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MODEL POLICY AND PROCEDURE 3416

"Medication" definition expanded

During the 2012 session, the legislature amended RCW 28A.210.260 to expand the definition of medications that school employees may administer to include prescription and over-the-counter topical medications, eye drops and ear drops. The new expanded definition does not include nasal inhalers, suppositories or non-emergency injections, which still require administration by a registered nurse or licensed practical nurse.

Formerly, school employees were permitted to administer only oral medications. Supporters of the amendment, including the School Nurse Organization of Washington and the Nursing Commission, stated that this placed an unnecessary burden on school nurses.

Often, school nurses were required to travel between schools dispensing topical and drop medications, at times every hour on the hour as warranted by a prescription, resulting in considerable logistical problems and expense. Supporters also noted that parents did not understand a school's refusal to treat common childhood ailments such as eczema and eye infections with benign topical and/or drop medications.

Under the new law, the conditions of medication administration remain unchanged with one exception: a licensed physician, registered nurse (RN) or advanced registered nurse practitioner (ARNP) must now be designated to "delegate to," in addition to train and supervise, a designated school employee



on administration of medication. As before, RCW 28.A.210.270 provides that substantial compliance with these conditions affords school employees and the school district immunity from civil liability in any action resulting from administration of medication. The same immunity applies in actions resulting from discontinuation of medication, provided that the superintendent or his or her designee has substantially complied with the conditions of administration and provided advanced oral or written notice to the student's parent or legal guardian.

WSSDA Model Policy and Procedure 3416, Medication at School, has been revised to reflect the changes.

PRESIDENT
Mary Fertakis

EXECUTIVE DIRECTOR
Dr. Jonelle Adams

EDITOR
Heidi Maynard

360.493.9231
800.562.8927
www.wssda.org

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MODEL POLICY AND PROCEDURE 3419

Self-Administration of Asthma and Anaphylaxis Medications

MODEL POLICY AND PROCEDURE 3420

Anaphylaxis Prevention and Response

WSSDA has revised Model Policy and Procedure 3419, Self-Administration of Asthma and Anaphylaxis Medications, to specifically define anaphylaxis and direct that the proper rescue procedure for this condition is to utilize the Office of Superintendent of Public Instruction's (OSPI's) *Guidelines for the Care of Students with Anaphylaxis* (2009).

WSSDA has also revised Model Policy and Procedure 3420, Anaphylaxis Prevention, renaming it "Anaphylaxis Prevention and Response," and again directing that schools utilize the OSPI *Guidelines*.

The tragic death of a Washington elementary school student last year is a vivid reminder of the need for clear and concise school policies that differentiate between responses to asthma and anaphylaxis emergencies.

The student was a known asthma sufferer, but also had food allergies that put her at risk for anaphylaxis. When school employees found her in the lunchroom wheezing, they took her to the health room. No school nurse was present that day. The student had a care plan in place prescribing an EpiPen (injectable epinephrine) for "allergic emergencies" but this was not used. Instead, school employees urged her to use her albuterol inhaler, presumably believing she was having an asthma attack.

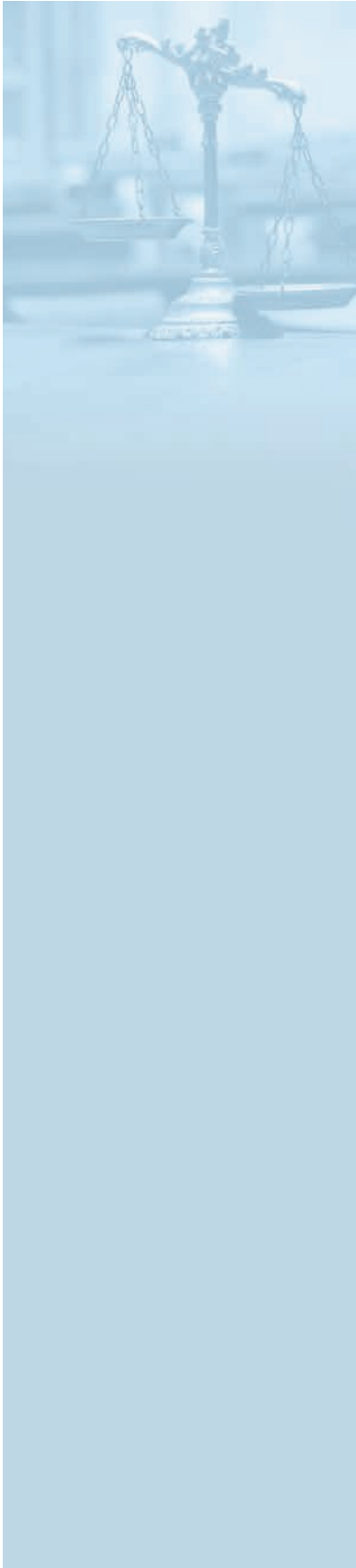
By this time, however, the student was in such respiratory distress that she could not expand her lungs enough to use the inhaler. Paramedics arrived within minutes to find the child

unconscious on the floor. She died on the way to the hospital.

In his article, *Managing Asthma & Anaphylaxis Emergencies in School Settings*, Seattle attorney Jessie L. Harris wrote that the primary difficulty in schools is that asthma and anaphylaxis share a common symptom: severe respiratory distress. Compounding the confusion is the fact that children with asthma can also suffer from anaphylactic reactions caused by food allergies, as in the case of the elementary student. In order to alleviate the confusion of school employees in dealing with cases of severe respiratory distress, Harris recommended that school districts:

1. Make sure policies are clear and concise by following the AMES (*Asthma Management in Educational Settings*) rescue protocol in cases of suspected asthma and OSPI's *Guidelines for the Care of Students with Anaphylaxis* (2009) in cases of suspected anaphylaxis;
2. Utilize a simple and standardized format for emergency care plans;
3. Implement a protocol for making sure emergency care plans are current and completed;
4. Make sure medication orders are clear and unambiguous;
5. Make training and documentation a priority.

WSSDA's Model Policies and Procedures 3419 and 3420 have been updated to ensure compliance with all five recommendations.



MODEL POLICY AND PROCEDURE 3413

Student Immunization and Life-Threatening Health Conditions

In response to Washington's recent pertussis outbreak, which has reached epidemic proportions in some areas of the state, WSSDA has updated Policy and Procedure 3413. The list of necessary vaccinations has been deleted and replaced with those vaccinations required by the State Board of Health. Additionally, the new policy allows for exemptions for immunizations only as allowed for by state law.

The new procedure specifies that a parent or guardian must provide a Certificate of Immunization Status (CIS) issued by the Washington Department of Health. If the CIS is not provided, students may enroll and attend school on "conditional admittance" status, but must provide

documentation to complete the CIS within thirty days. If a student needs additional doses to complete a vaccine series, he/she will remain in conditional admittance status for thirty days maximum after the next dose is due, until the series is complete. Failure to submit documentation within these timelines is sufficient cause to exclude the student from school.

The new procedure also includes an updated exemption process. All exemptions will now be processed and recorded on a Certificate of Exemption (COE) issued by the Washington Department of Health.

WSSDA's Model Policy and Procedure 3413 has been updated to reflect these changes.

Additional updates and revisions

■ MODEL POLICY 5231

Personnel — Length of Work Day

RCW 28A.405.464, Presence of certificated personnel at school before and after school, was added to legal references.

■ MODEL POLICY 3122

Students — Excused and Unexcused Absences

WAC 180-16-215(4), Minimum one hundred eighty school day year, was removed from legal references.



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