

Section J:

# Knox County Board of Education

**Students**

Descriptor Term:

## **Guidelines for Managing Life-Threatening Allergies**

Descriptor Code:

**J-355**

Issued:

**7/95**

Reviewed:

**12/23**

Revised:

**2/24**

Allergies to food or other substances are an immune system reaction that occurs soon after eating a certain food or other substances. The immune system produces antibodies to those specific foods or substances. The immune system response can produce a series of chemical triggers as part of the allergic reaction and in some instances can affect the respiratory system, cardiovascular system, skin, and the gastrointestinal system. Symptoms may range from mild to severe and may be life threatening.

School personnel who volunteer under no duress or pressure, and have been properly trained by a Registered Nurse are permitted to administer epinephrine when the school nurse is not available. If a student does not have an epinephrine auto injector and/or a prescription, the school nurse or trained personnel may administer the school's independent supply of epinephrine when responding to an anaphylactic reaction. If a student is injured due to the administration of epinephrine by a school nurse or other trained personnel, they shall not be held responsible for the injury unless administered with an intentional disregard for safety. Each school shall maintain at least two (2) unlocked secure epinephrine auto injector locations, including but not limited to, the school office and school cafeteria.

### **GUIDELINES**

- A student with anaphylaxis is entitled to possess and self-administer prescription anaphylaxis medication while on school property or at a school-related event if:
  - 1) The prescription anaphylaxis medication has been prescribed for that student as indicated by the prescription label on the medication;
  - 2) The self-administration is done in compliance with the prescription or written instructions from the student's health care provider or other licensed health care provider; and
  - 3) A written statement, signed by the parent, in which the parent releases the school district and its employees and agents from liability for an injury arising from the student's self-administration of prescription anaphylaxis medication while on school property or at a school-related event or activity except in cases of wanton or willful misconduct.
- The parent provides to the school written authorization, signed by the parent for the student to self-administer prescription anaphylaxis medication on school property or at a school-related event or activity.
- The school nurse or principal shall maintain a record for each student at risk for anaphylaxis.
- If a student utilizes the epinephrine auto-injector other than as prescribed, he/she may be subject to disciplinary action.

- 1 • Development of strategies to reduce the risk of exposure to anaphylactic causative agents in
- 2 classrooms and common areas such as the cafeteria.
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- 4 • Dissemination of information on life-threatening allergies to school staff, parents, and students if
- 5 the parent or legal guardian provides consent.
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- 7 • Development of an Individual Health Plan (IHP) and/or 504 tailored to the need of each individual
- 8 child at risk for anaphylaxis to include all school-sponsored events.
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- 10 • Development of a communication strategy between individual schools and local providers of
- 11 EMS, including appropriate instruction for emergency medical responses.
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- 13 • Procedure for the dissemination of information on life threatening allergies to food or other
- 14 substances to school staff, parents, and students, if appropriate under law.
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- 16 • Procedure for timely accessibility of epinephrine by school personnel when the nurse is not
- 17 immediately available.
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- 19 • Students with a known diagnosis of anaphylaxis must have a written and signed statement from
- 20 the student's licensed health care provider that supports:
- 21
- 22 a. Diagnosis of anaphylaxis
- 23 b. Identification of food or other substances to which the student is allergic
- 24 c. Indication of prior history of anaphylaxis
- 25 d. List any medications prescribed for the child for the treatment of anaphylaxis
- 26 e. Lists the signs and symptoms of a reaction
- 27 f. Recommendation of emergency treatment procedures in the event of a reaction
- 28 g. Provide a list of substitute meals that may be offered by school food service personnel
- 29 h. Assess the student's readiness for self-administration of prescription medication.
- 30 i. Completion of Knox County Schools Allergy/Anaphylaxis Allergy Action Plan to include
- 31 substitute meals and self- administration readiness
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#### 33 Food Allergy and Anaphylaxis Training:

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- 35 • Provide an overview of food allergies
- 36 • Review signs and symptoms of food allergy and anaphylaxis
- 37 • Discuss indications for contacting EMS (911)
- 38 • Explain medications for allergy and anaphylaxis
- 39 • Train, practice and evaluate staff with an epi-pen trainer
- 40 • Discuss best practices for preventing exposure to food allergens
- 41 • Delineate communication process during medical emergencies including who to contact for help
- 42 in an emergency
- 43 • Document training and evaluation of training
- 44 • Periodically provide training updates as needed
- 45 • Training must be completed annually
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47 The principal of each school, in conjunction with the school nurse, shall be responsible for the

48 implementation and administration of an Emergency Food Allergy Response Plan that focuses on

49 prevention and an appropriate response procedure should an emergency occur.

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Legal Reference:

1. Tennessee State Board of Education Policy 4.205.
2. T.C.A. § 49-50-1602 (e) and (f).

Approved as to the Legal Form  
By Knox County Law Director 1/2/2024  
*/Gary T. Dupler/Deputy Law Director*