



# **Heritage Christian Academy**

## **Health Policies (Preschool-High School)**

Last updated 10/2024

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HCA follows the rules and guidance outline in the [Revised Code of Washington \(RCW\)](#), [Chapter 110-301 WAC](#); and [Home | OSPI](#)

**Student Illness:**

Heritage Christian Academy employs a Registered Nurse in the Health Room Monday through Friday 8:00am-2:45pm. The Nurse will evaluate and care for students per nursing standards set by their license and the Nurse Practice Act. If a student is suspected of having an illness of any kind, the student will be sent to the health room so appropriate measures may be taken. Students may lie down for a limited amount of time and be observed by the school nurse. Many times, parents will be called to gain background information. If it is determined that the student is too ill to remain at school, the parents/guardians will be called. The student should be picked up within an hour of the parent being called. **The health room does not function as a health clinic and the school nurse cannot provide a medical diagnosis for students or give medical advice. The registered nurse can perform assessments and provide information about illness/care. Students must be seen by a licensed healthcare provider (MD, DO, ARNP, ND, PA) for illness diagnosis and management.**

- Fever: 100 F or higher is considered a fever. Students may return to school if 24 hours fever free and symptoms are improving.
- Vomiting/diarrhea: Students may return to school 24 hours after the last episode of vomiting and/or diarrhea.
- Viral illness (Covid, Flu, RSV, others): Students may return to school if 24 hours fever free and symptoms are improving.
- Skin rash: Should be evaluated by health care provider to determine if the rash is contagious and if treatment is necessary. May return to school with a note from provider or if the rash has resolved.
- Conjunctivitis (pinkeye): May return to school after 24 hours of antibiotic treatment.
- Bacterial infections: May return to school after 24 hours of antibiotic treatment.

### **Health Registration:**

A health registration form is completed for each student upon HCA enrollment. The health registration informs the school nurse of any medical conditions and/or medications the student is taking. Parents/guardians are responsible for informing the school nurse of any changes or updates to their student's health status each school year. Teachers are informed by the nurse if they have a student in their class with medical conditions on a "need to know" basis. The nurse will create a health care plan (Individual Healthcare Plan & Emergency Care Plan) for students with life-threatening medical conditions. In-services regarding medical conditions in the school will be held throughout the year as the school nurse deems necessary.

### **Observation of Students:**

Teachers in daily contact with students are in a much better position than others to note the presence or absence of good health. Do not assume that the school nurse knows about even the most obvious observations i.e. frequent absence, frequent fatigue, lack of vitality, recurrent colds or cough, dental neglect, lack of adequate breakfast or lunch, lack of adequate clothing, need for a vision or hearing test, behavioral problems, or lack of cleanliness. Please inform the nurse of any concerns.

### **Communicable Diseases:**

"Communicable disease (contagious disease)" means an illness caused by an infectious agent which can be transmitted from one person, animal, or object to another person by direct or indirect means including transmission via an intermediate host or vector, food, water, or air. HCA follows [Notifiable Conditions and Local Health Jurisdictions \(wa.gov\)](#) and will refer to [infectiousdiseasecontrolguide.pdf \(www.k12.wa.us\)](#) regarding the best practices for communicable diseases in the school setting. If the teacher suspects that a student has a communicable disease that student should be sent to the health room immediately. Parents are asked to notify the school as soon as confirmation of a disease or infection is made by a licensed health provider. A letter explaining the communicable disease (once HCA receives confirmation) will be sent home to parents of the exposed classes, while maintaining confidentiality.

### **Vision & Hearing Screenings:**

HCA performs yearly hearing and vision screenings for grades K, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, and 7<sup>th</sup> in accordance with [Chapter 246-760 WAC](#): The vision screenings will consist of distance, binocular, and near visual acuity. Hearing screenings are done using equipment providing tonal stimuli at 1000, 2000, and 4000 hertz (Hz) at a hearing level of 20 decibels (dB). Parents may opt their student out of screenings if the student has been screened within the last 12 months OR if they do not wish to have their student screened. Screenings will be performed on students in additional grades if concerns are raised by parents or teachers.

If a student passes the screenings, parents are not contacted. If a student does not pass either or both screenings, a letter will be sent home to share the results and may make a recommendation for further evaluation by an eye care specialist or audiologist. A vision and/or hearing screening only provides a snapshot of how the student performed on the day the test was administered and is not a substitute for a complete vision and hearing evaluation by a healthcare provider. Vision and hearing are important for development, physical activity, and social interactions. Early identification and treatment of vision/hearing problems can help promote a child's development and contribute to success in school.

# *I need to stay home if....*



## **I Need to Stay Home if...**



I have a <b>Fever</b>	I am <b>Vomiting</b>	I have <b>Diarrhea</b>	I have a <b>Rash</b>	I have <b>Head Lice</b>	I have an <b>Eye Infection</b>	I have been in the <b>Hospital</b>
Temperature of 100°F or higher	Within the past 24 hours	Within the past 24 hours	Body rash with itching or fever	Itchy head, active head lice	Redness, itching, and/or "crusty" discharge from eyes	Hospital stay and/or ER visit

## **I am Ready to Go Back to School When I am...**

Fever free for 24 hours without the use of fever reducing medication.	Free from vomiting for at least 2 solid meals without the use of medications.	Free from diarrhea for at least 24 hours without the use of medications.	Free from rash itching or fever and evaluated by doctor if needed.	Treated with appropriate lice treatment at home and proof is provided to nurse.	Eye has returned to normal or have a note from doctor to return to school.	Released by my medical provider to return to school.
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If your child has strep throat or other bacterial infections, he/she should stay home until the antibiotics have been given for at least 24 hours. Always follow your health care provider's recommendations about returning to school. Please contact the school nurse for any questions regarding specific illnesses not addressed in this chart.

[kathyw@hcabothell.org](mailto:kathyw@hcabothell.org) 425-485-2585

## **Head Lice:**

Head lice outbreaks are common in the United States among children between the ages of 3–12 years. Head lice are not a sign of poor hygiene or unclean homes or schools. Students of all socio-economic groups can be affected. Signs of lice are itching of scalp, tickling feeling on hair, detection of live lice or nits, sores/scratch marks, trouble sleeping, and/or irritability.

Lice and nits can be found on the head, eyebrows, or eyelashes, but are usually found on the scalp, particularly around and behind the ears and near the neckline at the back of the head. Head lice are very small (size of a sesame seed), dark colored insects that crawl from head-to-head. They do not fly, hop, or jump. They hide from light and are difficult to see. It is easier to spot their eggs or “nits”. Nits are tiny, pearly/shiny oval specks firmly attached to the hair. Look along hair strands (especially near the root) for tiny, egg-like ovals that won’t brush off the way dandruff does. Small red bite marks may be visible on the neck and scalp, especially evident around the back of the neck and behind the ears. Some individuals experience an itchy scalp. Unlike body lice, head lice are not a health hazard and are not responsible for the spread of any disease. Thus, infestation is principally a nuisance rather than a major threat to the student’s well-being. Approaches to treating and controlling the spread of head lice have evolved over the years and continue to evolve. Some chemical agents used in the past to eradicate head lice have proven to be dangerous and toxic to children. In some instances, head lice have become resistant to certain treatment methods. The American Academy of Pediatrics provides current clinical reports that clarify and update the protocols for diagnosis and treatment of head lice and provide guidance for the management of infested children in the school setting.

