



## **STUDENTS**

### **Students with Diabetes, Life-Threatening Allergies, Asthma and Seizures**

#### **Care Plans**

The registered nurse assigned to the school will:

- A. Consult and coordinate with the parents/guardians and licensed health care providers (LHCPs) of students with diabetes and life-threatening allergies;
- B. Train and supervise the appropriate staff in the care of students with diabetes and life-threatening allergies;
- C. With input from the parents/guardians, student, and LHCP, develop an Individual Health Care Plan (IHP) for each student with diabetes or life-threatening allergies. Each IHP shall include an individual emergency plan element. The health plans shall be updated annually, and more frequently as needed.
- D. If needed, request written permission from the parents/guardians to communicate with the student's LHCP.
- E. Distribute each student's IHP to appropriate school staff based on the student's needs and the staff member's contact with the student.

Annually and prior to the first day of attendance, the student health file will contain:

- 1) A completed IHP signed by the school nurse and parent/guardian; or
- 2) A completed Medication Authorization Form signed by the student's parent/guardian and LHCP; and
- 3) An adequate and current supply of auto-injectors or other medications.

At the beginning of every school year, or upon registration at the school, the school nurse will review the health history forms submitted by parents/guardians and obtain any updated information regarding diabetes or life-threatening allergies. The parents/guardians are responsible for notifying the school if the student's condition changes and for providing the completed Medication Authorization Form, auto-injectors, and other medications.

The district, its employees, agents or parent/guardian-designated adults (PDAs) who act in good faith and in substantial compliance with a student's IHP and the instructions of the student's health care provider shall not be criminally or civilly liable for services provided under [RCW 28A.210.350](#).

## Communications Plan and Responsibility of School Staff

After the IHP is developed, the principal, school nurse, or a designee will inform appropriate staff regarding terms of the plan, including emergency care. The school nurse will train appropriate school staff regarding the affected student and the IHP. The IHP will contain a current picture of the student to aid in identification of the student and be accessible to appropriate school staff, including substitutes, and placed in appropriate locations such as the classroom, health room, office, school bus, and lunchroom. With the permission of the parents/guardians and the student (if appropriate), other students and parents/guardians may be given information about the student's health condition.

Protocols must be in place to ensure substitute teachers are informed of the student's life-threatening allergy, the location of the emergency care plan, and duties associated with implementing the plan.

During district sponsored field trips, the coordinating staff member responsible for administering medications to students will ensure that the auto-injector is brought on the trip ([Procedure 2320P](#), Field Trips).

## Accommodating Students with Seizure Disorders or Epilepsy

**In addition to adhering to the requirements of each individual health care plan, for the general care of students with seizure disorder or epilepsy, the district will:**

- A. Acquire necessary parent requests and instructions for treatment;**
- B. Acquire monitoring and treatment orders from an LHCP prescribing within the scope of their licensed authority;**
- C. Provide sufficient and secure storage for medical equipment and medication provided by the parent;**
- D. Establish school policy exceptions necessary to accommodate students' needs related to epilepsy or other seizure disorders, as described in the IHP;**
- E. Ensure the development of individual emergency plans;**
- F. Ensure the possession of legal documents for parent-designated adults to provide care, if needed;**
- G. Ensure each individual health plan at least annually; and**
- H. Ensure each student's individual health care plan will be distributed to appropriate staff based on the student's needs and the staff member's contact with the student.**

## Parent/Guardian-Designated Adults (PDAs)

Parents/guardians of students with diabetes, epilepsy or other seizure disorders may designate an adult PDA to provide care for their child consistent with the student's IHP. Such care may consist of blood sugar monitoring, and insulin and/or glucagon injections that would otherwise be performed by a health professional licensed under [Chapter 18.79 RCW](#). A PDA and/or trained unlicensed assistive personnel (UAP) may administer nasal spray that is a legend drug or a controlled substance if no school nurse is on the premises.

