

ALLERGY/ANAPHYLAXIS POLICY

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 designee(s) to take steps necessary to meet this objective.

Allergies

For students with a known diagnosed allergy (whether food, or non-food) who are at risk for anaphylaxis or other allergic reaction, it is necessary for the district to work cooperatively with the student's parent(s)/ guardian(s) and the student's physician/healthcare provider.

The student's parent(s)/guardian(s) must provide the student's school with a documented diagnosis of allergies and clear, easy-to-follow written instructions from the student's physician for managing the student's allergies, including, but not limited to: avoidance measures, typical symptoms, dosing instructions for medications and emergency protocols. Parents/guardians are responsible for providing the allergic child's medication directly to the school health office in a properly labeled original container and for maintaining an adequate and up-to-date supply. Parents/guardians will provide written permission for the child's physician and school officials to consult on behalf of the child. 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/guardian, a conference will be held to develop an Emergency Care Plan.:

- Such Emergency Care Plan shall include all necessary treatments, medications, staff training, and educational requirements for the student.
 - Appropriate school staff will receive details of the allergic student's condition and Emergency Care Plan.
- The student's parent(s)/guardian(s) must obtain appropriate health care provider authorization in writing that includes the frequency and conditions for any testing and/or treatment, symptoms and treatment of any conditions associated with the student's allergy(ies), and directions for emergencies.
- 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 Superintendent of Schools and/or designee(s) 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 physician or certified nurse practitioner, 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/guardians and physician/health care provider must prepare the school district for serious reactions that may occur despite precautions in accordance with the procedures set forth above.

The district's goals for 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, the district 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, as implementation shall be consistent across the district.

The district does not have diagnostic responsibility with respect to medical conditions. In the event the district is not equipped with the proper information when presented with a food allergic student in the serving line, school staff will review food labels and the student will be provided items deemed safe by school staff.

Regulations

The Superintendent of Schools and/or designees shall establish regulations to provide for students with life-threatening allergies. These regulations may include development of a sample Emergency Care Plan, EpiPen or other medications, and meal accommodations, to be used, as well as staff training, staff in-service, forms, and letters, consents, waivers, and privacy issues, and sharing of information.

ALLERGY/ANAPHYLAXIS REGULATION

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 to the allergy differently. 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.

Disability: The Americans with Disabilities Act (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity.

Food Allergies

Parent/Guardian Responsibilities: When a student's significant or life-threatening food allergy(ies) has been identified by his parent(s)/guardian(s) and physician/health care provider, the school district requires that the parents/guardians:

1. inform the school of the student's s allergy(ies) and/or condition and provide written medical documentation that is updated regularly;
2. provide the school with written medical instructions from their physician/health care provider;
3. provide the school with EpiPens and other medication, if appropriate, as prescribed by the family physician. Such medications should be delivered in a pharmacy labeled container or original unopened over the counter packaging;
4. assist in the school's communications plan;
5. participate in the development of an Emergency Care Plan;
6. provide safe foods for lunches, snacks, and special occasions;
7. confer with teachers and the school nurse, if necessary, regarding lessons or projects that use food;

8. teach their allergic child to recognize first symptoms, to communicate these to staff;

9. educate the student with allergy(ies) not to share snacks, lunches, drinks, utensils and report any issues to staff immediately.
10. consent to share photographs and medical information with necessary employees;
11. maintain up-to-date emergency contacts and phone numbers; and
12. notify school nurse and food service director if meal accommodations are needed.

School Food: In accordance with the USDA National School Lunch Program (“NSLP”), the District will allow for appropriate substitutions or modification for meals served to students with food allergies. The USDA requires reasonable meal modifications on a case-by-case basis for children whose disability restricts their diet, based on a medical statement signed by a recognized medical authority (Licensed Physician, Physician Assistant, or Nurse Practitioner). Requests for meal substitutions or modifications for children with disabilities must be made using the “Special Dietary Needs Medical Statement Form”. Once the request is reviewed, evaluated, and approved, modifications can begin. The district will not deny or delay a requested meal modification because the medical statement does not provide sufficient information. When necessary, the district will work with the child’s parent or guardian to obtain the required information. Students with disabilities will only eat food approved by the parent or brought from home.

Dining Room: When parent(s)/guardian(s) and their health care provider/physician inform the District or school building of a student with a food allergy(ies) 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.

All students will be told that there will be no sharing, trading or touching of food, utensils, or containers.

To provide for a normalized social meal environment, children with safe lunches may sit at the allergen-controlled table. School lunches are an example of a safe lunch for any nut allergic student, since our schools do not serve food with nut ingredients. Non-Allergic students are not allowed to bring additional snacks from home to the allergy-controlled table when purchasing a school lunch. Lunch monitors will ensure that students are seated away from any allergens. Allergen controlled tables should not be situated near food lines or garbage cans.