Transmission of head lice occurs most commonly by direct contact with a live louse through head-to-head contact. Transmission may be through play and interaction at school and at home, such as slumber parties, sports activities, at camp and on a playground. It is uncommon for lice to be spread from inanimate

objects such as hats, combs, brushes, pillows, helmets, headphones, or movie theatre seats. This is because head lice are not able to hold onto these materials or survive without the warmth and blood source of a human scalp. Head lice cannot survive away from the scalp for more than 2 days at room temperature. Nits are not easily transmitted because they are glued to the hair shaft.

Immediate or long-term exclusion from school is no longer recommended. Students with live head lice can remain in class and go home at the end of the school day, be treated, and return to school after the appropriate treatment has begun. Students can return to school with nits following treatment. Nits may persist after initial treatment, therefore, students with nits should be allowed back in school the next day. Successful treatment should kill crawling lice. Student(s) may return to school when the parent/guardian confirms adequate treatment (evidenced by no live lice and removal of most of the nits). Students need to be accompanied to school by an adult and cleared through the health room or office before they can return to class.

Lice and nits are most effectively removed by using a combination of combing every day and lice treatments. There are both insecticidal and non-toxic lice treatments available over the counter. We recommend going to “Lice Knowing You” for treatment.

[infectiousdiseasecontrolguide.pdf \(ospi.k12.wa.us\)](http://infectiousdiseasecontrolguide.pdf (ospi.k12.wa.us))

[Seattle Lice Removal & Treatment Clinic - Lice Knowing You ® | Award-Winning Treatment](http://Seattle Lice Removal & Treatment Clinic - Lice Knowing You ® | Award-Winning Treatment)

## **Immunizations:**

HCA follows the Washington State law regarding immunization requirements:  
[Chapter 28A.210 RCW: HEALTH—SCREENING AND REQUIREMENTS \(wa.gov\)](https://www.wa.gov/health/immunization/immunization-requirements)

### **Parent/Guardian Responsibilities for immunization records:**

The responsibility for students meeting immunization regulations is held by the parents, including foster parents and guardians. The nurse will run CIS reports on WAIIS before the school year and notify parents if their student is out of compliance. It is the responsibility of the parent/guardian to obtain up-to-date records. If the parents wish to exempt their child from one or more of the required immunizations, it is their responsibility to obtain the proper paperwork. The Washington State Certificate of Exemption (COE) form is available on the WA state DOH website, on the HCA website, or the link provided here: [Certificate of Exemption \(wa.gov\)](https://www.wa.gov/health/immunization/immunization-requirements).

### **School Administration Responsibilities for immunizations:**

Administrators have the final responsibility when it comes to immunizations. The administrator, by law, excludes children from school, preschool, or childcare if they do not meet immunization requirements. Administrators may give other staff members immunization tasks, which makes them “designees”.

### **School Nurse (designee) Responsibilities for immunizations:**

- Gather and assess the Certificate of Immunization Status (CIS) to ensure it is complete for all registered students.
- The CIS is filed in the front part of the student's chart.
- Identify students out of compliance and inform parents/guardians.
- Contact parents/guardians for follow-up, as needed.
- Create a “susceptible students” list in the event of a disease outbreak.
- Upon parent/guardian request, provide a Certificate of Exemption (COE) form.
- Send home a letter annually regarding Tdap and HPV vaccine recommendations/requirements for students entering 6<sup>th</sup> grade.

[Required Immunizations for School Year 2024-2025 \(wa.gov\)](https://www.wa.gov/health/immunization/immunization-requirements)

# **Heritage Christian Academy Medication Policy**

Heritage Christian Academy recommends that medication be taken at home whenever possible. We recognize, however, that in some cases it is essential that medication be administered during the school day. For the protection of all the students and to comply with Washington State law, Heritage Christian Academy has policy and procedures in place for the handling of ALL medications in the school. **For school events that occur outside of school hours (e.g., extended field trips and athletic events) parents/guardians are responsible for providing all medications.**

Please do not put any kind of medicine, including Tylenol, Ibuprofen, vitamins, and cough drops in your child's lunch box, backpack, or pockets. Unidentified medicine can never be given at school. Adults must deliver/pick-up medication to/at school. Parent/guardian will track the expiration date for medication and resupply as needed.

## **School Staff Administered – The following conditions must be met:**

- ✓ All medications, whether over the counter or prescription, need a current Medication Authorization Form signed by the student's licensed health care provider **and** parent/guardian.
- ✓ Medication must be delivered to school in a properly labeled prescription or original over the counter container. The student's name must be on the label with proper identification of the drug, dosage, and directions for administration.
- ✓ A quantity sufficient for **one** month only can be sent to school.
- ✓ The medication order is effective for the **current** school year only.
- ✓ If changes in the medication order occur, the parent is responsible for notifying the school and providing verification from the licensed health provider.
- ✓ **Field trips:** For students on daily medication, please request an extra labeled empty bottle from your pharmacy that can be used for field trips.

## **Student Self-Administered Medication – The following conditions must be met:**

In appropriate cases and with the knowledge of the school nurse, the parent/guardian can delegate the responsibility for self-administration to the student. In doing so, the parent releases Heritage Christian Academy from any obligation to monitor the student and assumes full responsibility for the student's use of the medication.

- ✓ Self-administration does not apply to controlled substances e.g., codeine, Vicodin.
- ✓ The student may only carry a one-day supply (1-2 doses) of the medication.
- ✓ The medication must be in the original container.

- ✓ The student must have written permission to self-medicate signed by the parent/guardian.
- ✓ **Medication to be self-administered for more than fifteen (15) consecutive days,** whether over the counter or prescription, requires a current Medication Authorization Form signed by the student's licensed health care provider AND parent/guardian AND the student stating that the student may self-medicate. The student must also demonstrate his/her ability to the school nurse to correctly evaluate his/her symptoms and use the medication appropriately.

**Asthma and Anaphylaxis medications:** When a parent requests that his/her student be allowed to self-administer medication for asthma and/or anaphylaxis, a Medication Authorization Form must be filled out and signed by the licensed health care provider AND the parent/guardian AND the student. The permission form must contain a treatment plan for what to do in case of an emergency. The health care provider must also provide training for the student in symptom recognition and the correct use of the medication(s). Additionally, the student must demonstrate his/her ability to correctly evaluate his/her symptoms and use of medication(s) to the school nurse including how to access help when needed.

**School responsibility:** Non-medical staff will be trained by the school nurse in proper procedures for administration of medication if they are willing and appropriate to be delegated to. Medications will be recorded on an individual medication log sheet, will be checked in/out (counted) and will be stored in a secure location in the health room.

Thank you for your support and cooperation in making Heritage Christian Academy a safe and healthy environment for learning.

Legal References:

RCW 28A.210.260 /RCW 28A.210.270 /RCW 28A.210.320 /RCW 28A.210.370

## **Medication Administration Procedure:**

### **Medications:**

**All medications, whether over-the-counter (except sunscreen) or prescription, need a current [Medication Authorization Order Form \(rev. 2024\).pdf](#) signed by the student's parent/guardian AND Health Care Provider. The Authorization for Medication form must be completed for the CURRENT school year. For the school year beginning in September, the Authorization for Medication needs to be signed and dated by the parent and Health Care Provider on June 1st or later.**

Medications (with a few exceptions) will be stored in the health room in a locked cabinet labeled "medications".

Epinephrine autoinjectors (EpiPens) are stored in the health room in an unlocked cabinet labeled "EpiPens". Inhalers are stored in the same unlocked cabinet labeled "Inhalers".

If provided by the parents, students will have an additional epinephrine autoinjector stored in the emergency backpack in the classroom.

Teachers will be trained in the use of epinephrine autoinjectors annually. Select staff will be trained in the use of inhalers annually. Teachers and/or office staff may administer oral medications with the training and approval of the school nurse.