**“Parent/guardian-designated adult” means a parent-designated adult who is not licensed under [Chapter 18.79 RCW](#).** District employees may volunteer to be a PDA, but they shall not be required to do so. PDAs who are district employees shall file a voluntary, written, and unexpired letter of intent stating their willingness to be a PDA. The letter must be dated and shall be updated each year to remain current. No employee who refuses to file such a letter shall be subject to reprisal or disciplinary action.

A district employee who serves as a PDA shall receive additional training at parent/guardian expense from a health care professional or expert in diabetes, **epilepsy** or **epileptic other seizure disorders** ~~are~~ selected by the parents/guardians and provides care for the child consistent with the IHP. PDAs who are not school employees must show evidence of comparable training **and meet school district requirements for volunteers**. The school nurse and health room assistant are not responsible for the supervision of procedures carried out by the PDA. The school nurse and health room assistant are responsible for the procedures in and supervision of the IHP.

## Students with Diabetes

In addition to adhering to the requirements of each student's IHP, for the general care of students with diabetes, the district shall:

- A. Provide sufficient and secure storage for medical equipment, medication and food provided by the parent/guardian.
- B. Permit students with diabetes to perform blood glucose tests, to administer insulin, to treat hypoglycemia and hyperglycemia, and to have easy access to the necessary supplies, equipment and medication necessary under their IHP. This includes the option for students to carry the necessary supplies, equipment and medication on their person and perform monitoring and treatment functions wherever they are on school grounds or at school-sponsored activities consistent with the safety of other students and staff.
- C. Permit students with diabetes unrestricted access to necessary food and water on schedule and as needed and unrestricted access to bathroom facilities.
- D. Provide appropriate food to students with diabetes.
- E. Not withhold school meals from any diabetic student for disciplinary reasons. Students with diabetes shall not miss meals because they are not able to pay for them. The charge for the meal will be billed to the parent/guardian or adult student and collected consistent with district policies.
- F. Give parents/guardians and health care providers of students with diabetes a description of that student's school schedule to facilitate the timing of monitoring, treatment and food consumption.

## Students with Life-Threatening Allergies

Prior to enrolling a student with a life-threatening allergy, the parent/guardian will inform the school in writing of the student's medically diagnosed allergy, risk of anaphylaxis, and provide a completed Medication Authorization Form signed by the student's parent/guardian and LHCP. Upon receiving the medical diagnosis, the school nurse will contact the student's parent/guardian to develop an IHP. The principal, school nurse, or designee may arrange a meeting or telephone call with the parent/guardian prior to the first day of attendance to develop and discuss the IHP. The IHP will identify the student's allergies, symptoms of exposure, practical strategies to minimize the risks, and how to respond in an emergency.

The district will exclude from school those students who have a medically diagnosed life-threatening allergy and no medication or completed Medication Authorization Form has been presented to the school, to the extent that the district can do so consistent with federal requirements for students with disabilities under the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act, and pursuant to the following due process requirements:

- A. Written notice to the parents/guardians is delivered in person or by certified mail;
- B. Notice of the applicable laws, including a copy of the laws and rules; and
- C. An order that the student will be excluded from school immediately and until medication and a completed Medication Authorization Form is presented.

## Emergency Medical Response

Any school staff member who observes a student appearing to have a medical emergency, including an anaphylactic reaction, should ensure that a responsible adult stays with the student and call 911 for assistance as soon as possible. The school nurse/health room assistant and office staff should then be informed. The office staff will arrange for a staff member to meet the first responders and accompany them to the student's location. The office staff will also notify the student's parents/guardians. If available, the student's emergency care plan shall be provided to the first responders. Following such an emergency, the school staff member who observed the incident and the school nurse/health room assistant shall document the incident and interventions in writing. Following the incident, the school nurse will review the student's IHP and make any necessary changes.

