



## Central Islip Union Free School District

Board of Education & School District Policy Book

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Section	Section Title	Type
5000	Student Policies	Regulation
Policy	Policy Title	
5420.1-R	Allergy/Anaphylaxis Regulation	

School staff will be guided by the New York State document titled “Making A Difference, Caring for Students with Life-Threatening Allergies”. Copies of which are available in each school building nurse’s office.

### Definitions

- **Allergen:** A substance that triggers an allergic reaction.
- **Allergies:** An exaggerated response to a substance or condition produced by the release of histamine or histamine-like substances in affected cells. It is characterized by an overreaction of the immune system to protein substances – either inhaled, ingested, touched or injected – that normally do not cause an overreaction in non-allergic people.
- **Allergic Reaction:** An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When an allergen is eaten, the food allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing), the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). Each person with a food allergy reacts differently to the allergen. Each reaction by a food allergic student may differ in symptoms.
- **Anaphylaxis:** A life-threatening allergic reaction that involves the entire body. It may be characterized by symptoms such as lowered blood pressure, wheezing, vomiting or diarrhea, and swelling and hives. Anaphylaxis may result in shock or death, and thus requires immediate medical attention.

### Emergency Care Plan

When parents and their health care provider identify a food-allergic/anaphylactic child to the school, the parents will consult with the school nurse. The parent will participate in the completion of an Emergency Care Plan form each year that provides up-to-date medical information and the treatment protocol from the family's health care provider. Parents will immediately inform the district of any change in the status of this information. Parents will supply medicines and Epinephrine Auto Injectors to schools as prescribed by their physician.

The Emergency Care Plan form should include information from the health care provider as to symptoms of the child's allergy, recognizing warning signs of reactions, administering medical and emergency treatment for the child, and any other pertinent information. The Emergency Care Plan will be shared with teachers, nurses, administrators, food service workers, cafeteria monitors, bus drivers, coaches and others responsible for the student. It will be provided to emergency responders if necessary. The Plan will go with the child on all field trips.

The Emergency Care Plan will also include phone numbers: child's home, parents' work and cell phone numbers, emergency contact numbers (relatives, friends, neighbors) and the child's health care provider. Every Emergency Care Plan will also include the name of the local Emergency Services and the direct phone number to dial for an anaphylactic emergency.

If exposure to an allergen occurs despite avoidance efforts, the school will follow the prescribing health care provider's protocol to which the parents have given consent. Parents will be notified if any medicine has been administered. The school will tend to the child and administer the Epinephrine Auto Injector if that is the treatment protocol. The Fire Department/Rescue Squad will be called specifying the need for a response to an allergic reaction/anaphylaxis.

Any child who has been administered an Epinephrine Auto Injector, will be transported immediately to a hospital even if symptoms resolve. An adult will be sent to accompany the child in the ambulance and to stay with the child until a parent arrives. After the call to the local Emergency Services, the parents and/or emergency contacts and then their health care provider will be called.

A letter from the school principal will be sent home by certified mail if the nurse does not receive an Emergency Care Plan from the child's health care provider within two weeks of change in the status of food-allergic/anaphylactic

information. If in another two weeks there continues to be non-compliance, the nurse will make a report to Child Protective Services.

### **Food Allergies - Parent Responsibilities**

When a child's food allergies have been identified by his parents and health care provider, the school district requires that the parents:

1. inform the school nurse of the child's allergies and condition and provide written medical documentation that is updated regularly;
2. provide the school nurse with written medical instructions from their physician;
3. provide the school nurse with Epinephrine Auto-Injectors and other medication, if appropriate, as prescribed by the family's health care provider\*;
4. be encouraged to provide the child with a medical information bracelet or necklace to be worn at school that lists allergies;
5. assist in the school's communications plan;
6. participate in the development of an Emergency Care Plan;
7. provide safe foods for lunches, snacks, and special occasions;
8. be invited to attend field trips, if possible;
9. confer with teachers regarding lessons or projects that use food;
10. teach their allergic child to first recognize first symptoms, to communicate these to staff, to not share snacks, lunches, drinks and utensils, and to report any teasing;
11. consent to share photographs and medical information with necessary employees; and
12. maintain up-to-date emergency contacts and phone numbers.