**Insulin, rectal seizure medications, and intramuscular glucagon may only be administered by a registered nurse (or PDA for diabetics only).**

### **Sunscreen:**

Washington state law allows students (K-12) to bring and self-administer topical sunscreen at school and school events without written permission from a health care provider. Sunscreens that are lotions or sticks are appropriate for school. Do not send spray or aerosol sunscreen to school. Please remind students not to share their sunscreen with others. [RCW 28A.210.278: Topical sunscreen products—Sun safety guidelines. \(wa.gov\)](#)

For preschool students, a parent or guardian must annually authorize a school-age provider to administer sunscreen. (WAC 110-301-0215)

### **NALOXONE:**

Naloxone is a safe and effective medication that temporarily reverses the effects of an opioid overdose, including fentanyl overdose. While overdoses are rare in schools, HCA will keep a supply of Naloxone in the health room as a precaution.

-<https://doh.wa.gov/sites/default/files/2024-02/150-243-NaloxoneinHighSchoolsFamilyEd.pdf>

-[Microsoft Word - 2023 0112 WA Statewide Standing Order to Dispense Naloxone FINAL](#)

-[Opioid Overdose - Administering Naloxone on Vimeo](#)

### **Health Procedures**

HCA is equipped to care for students with gastrostomy tubes, Vagal Nerve Stimulators (VNS), and/or those who require intermittent catheterization. Please speak with the school nurse to discuss the care plan AND submit a health procedure authorization form (below) for review.

[Health Procedure and Nursing Care Authorization Scanned.pdf](#)

## **Injuries to Students:**

Prevention through elimination of hazards and supervision of students should be always practiced. Policies to be followed in case of injury to a child at school or school sponsored events are covered in the following statements:

### **First Aid:**

First aid supplies are kept in each of the classrooms. Extensive first aid supplies are kept in the health room. These include bandages, ice packs, equipment to perform vital signs and assessments, splints, feminine products, emesis bags, ACE wraps, gloves, and masks. First aid kits are available for field trips. Teachers will monitor their own kits and notify the nurse for restocking of supplies.

### **Student injuries:**

The school nurse should be notified immediately upon injury and appropriate action taken. The school nurse will write a detailed chart note in FACTS for any health room visit. A Childcare Injury/Incident report might also be completed. If notifying the parent/guardian can wait until the child gets picked up, the written report will be given to the parent at that time. Often the nurse or teacher will contact the parent via phone or email to notify the parents of the incident, based on the severity of the injury. If the nurse is not present, the front office staff or teacher will assist the student.

### **Head Injuries:**

Head bumps will need to be evaluated by the school nurse. A detailed chart note will be completed and entered into FACTS. A Concussion Signs and Symptoms Checklist ([Concussion Signs And Symptoms Checklist \(cdc.gov\)](https://www.cdc.gov/concussion-injuries-in-schools/symptom-checklist.html)) will be filled out and given to the parent if there are any head injury symptoms. The Childcare Injury/Incident Report will be completed as well for licensure purposes if the child is in preschool.

### **Blood Spill Procedures:**

A blood spill may occur at any time the skin or mucous membrane opens. Skinned knees, cuts and nose bleeds are examples. Extreme caution should always be exercised when there is potential contact with blood.

- Disposable gloves should always be worn when tending to a blood spill, even if minor in nature. Gloves are available in all classrooms, the health room, the main office, and with recess teachers.
- If bleeding occurs, put on disposable gloves, apply a sterile compress with direct pressure. Take the child to the health room for further treatment after securing supervision for other children. First aid kits are located in the gym, health room, classrooms, playgrounds, and school office.
- If a blood spill occurs in the building, call the custodial staff immediately. It will be cleaned with soap and water and a bleach/water solution (1 part bleach to 10 parts water). Gloves will be worn during the cleaning. If a blood spill occurs outdoors flush the area thoroughly with water.
- A covered container identified by a biohazard sticker is available to dispose of anything blood soaked used during cleaning.
- The container used to hold the bleach/water solution should be washed and allowed to air dry.
- Disposable gloves should be removed and placed into a covered container.
- Wash hands with soap and water.
- Report the incident to the school nurse.

### **Care of Students with Special Needs:**

When a staff member identifies an area of concern with a student in their class, they will ask the parents for a meeting. Teachers will discuss areas of concern with the parents while being careful not to imply a diagnosis. Staff will recommend a parent follow up with their child's health care provider to further discuss the student's needs.

### **Recommendation for Services:**

If a parent asks a staff member for recommendations for places to help their child, the staff member will recommend they discuss it with their medical provider or contact their home area public school district to request evaluation of services.

## **Food Handling, Preparation and Storage Policy**

Heritage Christian Academy acknowledges the need for safe and effective procedures surrounding foods as a necessity to ensuring the continued health and safety of our students and staff. We do not have a cook/kitchen onsite. Many preschool and extended care staff have a food handlers permit. If food is handled, we will follow the process listed below:

### **Food Handling**

- Food handlers must not work when they are ill with a respiratory or gastrointestinal infection and/or have an infected cut on their hand.
- Staff must wash their hands with soap and warm water.
- Disposable paper towels should be used to dry hands after washing.
- If a food handler has a cut, rash, or burn on the hand, it should be covered with a bandage and protected by disposable gloves worn over top.
- Gloves must be worn. Staff must wash their hands before and after wearing them. Gloves must be changed after each use and whenever they become contaminated.
- Food handlers should wear clean outer clothing, abstain from having long fingernails, nail polish and/or jewelry, and should wear clean head gear that confines their hair.
- To ensure the safety of food handlers, first-aid and fire safety equipment are located on site.

### **Food Preparation**

- Food brought in by parents for class parties must be store-bought with a list of ingredients.
- Raw fruits and vegetables must be washed under cold running water.
- Food handlers will wash their hands prior to preparing food, when changing from raw to cooked food, or from raw to ready-to-eat food.
- Food handlers will avoid hand contact with food by using clean utensils to mix and serve food.

- All dishes, utensils, cutting boards, surfaces, and work areas must be cleaned and sanitized after each use to prevent cross-contamination of food and work surfaces.
- All utensils food handlers use to taste food during preparation must be cleaned and sanitized before each use.
- A thermometer will be placed in the fridge and food handlers must make sure the temperature is maintained at 4 degrees Celsius (40 degrees Fahrenheit) or colder. Food handlers must have equipment repaired immediately.
- Leftover food that was put out in serving bowls must be discarded.
- When serving food, it should be placed on plates or napkins and not directly on the table.
- Utensils will be used whenever possible to avoid hand contact with food.

### **Food Storage and Pest Control**

- Food must be stored in dry, well-ventilated areas at least 15cm from the floor.
- All food must be covered to protect it from contamination.
- Food containers and covers must be made of durable leak proof, nonabsorbent, food grade material.
- Cleaning materials must be stored separately from foods.

## Room Cleaning Procedures

HCA will follow the guidelines made by the WA State DOH for classroom cleaning to ensure that we control germs safely and effectively. Custodial staff are responsible for cleaning the school. Teachers may do additional cleaning.

[Safe Cleaning and Disinfecting Guidance for Schools \(wa.gov\)](https://www.wa.gov/HealthCare/Healthcare-Providers-and-Facilities/Healthcare-Facilities/Healthcare-Facility-Cleaning-and-Sanitizing)

### **If students are helping to clean:**

They will use soap and water spray bottles to spray their desk, then wipe with a paper towel. Rinse if needed. Dispose of the paper towel in the garbage. Soap will preferably be labeled “Green Seal” or “EPA Safer Choice”.