For anaphylaxis, the district will utilize as a resource the [\*Guidelines for the Care of Students with Anaphylaxis\*](#) published by the Office of the Superintendent for Public Instruction.

## Students with Asthma

For asthma, the district will utilize as a resource the procedures outlined in [\*AMES: Asthma Management in Educational Settings\*](#).

## In-service Training

Annually, each principal or designee will provide an in-service training to school staff on how to minimize exposure to known allergens and how to respond to an anaphylaxis emergency. The training will include a review of avoidance strategies, recognition of symptoms, the emergency protocols to deal with an anaphylaxis episode and use of an auto injector.

In addition, student-specific training and additional information will be provided by the school nurse to teachers, paraeducators, clerical staff, and food service workers who are expected to have regular contact with a student who has a medically diagnosed life-threatening allergy. Student-specific training will include training in: allergen avoidance procedures to prevent exposure of the student to the food allergen; the recognition of symptoms, especially early symptoms; and, the administration of epinephrine and other emergency medications.

## Controlling the Exposure to Allergens

Controlling the exposure to allergens requires the cooperation of parents/guardians, students, school employees, and community members. The district may inform parents/guardians of the presence of a student with life-threatening allergies in their child's classroom and/or school, and the measures being taken to protect the affected student. Parents/guardians will be asked to cooperate and avoid including the allergen in school lunches, snacks or other products. The district will discourage the sharing of food, utensils, and containers. The district will take other precautions such as avoiding the use of party balloons or contact with latex gloves.

The district will also identify high-risk events and areas for students with life-threatening allergies, such as foods and beverages brought to school for seasonal events and school equipment and curricular materials used by large numbers of students (play-dough, stuffed toys, science projects, etc.), and implement appropriate safeguards.

## Self-Administration of Asthma and Anaphylaxis Medications

Students with asthma or who may experience anaphylaxis may be authorized by the school's registered nurse to possess and self-administer medication for asthma or anaphylaxis during the school day, at school-sponsored activities, and while traveling to and from school or school-sponsored activities. The student will be authorized to possess and self-administer medication if all of the following conditions are met:

1. The parent/guardian has submitted a written request for the student to self-administer medication(s) for asthma or anaphylaxis;
2. A LHCP has prescribed the medication for use by the student during school hours and has instructed the student in the correct and responsible use of the medication(s);
3. The LHCP has provided a completed Medication Authorization Form for managing the asthma or anaphylaxis episodes of the student and for use of medication during school hours. The Medication Authorization Form must include the name and dosage of the medication, frequency with which it may be administered, possible side effects and the circumstances that warrant its use;

# IN REVISION

3409P

Page 6 of 6

4. The student has demonstrated to the LHCP, or the LHCP's designee, and the school's registered nurse the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed;
5. For students with food or other allergies that could result in anaphylaxis, the Medication Authorization Form must include an individualized emergency health care plan;
6. Backup medication, if provided by the parent/guardian, will be kept at a location in the school to which the student has immediate access in the event of an asthma or anaphylaxis emergency; and
7. The parents/guardians and adult student have signed a release acknowledging that the district will incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parents/guardians will release, indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the student.

The authorization to self-medicate will be valid for the current school year only. The parent/guardian must renew the authorization each school year. A student's authorization to possess and self-administer medication for asthma or anaphylaxis may be limited or revoked by the building principal after consultation with the school's registered nurse and the student's parents/guardians if the student demonstrates an inability to responsibly possess and self-administer such medication.

In the event of an asthma or anaphylaxis emergency, the district will have the following easily accessible:

1. The student's IHP;
2. The parent's/guardian's written request that the student self-medicate; and
3. The parent's/guardian's signed release of liability form.

Cross reference: [Board Policy 3409](#)

Students with Diabetes, Life-Threatening Allergies, Asthma and Seizures

Approved: May 2008  
Updated: January 2012  
Revised: November 12, 2013  
Revised: January 2019  
Updated: January 2020  
**PROPOSED: October 2021**