



Central Islip Union Free School District

Board of Education & School District Policy Book

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| Section | Section Title | Type |
|---------|----------------------------|-------|
| 5000 | Student Policies | Local |
| Policy | Policy Title | |
| 5420.1 | Allergy/Anaphylaxis Policy | |

The Board recognizes its role and responsibility in supporting a healthy learning environment for all students, including those who have, or develop, life-threatening allergies. The district will work cooperatively with the student, parent/guardian, and healthcare provider to allow the child to participate as fully and as safely as possible in school activities. When a student has a life-threatening allergy reported on the child's health form, or if the district has been informed by the parent of the presence of a life-threatening allergy, the district will assemble a team charged with developing an individual health care plan. The team may include the parent, the school nurse, the child's teacher, the building principal and/or other appropriate personnel. The plan will be maintained by the school nurse. The parent/guardian will provide medication for the student as outlined under "Administering Medication to Students" in Policy 5420. The plan will guide prevention and response. If the student is eligible for accommodations based upon the IDEA, Section 504 or the Americans with Disabilities Act, the appropriate procedures will be followed regarding identification, evaluation and implementation of accommodations.

The increased prevalence of allergies and the risk of life-threatening anaphylaxis have impacted the school environment in recent years. Many environmental factors may serve as allergens. Food, insect stings and latex are examples of common allergens. While the Board of Education cannot guarantee an allergen-free environment, the Board will endeavor to provide an environment that limits the risk for students with life-threatening allergies. The Board directs the Superintendent of Schools and/or his/her designees to take steps necessary to meet this objective.

Allergies - Patient Specific

For students with severe allergies which may result in life-threatening reactions to various environmental triggers, it is necessary for the district to work cooperatively with the parent(s), guardian(s) and the healthcare provider to:

- Develop an Emergency Care Plan that includes all necessary treatments, medications, training and educational requirements for the students.
- Obtain appropriate health care provider authorization in writing that includes the student's name, name of medication, dosage and route, the frequency and time or conditions for administration, conditions for any testing and/or treatment, symptoms and treatment of any conditions associated with the health problem, and directions for emergencies. This authorization must be dated, signed and stamped with the prescriber's office information should the need to contact them arises.
- Secure written parent permission and discuss parental responsibility that includes providing the health care provider's orders, providing any necessary equipment, and participation in the education and co-management of the child as he/she works toward self-management.
- If the student is eligible for accommodations based upon the Individuals with Disabilities Act (IDEA), Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act, the appropriate procedures will be followed regarding evaluation and identification.

The district will work toward assisting students in the self-management of their chronic health conditions based upon the student's knowledge level and skill by doing the following:

1. adequately training all staff involved in the care of the student; and
2. assuring the availability of the necessary equipment and/or medications.

The school must receive a documented diagnosis of allergies and clear, easy-to-follow written instructions from the student's health care provider for managing the student's allergies: avoidance measures, typical symptoms, dosing instructions for medications and emergency protocols. Parents are responsible for providing the medication for their child with the allergy,

directly to the school's health office in the properly labeled original pharmacy container as well as for maintaining an adequate and up-to-date supply of the prescribed medication. Parents will provide written permission for the child's health care provider and school officials to consult on behalf of the child.

If the child is at risk of a lethal allergic reaction, the district encourages that he/she wear a medical information bracelet or necklace that identifies the specific items that may cause an anaphylactic reaction.

School officials in consultation with parents will determine which school personnel are made aware of the allergic student's condition. Appropriate school staff will receive details of the Emergency Care Plan. School personnel should include but is not limited to the classroom teacher, special area teachers, classroom teacher's aide and/or assistant, Lead Cook and cafeteria aides if different from the classroom aide.

Allergies - Non-Patient Specific

The Superintendent and/or designees will establish school level emergency plans to adequately deal with and treat potential anaphylactic reactions occurring in previously undiagnosed individuals, via a non-patient specific order. A non-patient specific order is a standing order or protocol issued by a health care provider, authorizing a Registered Nurse to administer anaphylactic treatment agents to a student or staff member suffering an anaphylactic reaction even if there is no known history.

Food Allergies

One of the more common forms of allergies involves food. Students may display a range of allergic responses from minor to life-threatening. In some cases, minute amounts of the food allergen, when eaten, touched or inhaled can make the allergic child very ill.

Currently, there is no cure for food allergies and avoidance is the only prevention; yet it is impossible to achieve complete avoidance of all allergic foods, as there can be hidden or accidentally introduced sources. Therefore, the child's parents and health care provider must prepare the school district for serious reactions that may occur despite precautions. To that end, parents are responsible (as noted above) for notifying the school of students with documented food allergies and/or anaphylaxis and for providing necessary medical information including the family health care provider treatment protocol, orders and prescribed medication. This notification should occur at the time of enrollment or as soon after diagnosis as possible. Once the district has been notified by the parent, a conference will be held to develop an Emergency Care Plan, if necessary. The district does not have diagnostic responsibility with respect to medical conditions.

The district's goals for severe food-allergic children are to reduce the risk of exposure, identify and recognize symptoms of an adverse reaction and ensure prompt emergency treatment. In response to a specific case of food allergies, each school may place limitations on foods that may be brought into school

from home or places where foods may be eaten. The district will seek cooperation from the school community. Implementation shall be consistent across the district.

When children have been identified by their parents and health care providers as food-allergic/anaphylactic and have reported their medical information to the school nurse, the parents will be given a copy of the Board policy and related regulations. Each will have a tear-off sheet to be signed by the parent indicating they have received it.

Regulations

The Superintendent of Schools shall establish regulations to provide for the allergic/anaphylactic child. These regulations may include development of an Emergency Care Plan, Epinephrine or other medication to be used and staff training, staff in-service, forms and letters, consents, waivers and privacy issues and sharing information.

1st Reading: November 12, 2013

2nd Reading: December 9, 2013

Adoption date: December 9, 2013

Reference:

Education Law §§310 (provisions for appeal of child denied school entrance for failure to comply with immunization requirements); 901 et seq. (medical, dental and health services, BMI reporting); 919 (provide and maintain nebulizers); 6909 (emergency treatment of anaphylaxis)

Public Health Law §§613 (annual survey); 2164 (immunization requirements)

8 NYCRR § 64.7 (administration of agents to treat anaphylaxis); Part 136 (school health services program)

Administration of Medication in the School Setting Guidelines, State Education Department, revised April 2002

Immunization Guidelines: Vaccine Preventable Communicable Disease Control, State Education Department, revised August 2000

Making the Difference: Caring for Students with Life-Threatening Allergies, New York State Department of Health, New York State

Education Department, New York Statewide School Health Service Center, June 2008

Suffolk County Sanitary Code Chapter 760-1315, Suffolk County Sanitary Code page 133, (Revised November 2011)

Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-Threatening Food Allergy, National School Boards Association (NSBA) January 2012