### **Disinfectants:**

**Students should NEVER use disinfectants.** Disinfecting is the responsibility of the school staff. Staff are trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills (blood, vomit, feces, urine). The custodian or school nurse should be contacted if your classroom needs cleaning and/or disinfection. Disinfectant wipes should never be used to clean your hands.

- Buckeye Eco Neutral Disinfectant is used throughout the school; a bleach solution is used for preschool classes.
- Teachers may use Lysol/Clorox (or similar) disinfecting wipes, with gloves on, if students are not present. ***Students should NEVER use these wipes, and they should not be present when they are used.*** Overuse does not provide any additional protection and can expose students and staff to harmful chemicals. These ingredients can trigger asthma and are associated with adverse health effects.

**Hygiene Policies:** HCA enforces a strict hand washing policy! Staff should wash their hands before work, after using the bathroom, after coughing, sneezing, or wiping their nose, before preparing, serving, or eating food, and after completing any activity that may have contaminated their hands.

\*SEE HCA's Material Safety Data Sheets (MSDS) for information on all products used at HCA.

## Students should wash their hands:

- Before preparing, handling, or eating food
- After coughing, sneezing, blowing, or wiping their nose
- After outside play
- After using the bathroom
- After contact with body fluids
- After completing any other activity that may have contaminated their hands

# STOP GERMS! WASH YOUR HANDS

Keeping hands clean is one of the most important things we can do to stop the spread of germs and be healthy.

- 1  Wet your hands with clean, running water, and apply soap.
- 2  Lather your hands by rubbing them together with the soap.
- 3  Scrub your hands for at least 20 seconds.
- 4  Rinse hands well under running water.
- 5  Dry hands using a clean towel or air dry them.

LIFE IS BETTER WITH  
**CLEAN HANDS**  
328459-A

[cdc.gov/handwashing](http://cdc.gov/handwashing)



When there is no access to a sink, such as on a field trip, alcohol based (at least 60% ethyl alcohol, dye-free and fragrance-free) hand sanitizer can be used. **Hand sanitizers are not a substitute for handwashing.** They are not effective when hands are dirty or greasy but should be used when there is no other option. For preschool students, a parent or guardian must annually authorize a school-age provider to administer hand sanitizer. (WAC 110-301-0215)

# **Asthma Policy and Procedures**

[RCW 28A.210.370: Students with asthma. \(wa.gov\)](http://www.wa.gov)

## **INTRODUCTION**

Asthma is an inflammatory disease of the respiratory tract and is the most common cause of absenteeism related to a chronic illness among school-aged children. The incidence of asthma among students is increasing. A student whose asthma is under control can participate more fully in all school activities. Quality asthma management involves the efforts of the student, student's parent(s)/guardians, and medical provider, and school personnel. In the school setting, the school nurse, by law, guides the team of people who will help maintain a school environment that is safe and supportive for the student with asthma. The school nurse communicates directly with the student and parent and is responsible for training school personnel regarding the administration of needed medications, responding to a student's asthma symptoms, and minimizing asthma triggers.

All staff members at HCA need to be aware of asthma, its symptoms, triggers, and the management of asthma in the school setting. HCA strives to be an asthma-friendly school. HCA follows the guidelines of the A.M.E.S. manual:

[AMES: Asthma Management in Educational Settings ~ American Lung Association of Washington, 5/01, Revised 5/04 \(waionline.org\)](http://www.waionline.org)

## **What should I do if a student is having an asthma attack?**

Contact the school nurse. The school nurse or trained staff member will:

- Give medications as directed by the Medication Authorization Orders and the student's ICP.
- Encourage the student to relax, take slow breaths, and offer sips of warm water to relax and refocus
- Contact parent if no improvement after 15-20 minutes

**\*\*When a student is having asthma symptoms, ALWAYS have an adult accompany the student to the health room.**

**CALL 911 for the following signs and symptoms:**

- No improvement in asthma attack symptoms 15-20 min after initial treatment with medication and parent/emergency contact cannot be reached.
- Medications are not available, and the student is exhibiting the following asthma attack symptoms: wheezing or persistent coughing, difficulty breathing, chest and neck “pulling” with breathing, struggling to breath, turning grey or blue in lips, skin, or nailbeds and/or loss of consciousness.

**Early warning signs and symptoms of an asthma attack in a student who is known to have asthma:**

Although an asthma attack can begin suddenly, many students show “early warning signs” before the episode begins. Examples might include dark circles under eyes, itchy throat or chin (tickle in throat), behavioral changes, stomachache (younger child), decreased appetite, funny feeling in chest (younger child), drop in peak flow meter to yellow or red zone, grumpiness or irritability, persistent coughing, fatigue, agitation, and headache. Students vary significantly in the ways that they perceive their symptoms.

**Working with Parents and Students to Manage the Student’s Asthma at School:**

As a chronic health problem, the severity of asthma can vary. Some students will have mild asthma and require medications occasionally, e.g., with colds, or periods of excessive pollen, whereas other students will have asthma that requires daily medications and frequent monitoring. Any acute asthma episode has the potential to become life-threatening. Some students have an asthma history that increases the likelihood of a life-threatening situation at school for which [RCW 28A.210.320: Children with life-threatening health conditions—Medication or treatment orders—Rules. \(wa.gov\)](#) would apply. These students must have an Emergency Care Plan (ECP) and an Individualized Care Plan (ICP). Any student for whom asthma medication is provided at school has an ECP in place.

After the initial assessment is complete, appropriate asthma management plans will be developed by the school nurse and should include:

- The student's name and date of birth
- Routine medications and delivery methods
- Medications needed at school
- Licensed Health Care Provider name and phone number
- Usual triggers and asthma symptoms
- Peak flow measurements (if used for monitoring)
- Strategies for preventing acute asthma attacks
- Co-morbidities that may affect asthma management (i.e., anaphylaxis)
- An emergency plan for an acute asthma attack
- Parent and emergency back-up contact information

Parents are informed that medication and treatments, according to Washington State law, cannot be administered by any school personnel without an LHCP (licensed health care provider) order [Medication Authorization Order Form \(rev. 2024\).pdf](#). Parents cannot direct school staff regarding medications or procedures. The school nurse must follow orders provided by the LHCP. Any change in orders must be in writing to the school nurse or given by the LHCP directly to the school nurse verbally. The school nurse and other school personnel will collaborate to implement the Emergency Care Plan (ECP) and IHP, if needed. Training of school personnel must be done by the school nurse. An Authorization for Exchange of Medical Information form signed by the parent may be helpful so that the school nurse can exchange essential information with the LHCP.

### **Non-routine Asthma Medications given at school:**

Parents will be notified when non-routine asthma medications are given to the student during school. This will assist the parent and student in managing asthma.

## **Who can monitor or give medications to students at school?**

Registered nurses in school settings function under a special provision that allows them to delegate and supervise the administration of oral medications to unlicensed school personnel who are willing, competent, and trained. The NCQAC assumes that the registered nurse uses the nursing process to assess the care needed, verify orders, individualize standard guidelines based on the student's needs and the nurse's assessment, and that certain tasks will not be delegated when the registered nurse determines that care is too complex.

### **Self-Administration of Medications:**

Assessment of the student's ability to independently take metered dose inhaled medications will be determined by the student, parent/guardian, school nurse, and the primary health care provider. If a student is responsible for self-administration of his/her own medications on a routine basis or for acute asthma attacks, the metered dose inhaler will be in the possession of the student and may be taken as needed. A [Medication Authorization Order Form \(rev. 2024\).pdf](#) is still required even if the student self-administers medications at school. An additional inhaler is requested to keep in the health room in the case that the student does not have an inhaler at school.

