F3 Emergency Anaphylactic Protocol
    - d. 3515F4 Physician's Information Form for Anaphylaxis
    - e. 3515F5 Consent to Inject Epinephrine
    - f. 3515F6 Anaphylaxis Alert Form for Bus Drivers (if the child rides a bus to school)
    - g. 3515F8 Request for Special Meal Accommodation due to Medical Condition

#### In-service for Teachers and Other School Staff

1. At the direction of the principal, the special needs nurse will hold an annual in-service meeting for school personnel who are in regular contact with anaphylactic children.
2. The principal/designee should maintain an up-to-date record of school personnel who have received in-service and training in the use of the auto-injector.

#### Sharing Information with Other Students

1. In consultation with the parents/guardians of anaphylactic children, the school should identify students suffering life-threatening allergies to all students in the school, and enlist their cooperation.
2. Information should be shared in a manner that will not create fear or anxiety and should be appropriate to the students' age and maturity.

#### Sharing Information with Parents

1. Each school should develop a communication strategy to inform parents of the presence of a student with life-threatening allergies in their child's school and the measures being taken to protect the student.
2. With permission of the parents/guardians, students with anaphylactic allergies will be identified by name only.

#### **Avoidance**

1. Allergen-free areas should be established within individual schools to reduce the risk of the anaphylactic student's exposure to allergens that may cause a reaction.
2. Procedures for holidays and special celebrations should be established that will reduce the risk of contact with the allergen.
3. Procedures for field trips should be established to minimize the risk to the child.  
(#3515F7 Special Field Trip Consent Form)
4. Procedures to inform substitute teachers, parent volunteers, and others with occasional contact with the child of the allergen free areas and emergency procedures.
5. School bus procedures should be established to help minimize the risk to the child.  
(#3515F6 Anaphylaxis Alert Form for Bus Drivers)

### **Emergency Response Plan**

1. An emergency plan should be on file at the school for each anaphylactic student and should include the following district forms:
  - a. 3515F3 Emergency Anaphylactic Protocol
  - b. 3515F4 Physicians Information Form for Anaphylaxis
  - c. 3515F5 Consent to Inject Epinephrine
2. A rapid communication strategy should be established.
3. Field trip emergency procedures should be established in conjunction with the parents and using #3515F7 Special Field Trip Consent Form.
4. Auto-injectors should be stored in a safe accessible location.
  - a. The number of auto-injectors stored will depend on the estimated time from the school to a medical facility.
  - b. Staff should know the location of auto-injectors.
  - c. Classmates should be aware of the location of the auto-injector in the classroom.
5. The transportation supervisor/designee should establish a school bus emergency procedure in conjunction with the parents/guardians using #3515F6 Anaphylaxis Alert Form for Bus Drivers.

6. Emergency procedures for each anaphylactic student should be reviewed annually with the school staff and the student's parents/guardians.
7. In the event of an emergency response, an evaluation of the procedure shall be undertaken as soon as possible, and any auto-injectors used must be replaced immediately.

### **DEFINITIONS:**

**Administer:** The direct application of an epinephrine auto-injector to the body of an individual.

**Anaphylaxis:** Severe allergic reactions are called anaphylaxis. These symptoms can begin within minutes after exposure to an allergen and as a result, treatment with epinephrine must begin quickly. Anaphylaxis is serious and, unless treated quickly, can result in major illness or death. A variety of allergens can provoke anaphylaxis, but the most common culprits are food, insect venom, medications, and latex.

**Designated School Personnel:** An employee, agent, or volunteer of a school designated by the governing authority of a school who has completed the training to provide or administer an epinephrine auto-injector to a student.

**Epinephrine Auto-injector:** A device that automatically injects a premeasured dose of epinephrine.

**On any school premises or at any school sponsored activity, regardless of location:** shall include, but not be limited to buildings, facilities, and grounds on the school campus, school busses, school parking areas; and the location of any school sponsored activity. This includes instances in which the conduct occurs off the school premises but impacts a school related activity.

**Provide:** The supply of one (1) or more epinephrine auto-injectors to an individual.

**Self-administration:** A student's or other person's discretionary use of an epinephrine auto-injector, whether provided by the student or by a school nurse or designated school personnel.

Adopted 02-08-2006 Reviewed 03-11-2020 Revised 08-09-2023

Cross Reference: Student Medication #3510  
Provision of Special Education #2400  
Special Education Handbook #2410  
Authorization for Self-Administered and Emergency Medication #3515F1  
Indemnification-Hold Harmless Agreement for Self-Administration of Medication # 3515F2

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Legal Reference: Idaho Code § 33-520 Policy governing medical inhalers, epinephrine auto-injectors, insulin and blood glucose monitoring supplies  
Idaho Code § 33-520A Life-threatening allergies in schools – Guidelines, stock supply of epinephrine auto-injectors and emergency administration