\*If within two weeks there is no doctor's treatment plan provided, a principal's letter will be sent by certified mail. If in another two weeks there is continued non-compliance, the nurse will make a report to CPS regarding medical neglect.

**Lunch** The food-allergic child will eat only food brought from home or approved by the parent if buying lunch. In the cafeteria, attempts will be made so that the food-allergic child will eat or touch only the foods sent in by his/her parents. The parent must make the determination as to the safety of a cafeteria lunch for their child. If a child with food allergies is going to buy a school lunch, the parent must notify the teacher and send in a written permission note indicating the date and specific lunch to be purchased.

**Cafeteria** When parents and their physician inform the district/school of a child with food-allergies/high risk of anaphylaxis and request lunchroom

accommodations, the school will institute lunchroom procedures to help protect the child. Most commonly, this will include children with "nut" (e.g., cashews, hazel nuts, walnuts, almonds, pine nuts, etc.) allergies. The school will designate certain cafeteria areas as "allergen controlled." Allergen controlled areas will be supervised by cafeteria monitors. Prior to each lunch period, the designated table and seats will be cleaned with a wet soapy cleaner and wiped with disposable towels.

In these designated areas, students will be told that there will be no sharing or trading of food, utensils, or containers and no touching of the allergic-child's food. The children at these tables should not put food directly on the table but rather on disposable trays or napkins. Children with "safe lunches" may sit at the allergen controlled areas. The child with food allergies should not dispose of food in the garbage pail to avoid accidental contact with wrappers, etc. that might have allergens. These children should not be seated near a garbage can or food service line.

The parent(s) and/or guardian(s) of students with food allergies will return the signed Opt Out Form for grades K through 5 and/or a signed Opt In Form for grades 6-12.

A letter will be sent home to all families in the school seeking voluntary support for limiting food allergens brought in from home. A letter will also be sent home to classmates of children with food allergies explaining cafeteria and classroom rules. The classroom teacher will also inform the class about the rules and explain the seriousness in an age appropriate way.

**Food Service** When a food-allergic child has been identified by his/her parents and health care provider, a form with his/her name, and food allergies will be shared with the food service staff as well as a picture **if** available without compromising confidentiality.

The cafeteria program will use disposable trays and utensils.

The School Lunch Director will continue to check ingredient labels for food products used in the School Lunch Program, including vending machine products. The Director will make a list of known technical, scientific and alternate names for common food allergens to be shared with each school.

To prevent cross-contamination in the kitchen, there will be an Allergen Safe Area for preparation of allergen safe foods free from the top eight allergens

(Peanut, Tree Nut, Milk, Egg, Wheat, Soy, Fish, Shellfish) that will not be prepared in this area.

The Disclosure of Food Allergens List will be posted in the cafeteria near the food service line for viewing of allergens by staff.

A copy of the Ingredient Declarations for Central Islip breakfast items in the Breakfast in the Classroom Program will be available in each classroom for the teacher and/or aide to have as a reference as needed.

**Elementary Classrooms, Snacks, and Parties** At the elementary level, when the parent and family physician have informed the school of a child with a serious food allergy, a letter will be sent home to the class asking them not to bring in snacks or party foods that contain the food allergens. The child may be identified by name only with the written permission of the parents. A follow-up reminder will be provided at Meet the Teacher Night.

Food-allergic children will eat only foods brought in from their home. They will not be permitted to eat or touch food brought in by others for snacks or special events unless approved by the child's parents. A parent of a food-allergic child may choose to send their own foods for occasions such as these.

Food-based fundraisers and celebrations will consist of pre-packaged, store bought items only as per the CIUFSD Wellness Policy and Suffolk County Sanitary Code Chapter 760-1315 (Revised 2011), which states the "use of home prepared foods is prohibited."

The teacher will educate children, in an age appropriate manner, about the seriousness of food allergies and the importance of enforcing the rule never to share or trade snack or party food with a food-allergic classmate. Teasing of any kind is unacceptable and will not be tolerated.