Authorization for any student to self-administer medication to treat asthma or anaphylaxis will be granted if:

- A licensed health care practitioner (LHCP) prescribed the medication for use during school hours and instructed the student in the correct and responsible use of the medication.
- The student has demonstrated to the LHCP and the registered nurse at the school the skill level necessary to use the medication and any device necessary to administer the medication as prescribed.
- The LHCP formulates a written treatment plan for managing asthma episodes and medication use.
- The student's parent/guardian has completed and submitted to the school any written documentation the school requires, including the treatment plan and documents related to liability.

The authorization will allow the student to possess and use his/her medication in school, at school-sponsored events, and in transit. A written treatment plan will be kept on file. The student must be willing to comply with the following rules:

- Always keep the bronchodilator inhaler with him/her.
- Notifying a responsible adult when a bronchodilator is used.
- No sharing of medication with other students or leaving it unattended.
- No use of the bronchodilator for reasons other than what it is intended for.

**All school personnel interacting with students with asthma should know the following:**

- How to reduce known asthma triggers in the school environment. Common triggers found in the classroom include dust, animals, and solvent-containing products such as perfumes, paints, cleaning products, permanent and dry erase markers, air fresheners, art supplies, and rubber cement.
- The early warning signs of an asthma attack.
- Whether the student can carry and administer their own medication.
- The location of a readily available copy of the student's School Emergency Care Plan.
- The possible side effects of asthma medications and how they may impact student performance in school.
- The importance of sending someone to accompany the student experiencing asthma symptoms.
- To advocate for students with asthma for full participation in athletics and physical activities in school.
- Develop a clear procedure with the student and parent for handling missed schoolwork and to encourage full school participation.

**\*\*Activity:** Participation in school sports and physical activity is encouraged.

There are no restrictions when a student's asthma is under good control.

**\*\*Confidentiality:** As with all health-related information, the asthma care plan is confidential. Sharing the plan with others should be on a need-to-know basis.

**\*\*Field Trips/Camp:** Make sure the student's medications, peak flow meter (if prescribed) and School Emergency Care Plan are taken with the student on the field trip. When students are car-pooling to and from off-campus school activities, the person authorized to administer medications will ride in the same vehicle with students requiring medications.

**\*\*Playground supervisors:** Playground supervisors will be given a list of students who have asthma or who are at risk for asthma attacks and will know what to do in the event of an asthma attack. Playground supervisors will be required to participate in the yearly staff in-service training on asthma.

### **Students with mild asthma who do not wish to keep medication at school:**

Any parent with a child with a history of asthma will be strongly encouraged to keep medications at school in case of an emergency or disaster such as an earthquake or fire. In a disaster, medical services may not be available. Parents will be informed about the risks associated with outside factors such as increased anxiety, poor air quality, and general allergens at school. Any allergen has the potential to aggravate asthma, even in children who rarely require medication.

## **Diabetes Policy and Procedures**

HCA utilizes the [Guidelines for Students with Diabetes \(ospi.k12.wa.us\)](http://ospi.k12.wa.us) written by the Washington State task force for students with diabetes.

[RCW 28A.210.330: Students with diabetes—Individual health plans—Designation of professional to consult and coordinate with parents and health care provider—Training and supervision of school district personnel. \(wa.gov\)](http://www.wa.gov)

### **Role of the school nurse/registered nurse:**

Registered nurses are responsible for assessing the status and identifying the needs of the child with diabetes. Input from the family, primary healthcare providers, specialty healthcare providers, teachers, and other school professionals are included in the assessment and care planning process. Comprehensive care planning reflects the individual needs of students, and considerable nursing judgment is used in each case. Once care is planned, registered nurses are expected to teach others in the school setting about diabetes. If a PDA is identified by the parents, for purposes of carrying out selected tasks, the registered nurse in the school retains the responsibility for overall care planning for the student. It is the school nurse who delegates specific aspects of care to appropriate school staff, trains and supervises those individuals, and retains responsibility for the quality of nursing care the student receives. Suggested parameters for nurses following physician orders and other plans or care include:

- All orders must be originated and signed by the authorized prescriber and must be specific to the student.
- Emergency plans must be ordered by the physician, ideally in cooperation with school personnel, and must be easily accessed and understood by nurses and other school personnel.
- Inclusion of parents in the planning of care is necessary for the 24-hour management of diabetes
- Nursing judgment is necessary to adjust within the sliding scale, and therefore, the decisions relating to dosage adjustment and interpretation of blood glucose measurements may not be delegated to unregulated individuals.

## **Enrollment**

The level of care for a student with diabetes will be considered prior to enrollment at HCA. The school nurse will meet with the potential student's parents to determine if the school has the resources to properly care for their child. The school nurse will be responsible for meeting with administration to explain the level of nursing care needed for the child. The decision to accept a student with diabetes will be made by administration.

## **Preparing for a diabetic student**

The parents and the student with diabetes will meet with the school nurse prior to the start of the school year to develop an Individualized Health Care Plan (IHP). Additional meetings should occur at least annually, after an extended absence related to diabetes, or if there are any changes in the student's treatment plan. The school nurse must be involved in the initial and ongoing discussions since it will be the nurse who establishes the school treatment, disaster, and emergency plans, coordinates the nursing care, and trains and supervises school staff in the monitoring and treatment of symptoms. The school nurse is ultimately accountable for the quality of the healthcare provided during the school day to students with diabetes. The school nurse has the responsibility of consulting and coordinating with the student's parents and Licensed healthcare provider (LHCP) to establish a safe, therapeutic learning environment.

### **Prior to the first day of school, the Registered Nurse will:**

- Obtain a parent signed release to access information from the student's LHCP and permission to evaluate the student.
- Secure LHCP Orders from Seattle Children's Hospital including the Emergency care plan (ECP)
- Secure legal forms for PDAs to provide care, if needed.
- Obtain medical equipment, medications, supplies, including extra food/snacks/juice (\*\*supplied by the parents/guardian).
- Meet with the student's teacher to plan how to accommodate the student's potential needs.
- Develop an IHP (Individual Health Plan) that includes disaster management.
- Provide safe storage for medication including insulin and glucagon.

- Provide sharps container for the classroom and health room.
- Provide staff training and education regarding the care of diabetic students.
- Ensure diabetic supplies (glucose tabs, snacks, glucagon) are in the pink classroom backpack.
- Review needs, establish plans, and implement in-service training for all pertinent staff on symptoms, treatment, and monitoring of students with diabetes.
- Prepare a checklist for substitutes, including but not limited to a chart with High/Low blood sugar symptoms, emergency contacts, location of supplies/food, and the school nurse contact information.

### **Parent-Designated Adult (PDA)**

A PDA is a volunteer, who may be a school employee, who receives additional training from a health care professional or expert in diabetic care selected by the parents, and who provides care for the student consistent with the student's IHP. To be eligible to be a PDA, a person who is not a licensed nurse must complete the specific PDA training offered via Seattle Children's Hospital. The employee must provide a copy of the certificate they receive upon completion of the PDA class. Then, they can file a voluntarily written letter of intent with the school nurse. The letter must be dated and shall be valid for not longer than one year. An employee who is not a licensed nurse and who wants to act as a PDA must file a valid letter of intent each year. No employee who refuses to file such a letter shall be subject to reprisal or disciplinary action. No employee may be coerced into filing such a letter. The registered nurse cannot delegate tasks to the PDA; tasks are directed by the parents to the designated adult.

A non-employee may become a PDA by filing a letter of intent with the school nurse. The parent of the diabetic child will be the only person who appoints a non-employee to be a PDA for the student. Additionally, all PDAs must receive training from a health care professional or expert in diabetic care selected by the parents. The school nurse is not responsible for the supervision of the PDA for those procedures that are authorized by the parents.

