
**Health Care & Wellness
Committee**

SSB 6556

Brief Description: Requiring the office of the superintendent of public instruction to develop anaphylactic policy guidelines.

Sponsors: Senate Committee on Early Learning & K-12 Education (originally sponsored by Senators Honeyford, Pflug, Morton, Stevens and Swecker).

Brief Summary of Substitute Bill

- Requires the Office of the Superintendent of Public Instruction, by March 31, 2009, to develop and report anaphylactic policy guidelines to school districts for use in developing school district anaphylaxis prevention policies by September 1, 2009.

Hearing Date: 2/25/08

Staff: Chris Cordes (786-7103).

Background:

Allergic reactions can sometimes result in a sudden life-threatening systemic reaction called anaphylaxis. These reactions most commonly result from exposure to agents like insect venom, food, or medications. Injection with epinephrine is recognized as the treatment of choice for anaphylaxis.

Medical Treatment in Schools

A state law enacted in 2002 limits certain students' admission to Washington's public schools. Students with life-threatening conditions that may require medical services at school may be admitted only if the student has a medication or treatment order. Another state law, enacted in 2005, requires school districts to adopt policies regarding asthma rescue procedures and in-service asthma training for school staff. This law allows students in public schools to self-medicate for asthma or anaphylaxis if, among other requirements, there is a written treatment plan, the

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

medicine is prescribed for use during school, and the student demonstrates the skill level necessary to use the medication.

A bulletin on the administration of medicines in schools issued by the Office of the Superintendent of Public Instruction (OSPI) in 2001 includes a discussion on the administration of emergency medications. It recommends that an emergency care plan be developed for students who have a history of severe reactions to insect bites, latex, food, and other allergens. The recommended plan would, among other things: (1) identify who may administer medications; (2) include written orders from a licensed health professional stating that the student suffers from an allergy that could result in an anaphylactic reaction and identifying the drug to be administered; and (3) include follow-up procedures. The bulletin further recommends that a registered nurse train and supervise non-nurse school staff in epinephrine administration.

Food Allergy Policies

Federal law provides funding to schools that guarantee special education and related services to eligible children with disabilities, which may include food allergies. If a student's food allergy may result in an anaphylactic reaction, as determined by a physician, the student is considered disabled for purposes of the federal law. In that case, food substitutions are required as prescribed by the physician.

Although some Washington public schools have specific policies addressing students with food allergies, there is not a statewide school policy on student food allergies. In the 2007-2009 operating budget, the OSPI was directed to convene a workgroup to develop, by March 31, 2008, school food allergy guidelines and policies to allow for school district implementation by the 2008-09 school year.

Other State Laws on Allergy/Anaphylaxis School Policies

Other states have adopted guidelines for managing life-threatening food allergies or anaphylaxis in schools. For example, both Connecticut and Massachusetts have food allergy policy guides for schools, and New York enacted a law in 2007 that directs the development of a statewide anaphylactic policy for school districts.

Summary of Bill:

By March 31, 2009, the OSPI, in consultation with the Department of Health, must report anaphylactic policy guidelines to school districts for schools to prevent anaphylaxis and related medical emergencies. Each school district must use the guidelines to develop and adopt a school district policy on anaphylaxis prevention for each of its schools by September 1, 2009.

The guidelines must be developed with input from pediatricians, school nurses and other health care providers, parents of affected children, school administrators, teachers, and food service directors.

The guidelines must address at least the following:

- procedures for developing a treatment plan, including responsibilities for school personnel for responding to a student experiencing anaphylaxis;
- training course content for appropriate school personnel for preventing and responding to a student experiencing anaphylaxis;

- procedures for developing an individualized emergency health care plan for children with food or other allergies that could result in anaphylaxis;
- a communication plan for the school to gather and disseminate information on students with food or other allergies that could result in anaphylaxis; and
- strategies for reduction of anaphylactic risk.

For the purposes of these provisions, anaphylaxis is defined as a severe allergic and life-threatening reaction that is a collection of symptoms, which may include breathing difficulties and a drop in blood pressure.

Appropriation: None.

Fiscal Note: Available on SB 6556.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.