**Field Trips** When a child identified with a "serious medical condition" such as food allergies/anaphylaxis has a field trip, his/her parent will be requested and encouraged to accompany the child on the trip(s). Teachers will give these parents lead time on upcoming special events so that they have time to plan ahead to attend. If it is part of their health care provider's treatment protocol, parents must provide an Epinephrine Auto Injector for field trips. If a parent will not attend, a designated person trained in their use will take the Epinephrine Auto Injector and keep the child in their group. Staff and chaperones will be briefed on the identity of the child, the specific allergies, and the symptoms to

be aware of. On every field trip there will be access to a telephone, cell phone, or radio communication in case of emergency.

If the children bring their own lunches on a field trip, all parents will be asked to carefully avoid certain allergens. If the class will be eating at a restaurant, the child with food allergies must bring his/her own food or signed permission from the parent to eat out and what the child may eat. Children will be reminded not to share or trade any food.

**School Buses** Unless required by a medical condition, there will be no eating of food on school buses going to and from school. All food is to remain in backpacks. Eating on the bus presents both a choking hazard and an allergy danger. The bus driver will be informed about any child with severe food allergies along with a description of the signs and symptoms of an allergic response and anaphylaxis.

The bus driver will be notified of any student(s) on the school bus with a food, insect or latex allergy. There will be designated seats up front, particularly for young children. Parents may arrange for a willing friend to sit with their child. All buses will be equipped with a reliable communication device, a radio and/or cell phone.

If possible, when there is a substitute bus driver, prior to the first run he will speak to the dispatcher and be briefed on the student(s) with allergies.

**In-Service Training** Staff who interact with a child with food allergies – teachers, psychologists, cafeteria workers, monitors, and other appropriate staff – will be advised how to protect the child from exposure, about cross-contamination and labeling issues, how to recognize an allergic symptom, and how to respond to emergencies. Any Emergency Care Plan will be shared with these individuals. The training may include foods which contain specific allergens, symptoms of anaphylaxis, and administration of Epinephrine Auto Injector in the case of an emergency.

**Substitute Teachers** The regular teacher will keep information about children with food allergies with the teacher's substitute plans.

**Letters** When an elementary child with a severe food allergy anaphylaxis has been identified to the school by his parent and family health care provider, a general letter will be sent to the entire elementary school explaining the presence and the seriousness of the condition and requesting cooperation in reducing risk to the child.

When a student is identified with a severe food allergy and is at high risk for anaphylaxis, a letter will also be sent to the parents of the child's class asking for assistance in making the classroom safer. Letters will be sent home prior to the start of the school year or when the school is notified. The allergic child will be identified in the letter only with written permission of the parents.

**Privacy Issues and Sharing Information** Parents must consent in writing to the release of personal medical information to the school staff. The following guidelines should be implemented to protect the privacy of the child while educating students, staff and parents:

1. Identify the child and medical condition to teaching and non-teaching staff either individually or at a staff meeting before the start of the school year.
2. Put the Allergy Policy and Regulations in the faculty handbook and on the website.
3. At the beginning of the school year, each of the child's teachers will be given an allergy alert form with a photo, description, treatment, etc.
4. With permission of the parents, other students/families may be told and cooperation enlisted, in age appropriate ways. At the secondary level, identification to peers should be done only after consultation with the student, in addition to permission of the parents.
5. The [www.foodallergy.org](http://www.foodallergy.org) website is available to inform adults and staff and students about allergies and anaphylaxis. This site offers a School Food Allergy Program with a) How to C.A.R.E. for Students with Food Allergies: What Educators Should Know a FREE online interactive course, b) National Association of School Nurses (NASN) Online Food Allergy Tool Kit, c) ServSafe Allergens Online Course with safety precautions required when serving guests with food allergies as well as other tools and resources for parents and others.
6. Food allergies/anaphylaxis may be explained in health classes.
7. PTA's are encouraged to have an annual presentation for parents and members about food allergies/anaphylaxis. Parents of children with food allergies should be offered the opportunity to share information.
8. Informational articles about food allergies/anaphylaxis may be written in school publications.

**Epinephrine Auto Injectors** The administration of epinephrine by Auto-Injection (Epi-pen, Auvi-Q, etc.) has become an accepted and beneficial practice in protecting individuals subject to serious allergic reactions (e.g., individual has an anaphylactic reaction to a wasp sting or the ingestion of peanut butter).