[RCW 28A.210.350: Students with diabetes or epilepsy or other seizure disorders—Compliance with individual health plan—Immunity. \(wa.gov\)](http://www.wa.gov) provides that a school district, school district employee, agent, or PDA who, acting in good faith

and in substantial compliance with the student's IHP and the instructions of the student's licensed health care professional, provides assistance or services under RCW 28A.210.330, shall not be liable in any criminal action or for civil damages in his or her individual or marital or governmental or corporate or other capacities as a result of the services provided under this law.

-[PDA staff form.pdf](#)

-[PDA non staff.pdf](#)

-[Endocrine and Diabetes Classes and Workshops - Seattle Children's \(seattlechildrens.org\)](#)

-[Diabetes Parent Designated Adult Video Module Series - YouTube](#)

## **Guidelines for the Diabetic Student**

### **Monitoring:**

Diabetic students should have their blood sugar checked:

- Before each meal/snack, at least every 3 hours
- Prior to exercise, after exercise
- Anytime the student displays symptoms of hypoglycemia or hyperglycemia
- \*Diabetic students shall always have immediate access to monitor blood sugars.

### **Snacks and Meals:**

- Diabetics may need to eat every two hours depending on their care plan.
- Diabetics must always have access to water and should keep water bottles at their desk. They should be allowed to refill water at any time.
- Due to the large volume of fluid intake, diabetics must always have unrestricted access to the bathroom.
- Snacks should never be skipped or withheld due to changes in schedule or for disciplinary measures.
- The nurse needs to be notified of class treats as early as possible (\*\*treats should always be store bought).

**Behavior:** The nurse should be notified of unusual behavior in a diabetic as this could be an indication of high/low blood sugar levels. When a diabetic is low/high,

they may not be in control of their behavior, and they should not be punished or disciplined.

**Illness:** Typical school illnesses can become severe in diabetics. To help the following should be implemented:

- Notify the school nurse and parents immediately if classmates have contagious illnesses.
- Consider placing diabetics in the back row during peak cold flu season (Nov-Feb)
- Avoid table configurations where students face one another during peak cold flu season.
- Late arrivals and/or absences are excused when due to medical appointments or when high or low blood sugar hinders the student's ability to complete work or arrive on time.

### **Making up Missed Assignments:**

- School policy for make-up work will be followed for minor illnesses causing 1-2 days of missed school.
- Parents are responsible for using FACTS to monitor missed work and their child's grades.
- Diabetic doctor appointments may require a full day. The parent should contact the teacher ahead of time to get assignments prior to the missed day of school so work can be completed on time.
- For extended illnesses and hospitalizations, the make-up work should be modified to reduce the stress on the child, such as fewer math problems for each assignment, excusing a paper or project, extending due dates. The parent should notify the school nurse and teacher if the student is hospitalized.
- Diabetics do have a social worker at children's hospital that may assist with school issues. Communicate any concerns to the parents.

### **Academic testing:**

- If a low/high blood sugar is discovered after a test and they did poorly they should be allowed to retake the test at another time.

Stress has an impact on a diabetic's blood sugar. The parent should communicate with the teacher if they see their child struggling academically or verbalizing concerns with schoolwork, peers, or conflict with the teacher. Reducing the stress at school will reduce the number of school days missed. The staff should try to help the diabetic student feel successful at school.

[School-guide-final-11-16-22.pdf \(diabetes.org\)](http://School-guide-final-11-16-22.pdf (diabetes.org))

### **Hypoglycemia and Hyperglycemia**

**Hypoglycemia** (blood sugar <70) symptoms include shakiness, jitteriness, sweating, hunger, headache, blurry vision, dizziness, lightheadedness, inability to concentrate, irritability, and loss of coordination.

**Severe hypoglycemia** (blood sugar <55) if also accompanied by loss of consciousness or the inability to swallow is a medical emergency.

**Hyperglycemia** (blood sugar > 250) may have similar symptoms of hypoglycemia. Most common symptoms include thirst, increased urination, fatigue, change in appetite and blurry vision.

<b>Checklist for Treatment of Mild to Moderate Hypoglycemia Symptoms</b>	
<input type="checkbox"/>	As soon as symptoms are observed, notify the school nurse or trained diabetes personnel. Check the student's blood glucose level to determine if it is low.
<input type="checkbox"/>	If the blood glucose level is below the level in the Emergency Care Plan for Hypoglycemia (usually 70–80 mg/dL), or if the student has symptoms, give the student a <b>quick-acting glucose</b> product equal to 15 grams of carbohydrate (or the amount specified in the emergency care plan) such as:
<input type="checkbox"/>	4 <b>glucose tablets</b> or 1 tube of glucose gel or
<input type="checkbox"/>	4 ounces of fruit juice (not low-calorie or reduced-sugar) or
<input type="checkbox"/>	4–6 ounces (half a can) of soda (not low-calorie or reduced-sugar)
<input type="checkbox"/>	Wait 15 minutes, then recheck the blood glucose level.
<input type="checkbox"/>	Repeat the steps above if the blood glucose level is below the level indicated in the Emergency Care Plan for Hypoglycemia.
<input type="checkbox"/>	Contact the student's parents/guardians if indicated in the Emergency Care Plan for Hypoglycemia.
<input type="checkbox"/>	Once blood glucose returns to normal, as designated in the student's Emergency Care Plan for Hypoglycemia, check the blood glucose level 1 hour later. If needed, provide an additional source of carbohydrate (e.g., whole grain crackers, graham crackers, granola bar, yogurt, fruit) if a meal or snack is not planned.

### Checklist for Treatment of Severe Hypoglycemia

- Position the student on his or her side to prevent choking.
- Contact the school nurse or trained diabetes personnel immediately.
- Do not attempt to give anything by mouth.
- The school nurse or trained diabetes personnel should administer glucagon, as indicated in the student's Emergency Care Plan for Hypoglycemia.\*
- Call 911 (Emergency Medical Services).
- Call the student's parents/guardians.
- Stay with the student until Emergency Medical Services arrive.
- Notify the student's personal diabetes health care team.

\*If administration of glucagon is not authorized by the student's Diabetes Medical Management Plan or Emergency Care Plan for Hypoglycemia, or if it is not available, staff should call 911 immediately.

### Checklist for Treatment of Hyperglycemia

#### Refer to the student's DMMP for specific instructions.

- Check the blood glucose level to determine if it is high.
- Check urine or blood for ketones.
- Calculate the Insulin Correction Dose needed.
- Administer supplemental insulin dose in accordance with the student's Emergency Care Plan for Hyperglycemia. (If student uses an insulin pump, see instructions below.)
- Give extra water or non-sugar-containing drinks (as needed).
- Allow free and unrestricted access to the restroom and to sugar-free liquids, as high blood glucose levels can cause increased urination and may lead to dehydration if the student cannot replace the fluids.
- Recheck blood glucose every 2 hours to determine if it is decreasing to target range.
- Restrict participation in physical activity as specified in the DMMP. However, if the student is not nauseous or vomiting and moderate to large ketones are not present, light physical activity might help to lower the blood glucose level.
- Notify parents/guardians as specified in the DMMP.

#### For Students Using an Insulin Pump:

- If student uses a pump, check to see if pump is connected properly and functioning by giving a correction bolus through the pump and checking blood glucose level 1 hour later.
- If moderate or large ketones are present, administer correction / supplemental insulin dose by syringe or insulin pen and then change pump site, if possible.
- For infusion site failure: give insulin by syringe or insulin pen prior to inserting new infusion set and replacing reservoir.
- For suspected pump failure: Suspend or remove pump and give insulin by syringe or insulin pen.

