

REGULATION

ANNE ARUNDEL COUNTY PUBLIC SCHOOLS

Related Entries: DEC, DEC-RA, JEC, JEC-RA, JECA, JECAA

Responsible Office: CHIEF STUDENT AND SYSTEMIC SUPPORTS OFFICER, DIVISION OF STUDENT SERVICES

STUDENTS WITH ANAPHYLACTIC ALLERGIES OR PERCEIVED SYMPTOMS OF ANAPHYLAXIS

A. PURPOSE

To establish procedures to reduce the risk to students with anaphylactic allergies and for the management of students with a known history of anaphylactic allergic reactions, in accordance with State law.

B. BACKGROUND

Due to the life-threatening nature of anaphylaxis, students who attend Anne Arundel County Public Schools (AACPS) who have been diagnosed with an anaphylactic allergy shall have an emergency plan on file at their school. A student may be prescribed by a health practitioner an auto-injectable epinephrine for the treatment of anaphylaxis in the case of a severe allergic reaction. When a student has been prescribed by a health practitioner an auto-injectable epinephrine for the treatment of anaphylaxis, the student may self-administer if authorized by the physician and school health professional. This regulation shall govern how appropriate personnel will deal with preparation and emergency response in the event a student is exhibiting signs and symptoms of anaphylaxis, regardless of whether the student has been identified as having an anaphylactic allergy or has a prescription for epinephrine.

C. DEFINITIONS

1. ***Anaphylaxis*** – a progressive or sudden, severe, and potentially life-threatening allergic reaction, that occurs when an individual is exposed to an allergen.
2. ***Anaphylactic allergy*** – an allergy that causes a severe, systematic reaction resulting in circulatory collapse or shock that may be fatal.
3. ***Auto-injectable epinephrine*** – a portable, disposable drug delivery device that contains a premeasured single dose of epinephrine that is used to treat anaphylaxis in an emergency situation.

4. *Self-administer* – the application or consumption of medications in a manner prescribed by a health practitioner who is licensed, certified, or otherwise authorized under the Health Occupations Article to prescribe medications and medication delivery devices by the individual for whom the medication was prescribed without additional assistance or direction.

D. PROCEDURES

1. Effective management of a known anaphylactic allergy requires coordination between all individuals involved in the care of a student at risk for anaphylaxis, including the student’s parent(s)/guardian(s), the student, school administrators, school employees, the school nurse, and school health employees.
 - a. The parent(s)/guardian(s) shall:
 - i. Provide the school with emergency contact information that is accurate and updated as needed;
 - ii. Provide the school with complete and accurate medical information related to the student’s allergies and anaphylaxis history;
 - iii. Provide the school with a complete, signed Parent’s *Request to Administer Medication at School* form;
 - iv. Collaborate with the school nurse to develop the plan of care for the student at risk for anaphylaxis;
 - v. Supply and maintain at least one non-expired auto-injectable epinephrine device as ordered by the health care provider;
 - vi. Work with the school nurse and health care provider to obtain additional auto-injectable epinephrine as needed;
 - vii. Monitor the proper storage and routinely check the expiration date of the auto-injectable epinephrine for students who self-carry; and
 - viii. Provide the recommended medical identification indicating allergic condition.
 - b. The student shall:
 - i. Avoid known allergens and triggers;
 - ii. Inform school staff immediately in the event of symptoms after an exposure;

- iii. Responsibly self-carry and self-administer medication when appropriate and in accordance with State law; and
 - iv. Inform the school nurse or designated school health services employee in the event emergency medication is used according to the emergency plan developed with the school nurse.
- c. School administrators:
- i. Shall be aware of students at risk for anaphylaxis; and
 - ii. May contribute to the management of students at risk of anaphylaxis in the following ways:
 - a) Notifying parents/guardians and students about measures the school is taking to avoid exposure to food allergens;
 - b) Designating tables in the cafeteria, in consultation with the school nurse, to be used by students at risk of anaphylaxis that are free of foods containing major food allergens;
 - c) Informing parents/guardians about 504 plans and their applicability to students at risk of anaphylaxis; and
 - d) Implementing strategies to reduce bullying and harassment of students at risk for anaphylaxis.
2. All AACPS employees shall receive training on how to recognize the signs and symptoms of anaphylaxis.
3. All AACPS schools shall authorize at least one school employee to administer auto-injectable epinephrine in the event a school health employee is unavailable.
4. All AACPS schools that have a student(s) attending with a known anaphylactic allergy shall develop strategies to reduce the risk of potential allergic reactions by:
- a. Maintaining on file a completed *Parent's Request to Administer Medication at School* form (form) for the auto-injectable epinephrine prescribed by the physician;
 - b. Working in concert with the school nurse to ensure the staff members with a legitimate educational interest, as defined in the *Federal Educational Rights and Privacy Act*, are aware of the student's allergy, the symptoms of an

anaphylactic reaction, the location of and access to the student's auto-injectable epinephrine if the student is not able to self-administer, and instruction on the proper procedures to follow in administering the epinephrine;