In addition, pursuant to SED guidelines, school nurses may be directed to provide training to willing unlicensed school staff, who have volunteered for the purpose of a school trip, in administering Epinephrine Auto Injectors, prescribed by a licensed prescriber, to a child who has been diagnosed with the potential for a severe reaction and who experiences a serious allergic reaction when a nurse is not available. The district will provide appropriate training material for use by nurses.

Epinephrine auto-injectors are designed for the administration of epinephrine in acute allergic emergencies (anaphylaxis). Anaphylaxis may occur in individuals with previously identified allergies or in individuals with no known history of allergic reaction. Anaphylaxis is known to be caused most commonly by insect stings, food allergies, medication and latex -- although other allergens may trigger it.

A school nurse may administer an Epinephrine to a student or staff member who has the appropriate medical documentation and physician's order. Additionally, the district's school health care provider shall provide a Non-Patient Specific Standing Order, which authorizes school nurses to administer an Epinephrine injection as an emergency first aid response to any individual experiencing anaphylaxis. In all cases, the anaphylaxis emergency response procedure is as follows:

- Any suspicion that someone is experiencing an allergic reaction must be reported to the school nurse immediately.
- The school nurse assesses for signs and symptoms of anaphylaxis.
- If the individual is experiencing anaphylaxis, the school nurse administers the Epinephrine in a manner consistent with the best medical practice.
- Enlist the assistance of others to (1) call 911 for ambulance transport to a hospital emergency room, and (2) notify parents (if a student).
- Monitor vital signs and individual's response to medication.
- After the emergency has resolved, complete an Anaphylaxis Report Form.
- Appropriately dispose of Epinephrine Auto Injector or needle with syringe.

**Athletic and Extracurricular Activities** The Emergency Care Plan for all children with severe food allergies/risk of anaphylaxis who are involved in athletic and extracurricular activities will be provided to the coach or supervisor. The coach or supervisor will be instructed to contact Emergency Medical Services when or if needed.

**Before and After School Child Care** These programs are not under the auspices of the Central Islip School District. Parents are encouraged to speak with program officials directly.

**Outside Organizations Using District Facilities** The district is not responsible for the practices regarding allergies of outside organizations that use district facilities.

**Administering Medication to Students in School** The administration of prescribed medication to a student during school hours is permitted only when the medication is necessary to allow the student to attend school or failure to administer the medication would seriously affect the student's health.

Parent(s) or guardian(s) must present the following information:

1. a note from the family health care provider containing the following information: student's name, the date and name of the medicine, dosage and time to be administered, and list of possible side effects; and,
2. a note from the parent(s) or guardian(s) giving the school nurse permission to administer the medication;
3. a medication request form (which includes the family doctor and parent signatures) must be filed with the school nurse.

The school nurse shall develop procedures for the administration of medication, which require that:

1. all medications will be administered by a licensed nurse unless the child is self-directed;
2. medications shall be securely stored in the office and kept in their original labeled container, which specifies the type of medication, the amount to be given and the times of administration; the school nurse shall maintain a record of the name of the student to whom medication may be administered, the prescribing health care provider, the dosage and timing of medication, and a notation of each instance of administration; and
3. all medications shall be brought to school by the parent(s) or guardian(s) and shall be picked up by the parent(s) or guardian(s) at the end of the school year. If not picked up by the last day of school, the medication shall be discarded.

An adult must bring the medication to school nurse in the original labeled pharmacy container. The school nurse should document whether a student is self-directed in administering his/her own medication. On field trips or at other

after-school activities, teachers or other school staff may carry the medication so that the self-directed student can take it at the proper time.

If a student is going on a field trip but is not self-directed (i.e., fully aware and capable of understanding the need and assuming responsibility for taking medicine), then the district may:

- permit the parent or guardian to attend the activity and administer the medication.
- permit the parent to personally request another adult who is not employed by the school to attend and voluntarily administer the medication on the field trip or activity and inform the school district in writing of such request.
- allow the student's health care provider to be consulted and, if he/she permits, order the medication time to be adjusted or the dose eliminated.

If no other alternative can be found, a school nurse must attend and administer the medication.

**December 9, 2013**