## **Allergy and Anaphylaxis Policy and Procedures**

To protect the students with life-threatening allergies at HCA, the staff takes a collaborative approach, working with the student, the parents, and the medical professionals, to ensure a child with allergies is protected from accidental exposure. HCA's policy is based on recommendations from the Food Allergy and Anaphylaxis network (FAAN) and the Office of Superintendent of Public Instruction (OSPI) and is in compliance with [RCW 28A.210.380: Anaphylaxis—Policy guidelines—Procedures—Reports. \(wa.gov\)](#).

The complete set of guidelines from OSPI may be located at the following website: [Guidelines for Care of Students with Anaphylaxis \(ospi.k12.wa.us\)](#)

We also comply with the “Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs”. This resource from the Centers for Disease Control and Prevention (CDC) provides practical information and planning steps for parents, school administrators, and staff to develop or strengthen plans for food allergy management and prevention.

The full description of the guidelines can be found at this website: [Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs \(cdc.gov\)](#)

### **OVERVIEW OF ALLERGIES AND ANAPHYLAXIS**

Several million Americans suffer from allergies. According to the American Academy of Allergy Asthma and Immunology (AAAAI), approximately 50 million Americans have some form of allergic disease and note that the incidence is rising. Some allergens such as food can trigger a severe reaction called anaphylaxis. Anaphylaxis is a life-threatening allergic reaction requiring immediate medical treatment.

### **FOOD ALLERGIES**

Allergies occur in students of all ages. Examples of allergens requiring epinephrine auto-injector:

- Foods such as peanuts, tree nuts, milk, eggs, fish, or shellfish.

- Medications such as penicillin or aspirin.
- Bee venom or insect stings, such as from yellow jackets, wasps, hornets, or fire ants).
- Latex, such as from gloves.

Ingestion of a food allergen is the principal route of exposure leading to allergic reactions. Even small amounts of food particles can, in some instances, quickly lead to fatal reactions unless prompt treatment is provided. The amount of allergen capable of triggering a life-threatening reaction is dependent upon the sensitivity level of each individual child.

### **Allergic Reactions and Anaphylaxis:**

Anaphylaxis is best described as a severe allergic reaction that is rapid in onset and may cause death. Not all allergic reactions will develop into anaphylaxis. In fact, most are mild and resolve without problems. However, early signs of anaphylaxis can resemble a mild allergic reaction. Unless obvious symptoms—such as throat hoarseness or swelling, persistent wheezing, or fainting or low blood pressure—are present, it is not easy to predict whether these initial, mild symptoms will progress to become an anaphylactic reaction that can result in death. Therefore, all children with known or suspected ingestion of a food allergen and the appearance of symptoms consistent with an allergic reaction must be closely monitored and possibly treated for early signs of anaphylaxis.

## **RESPONSIBILITIES**

### **Parent Responsibilities:**

- Notify HCA of the student's allergies,
- Notify HCA of changes in allergies, or any recent allergic/anaphylaxis episodes.
- Work with the school nurse to develop an Emergency Care Plan, as well as an Individual Healthcare Plan.

- Educate the child in the self-management of their food allergy including safe and unsafe foods, avoidance of allergens, symptoms of allergic reactions, and treatment plan, if exposed.
- Provide written medical documentation, medical instructions, and medications as directed by a physician, using the Emergency Care Plan as a guide.
- Provide properly labeled medications with the medication authorization form signed by the licensed health care provider on or before the first day of school.
- Replace medications after use or upon expiration.

**Student Responsibilities (if age/developmentally appropriate):**

- Will not share/trade food with others.
- Will not expose self to anything with unknown ingredients or items known to contain allergens.
- Will notify an adult immediately if they are exposed to allergen and/or have any allergy/anaphylaxis symptoms.
- Will self-carry Epinephrine Auto-injector with medical authorization form, if approved to do so.

**Teacher Responsibilities:**

- Know the Emergency Care Plan and classroom accommodations.
- Know the location of all emergency medications.
- Receive training by the school nurse to administer Epinephrine Auto-Injector.
- Inform substitutes of Emergency Care Plan and location of emergency medications.
- Set up a plan for students to inform you immediately if they are having a reaction.
- Help educate classroom about food allergies and reactions.
- Be prepared for special events, parties, field trips, and special projects including science and art.
- Instruct students not to share food and eating utensils.

- Read the labels of foods and other “project” materials coming into the classroom. If in doubt, don’t use it.

### **Nurse/School Responsibilities:**

- Ensure a [Medication authorization emergency plan for life threatening allergic reaction.pdf](#) has been completed/signed.
- Complete Emergency Care Plan (ECP) and Individual Healthcare Plan (ICP).
- Review the health records submitted by parents and physicians.
- Ensure all staff receive training in anaphylaxis, can recognize symptoms, and emergency preparedness.
- Be sure that medications are appropriately stored, not in locked cupboards or drawers.
- Students should be allowed to carry their own Epinephrine, if age appropriate, and after approval from the student’s healthcare provider, parent, and school nurse.
- Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer epinephrine during the school day, regardless of time and location.
- Discuss age-appropriate strategies for managing needs during field trips, events, etc.
- Follow federal/state laws and regulations regarding sharing medical information about the student.

### **SIGNS AND SYMPTOMS OF ANAPHYLAXIS**

Food is the leading cause of anaphylaxis in children. Children who have asthma and food allergies are at a greater risk for anaphylaxis and may often react more quickly requiring aggressive and prompt treatment.

- Skin                    Hives, skin rashes, or flushing, Itching/tingling/swelling of the lips, mouth, tongue, and throat. Nasal congestion or itchiness, runny nose, sneezing. Itchy, teary, or puffy eyes.
- Respiratory            Chest tightness, shortness of breath, wheezing, or whistling sound. Hoarseness or choking.

- Gastro-Intestinal      Nausea, vomiting, or dry heaves. Abdominal cramps or diarrhea.
- Cardiovascular      Dizziness, fainting, loss of consciousness. Flushed or pale skin. Cyanosis.
- Mental      Changes in the level of awareness. A sense of impending doom, crying, or anxiety. Denial of symptoms or severity.
- Other      Screaming or crying. Younger students may put their hands in their mouth/pull at their tongues.
- They Might Say:      “This food is too spicy. It burns my mouth or lips. There is something stuck in my throat. My tongue and throat feel thick. My mouth feels funny. I feel funny or sick.”

## RISK REDUCTION

Prevention is the most important method to manage anaphylaxis. ***The preschool at HCA is entirely “NUT FREE”, including extended care. Elementary, Middle School, and High School are NOT nut free environments.*** Avoidance of exposure to the allergen is the best way to prevent a reaction. The following risk reduction measures have been implemented at HCA:

- Per state law (RCW 28A.210.320) all students with a life-threatening food allergy are required to provide the proper medical paperwork and medications to the school prior to the first day of the school year. This includes students in the extended care and summer camp programs. ***The student shall be excluded from school until the proper forms and medications are in place.***
- A list is provided to all staff members that identify students with allergies and includes specific emergency medications and their location, in case of a reaction.
- Epinephrine auto-injectors are stored in the health room in the unlocked medical cabinet, labeled “EpiPens”. If the student provides two epinephrine auto-injectors, the second one is placed in the classroom pink emergency backpack. Antihistamines and inhalers will be kept in the health room.

Copies of the Emergency Care Plan and Individual Care Plan will be with each epinephrine auto-injector.