- c. Monitoring and implementing, as necessary, the strategies developed in accordance with the *Maryland State School Health Services Guidelines: Management of Anaphylaxis in Schools* to reduce the risk of exposure to anaphylactic causative agents in classrooms and common areas;
 - d. Adhering to this regulation and the accompanying policy;
 - e. Limiting activities to minimize the risk of anaphylaxis, if necessary; and
 - f. Establishing procedures for self-administration of medication by the student if the student is determined to be capable of and responsible for self-administration by the student's health care provider, parent(s)/guardian(s), school nurse, and principal.
 - i. A principal may revoke the authority of a student to self-administer medication if the student endangers himself or another student through misuse of the medication.
5. A health appraisal shall be completed for a student with a known anaphylactic allergy:
- a. Upon the initial diagnosis of the anaphylactic allergy(ies); and
 - b. As determined medically necessary by the school nurse.
6. Upon completion of the health appraisal, the school nurse shall develop and implement an emergency action plan for a student with a known anaphylactic allergy. School employees who have direct contact with a student with an emergency action plan shall have immediate access to the plan in a manner determined by the school nurse.
- a. An emergency action plan shall be reviewed at least annually and updated as medically necessary to reflect changes in the student's health care needs.
7. School vehicle drivers shall be notified in advance of a student with an anaphylactic allergy on their school vehicle.
- a. The school principal, in consultation with the school nurse, shall notify the Supervisor of Transportation of a student with a known anaphylactic allergy who rides a school vehicle.

- b. The Supervisor of Transportation shall notify appropriate transportation personnel and school vehicle drivers of a student with a known anaphylactic allergy who rides a school vehicle.
 - c. School vehicle drivers who provide services to a student with a known anaphylactic allergy shall receive training to recognize the symptoms of an allergic reaction and what to do if a reaction occurs, including the injection of epinephrine for those students who are unable to self-administer.
8. Students with anaphylactic allergies who are able to self-administer their auto-injectable epinephrine shall carry a copy of a health care professional's medication order with their prescribed auto injectable epinephrine while riding a school vehicle. Students with anaphylactic allergies who are unable to self-administer their auto-injectable epinephrine shall carry a copy of a health care provider's medication order with their prescribed auto-injectable epinephrine while riding a school vehicle. School drivers and attendants may not be responsible for the custody of a student's auto-injectable epinephrine. If it has been determined medically necessary, students may need to sit in a designated seat on the school vehicle, which allows immediate access in the event an anaphylactic reaction occurs.
9. Storage of an auto-injectable epinephrine on an AACPS school vehicle is prohibited because temperature sensitivity renders the contents ineffective.
10. A school nurse or other authorized school employee may administer auto-injectable epinephrine, if available, to a student who is determined to be or perceived to be in anaphylaxis, regardless of whether the student has:
 - a. Been identified as having an anaphylactic allergy; or
 - b. A prescription for epinephrine as prescribed by an authorized license health care practitioner under the Health Occupations Article.
11. In the event a student is exhibiting signs and symptoms of severe anaphylaxis as outlined in the "Emergency Protocol for Anaphylaxis," stored outside of the medicine cabinet in the health room, contact school health personnel immediately. If school health personnel are unavailable, the designated school personnel shall be contacted so that they may administer auto-injectable epinephrine as directed by the "Emergency Protocol for Anaphylaxis," if available.
12. Emergency 911 shall be called after injection of the auto-injectable epinephrine whenever a student has had an anaphylactic reaction so the emergency medical technician or paramedics can continue administration of epinephrine. If the

- school health personnel are not on site at the time of the auto-injectable epinephrine injection, the first responder to the student shall send documentation of the anaphylactic episode (vital signs, interventions, and student's identifying information) to the hospital with the EMS responders. A copy of the documentation from the hospital shall be requested of the student's parent(s)/guardian(s) for maintenance in the student's health record. If epinephrine is administered, required paperwork shall be submitted to the Maryland State Department of Education.
13. Pursuant to §7-426.1 of the Education Article, an employee or authorized agent who responds in good faith to the anaphylactic reaction of a student and who is not willfully or grossly negligent in their response is immune from civil liability for any act or omission in the course of responding to the reaction.
 14. The school or its employee or authorized agent incurs no liability as a result of injury arising from self-administration of the auto-injectable epinephrine by the student. The student's parent(s)/guardian(s) shall be required to sign a statement to acknowledge such if the student is deemed capable of self-administration.
 15. The School Health Services Program shall obtain and store auto-injectable epinephrine in each school building to be used in an emergency situation. The purchase of auto-injectable epinephrine shall be in accordance with Policy DEC and Regulation DEC-RA – Gifts, Requests, Donations, and Solicitations.

Regulation History: Issued 02/02/11; Revised 02/06/13; 09/04/24

Note Previous Regulation History: None

Legal References: Federal Educational Rights and Privacy Act, Section 7-426.1 and 7-426.2 of the Education Article, Maryland State School Health Services Guidelines: Management of Anaphylaxis in Schools