- Preschool Materials Coordinator will obtain a list of allergies and regularly review all supplies used for class projects.
- Teachers will review parent craft materials and food items prior to class parties to ensure no allergens are present.
- Teachers will inform parents of upcoming field trips so parents may make accommodations as needed.
- When a substitute teacher is necessary, the teacher will provide a list of students with allergies and how to contact the front office and school nurse.
- Never, under any circumstances, shall staff use another student's epinephrine auto-injector for another student.

#### **Mealtimes:**

- Students typically eat in their individual classrooms. On occasion a class may eat outside when the weather is nice.
- Cleaning and sanitation: Most cleaners (including dish soap spray) are sufficient in removing the peanut/nut allergen from a table surface. Students eating nut products or classroom specific allergens should clean their tables and perform handwashing after they eat.
- Preschool and extended care classrooms are "NUT FREE" to help reduce the chance of food related exposure. However, teachers are not able to fully guarantee a student will not accidentally have nut products in lunches.
- In the Elementary and Secondary classrooms, students are educated about their classroom specific food allergies. Students are asked to wash their hands after they eat. Teachers will implement a "NUT FREE" policy if they feel it is unsafe to allow items in the class due to severe allergies. Accommodations will be made for students who feel it is necessary to have nut products at meals.
- **Hand Sanitizers are not effective in removing food allergens or dirt.** Soap and water should be used after eating nut products or classroom specific allergens. All students should wash their hands prior to snacks and lunch.

- HCA will enforce safe practices among students, such as prohibiting meal/snack swapping, utensil swapping, and prohibiting eating on school transportation.
- Allergen-safe zones: Teachers will consider options for allergen-safe zones such as the classroom desks and/or lunch tables to decrease exposure to allergens. Specialist teachers will consider plans to ensure that common areas (such as Library, Music, Art, Computer, Science lab, and the gym) are allergen safe.
- Students are not allowed to take nut products out to recess.
- An Individual Health Care Plan (IHP) is filled out at the start of each school year. The IHP will identify what items are safe for the student with a food allergy. Parents will state if a student is allowed to eat only items brought from home.
- If there is a question about the safety of a food, the food will only be given after calling the parent to clarify.

### **Field Trips:**

- Students with allergies, requiring emergency medication, must carpool with a trained adult.
- Medication must always remain near the child. **Do not leave medication in the car during the field trip!** A copy of the Emergency Care Plan should go with the medication. If the student's parent is a chaperone the parent may carry their own medication from home. Teachers should ask to see the medication to make sure they have it.

### **Staff Education:**

- Every staff member receives First Aid, CPR, and anaphylaxis training (renewed every 2 years) prior to the start of the school year.
- The school nurse will provide a yearly in-service on Allergy and Anaphylaxis specific to HCA's school policy.
- Teachers will receive individual training by the school nurse, on specific student's emergency plans and the use of epinephrine auto-injector within the first week of school each year.

- The school nurse will provide any updated info or education regarding allergy management throughout the year.
- The school nurse will conduct a post-event debriefing following all rescue medication administrations.

**Treatment:**

Anaphylaxis is a potentially life-threatening condition, requiring immediate medical attention. **Most fatalities occur due to delays in and delivery of the needed medication.** Although many medications may be used for treating anaphylaxis, **epinephrine is the life-saving medication that must be given immediately to avoid death.** All students will require the help of others, regardless of whether they are capable of epinephrine self-administration. The severity of the reaction may hamper their attempt to self-inject. **Adult supervision is mandatory.**

Epinephrine, also known as adrenaline, is a natural occurring hormone in the body. Administering epinephrine autoinjectors quickly supplies individuals with a large and fast dose of the hormone. An injection of epinephrine will assist the student temporarily. Sometimes, a second dose is needed to prevent further anaphylaxis before the student is transported to a medical facility for further emergency care. **If a child is exhibiting signs of a life-threatening allergic reaction, epinephrine must be given immediately and the Emergency Medical Services (EMS) 911 called for transport. There should be no delay in the administration of epinephrine.**

**HCA has the following guidelines when addressing the treatment of anaphylaxis during the school day in accordance with [RCW 28A.210.383: Epinephrine autoinjectors \(EPI pens\)—School supply—Use. \(wa.gov\)](http://RCW 28A.210.383: Epinephrine autoinjectors (EPI pens)—School supply—Use. (wa.gov)):**

- **If a student known to have anaphylaxis has an exposure or a suspected exposure to an allergen, epinephrine is to be given immediately, and the EMS (911) system activated.**
- HCA does not keep a stock of EpiPens. Staff may only give medication that is prescribed for an individual student.
- Based on medical recommendations it is school policy that students should go to the hospital for evaluation after receiving an epinephrine auto-

injector. If the parent refuses treatment, they will sign a waiver with the paramedics.

- If a parent is not present at the time of transport to a hospital, a school staff member will accompany the student.
- Parents must provide a replacement epinephrine auto-injector prior to returning to school. Students will be excluded from school until the medication is replaced.
- The school nurse may not delegate to staff members the ability to determine the use of oral antihistamines (Benadryl, Zyrtec, etc.) versus epinephrine auto-injector in an allergic reaction. Therefore, if the school nurse is not on campus a staff member will give an epinephrine autoinjector as the first line of treatment for a known allergen exposure and/or anaphylaxis. This policy will be explained to all parents at the start of the school year.
- Never send a student who is feeling ill and has had a known allergen exposure to the school office or health room alone. It is not appropriate to send another student with the student experiencing symptoms of anaphylaxis.
- The school nurse will notify the student's physician for advice when there is a suspected allergen exposure that results in symptoms not clearly indicating the use of an EpiPen.

Helpful handouts: [PE3772 Food Allergy and Anaphylaxis \(seattlechildrens.org\)](http://PE3772 Food Allergy and Anaphylaxis (seattlechildrens.org))

How to use an EpiPen autoinjector: [howtouseepipenautoinjector.pdf](http://howtouseepipenautoinjector.pdf)

# **FORMS**

## **Medications:**

[Medication Authorization Order Form \(rev. 2024\).pdf](#)

[Medication authorization emergency plan for life threatening allergic reaction.pdf](#)

## **Immunizations:**

[Certificate of Exemption \(wa.gov\)](#)

## **Health Procedures:**

[Health Procedure and Nursing Care Authorization Scanned.pdf](#)

[Authorization for Release of Medical Information.pdf \(sharepoint.com\)](#)

## **Diabetes:**

[PDA staff form.pdf](#)

[PDA non staff.pdf](#)

## LINKS

- [HCA Medication Policy.pdf](#)
- [I need to stay home if chart.pdf](#)
- [Required Immunizations for School Year 2024-2025 \(wa.gov\)](#)
- [Concussion Signs And Symptoms Checklist \(cdc.gov\)](#)
- [infectiousdiseasecontrolguide.pdf \(www.k12.wa.us\)](#)
- [Safe Cleaning and Disinfecting Guidance for Schools \(wa.gov\)](#)
- [Seattle Lice Removal & Treatment Clinic - Lice Knowing You ® | Award-Winning Treatment](#)
- [Endocrine and Diabetes Classes and Workshops - Seattle Children's \(seattlechildrens.org\)](#)
- [Diabetes Parent Designated Adult Video Module Series - YouTube](#)
- [Guidelines for Care of Students with Anaphylaxis \(ospi.k12.wa.us\)](#)
- [RCW 28A.210.278: Topical sunscreen products—Sun safety guidelines. \(wa.gov\)](#)
- [Child Dental Emergencies.pdf](#)
- [Bee or Yellow Jacket Sting \(seattlechildrens.org\)](#)
- [AMES: Asthma Management in Educational Settings ~ American Lung Association of Washington, 5/01, Revised 5/04 \(waionline.org\)](#)