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.

See also, White Plains CSD Guidance for Implementing Cafeteria Tables, annexed hereto

Elementary Classrooms, Snacks: Smart Snacks are strongly encouraged. Due to our students collaborating with the other classes NO NUTS will be allowed in any classroom (regardless of whether any students with a nut allergy are in a particular class). Snacks that say “may contain or made in the same facility as” are permitted. Classroom snacks cannot have nuts in the ingredients. Students will continue to be encouraged not to share snacks.

Food allergic students will eat only snacks or food for special events 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 food allergic student’s parent(s) or guardian(s). A parent/guardian of a student with food allergies may choose to send their own foods for occasions such as these.

Elementary Classroom Parties: Homemade food is not permitted for any classroom celebration. All food that is shared for parties and events must be free of nuts and contain a food label. If food is to be shared for a classroom celebration, class parents and/or the classroom teacher will notify parents/guardians of students with food allergies (and other medical conditions involving food limitations) and give at least 48 hours’ notice of food which will be brought into the classroom to ensure it is safe to be in the classroom. Birthday celebrations containing food will occur no more than once per month in every class. Parents who will be sharing food for a classroom celebration must inform the class parent(s) and classroom teacher what food they will be sharing. The parent(s)/guardian must provide at least 48 hours’ notice to the class parent and classroom teacher. Parent(s)/guardian(s) may choose to send their child with “safe” foods for classroom celebrations. Parent(s)/guardian(s) may always choose a non-food option or activity to celebrate. The White Plains City School District Wellness Policy encourages and promotes non-food activities and discourages foods and beverages which do not meet “Smart Snack” standards at celebrations. Examples of non-food related classroom celebrations may include but not be limited to extra recess time; special guest read aloud; game of choice to play with class; dance party; and crafts. .

The classroom teacher will educate children, in an age-appropriate manner, about the seriousness of food allergies. All students will be educated on not sharing snacks, utensils, and food related items.

District Wide: Homemade food is not permitted for any school activities, events, or fundraisers. All food brought in must have a food label with ingredients clearly marked. All foods that are brought in must be free of nut or nut products. As per District Wellness Policy, this applies to all school and classroom parties, snacks that have been brought in for the class or school, celebrations, food provided to learn about cultures or countries, and other events where food is provided.

Field Trips: Students with a known diagnosed allergy who are at risk for anaphylaxis who have emergency medication prescribed for use in school must have their prescribed medication (for example, an epinephrine auto-injector, such as an EpiPen) readily available on any field trip which the student attends. The student’s parent/guardian may be invited to attend the field trip to accompany the student in addition to the regular chaperone. If a parent/guardian does not attend, a designated person trained in the administration of the medication/use of epinephrine auto-injector

will have access to the medication/epinephrine auto-injector and keep the child with allergies 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 students bring their own lunches on a field trip, all parent(s)/guardian(s) will be asked to carefully avoid certain allergens and that all lunches be free from any nuts or nut products. If the class will be eating at a restaurant, the student with food allergies must bring his/her own food or signed permission from the parent to eat out and what the child may eat. All students 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 or field trips. All food is to remain in backpacks. Eating on the bus presents both a choking hazard and an allergy risk. The bus driver will be informed about any child with food allergies along with a description of the signs and symptoms of an allergic response and anaphylaxis.

A list of students with allergies will be on each school bus. There will be designated seats, near the driver, particularly for young children. Parents may arrange with a building administrator for a friend to sit with their child. These designated seats will be cleaned with wet soapy cleaner and wiped with disposable towels whenever possible. 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 list of students with allergies.

In-Service Training: Staff who interact with a student 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 medication, including an epinephrine auto-injector in the case of an emergency.

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

Letters: When a student is identified with a food allergy and is at risk for anaphylaxis, a letter will also be sent to the parents/guardians of the student's classmates 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 student with the allergy will only be identified at the student's parent(s)/guardian(s)' request.

Privacy Issues and Sharing Information: Parents must consent in writing to the release of personal medical information to 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 appropriate teaching and non-teaching staff either individually or at a staff meeting before the start of the school year.
2. The Allergy Policy and Regulations will be placed in the faculty handbook and available on the District's 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/guardians, 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 after permission of the parents is granted.
5. Books and videos will be available to inform adults and staff and students about allergies and anaphylaxis.
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/guardians of children with food allergies should be offered the opportunity to share information. All PTAs are expected to follow the Allergy and Wellness Policies/procedures.
8. Informational articles about food allergies/anaphylaxis may be written in school publications.

Emergency Care Plan

When parent(s)/guardian(s) and their health care provider/physician identify a student with a known diagnosed allergy who is at risk for anaphylaxis to the District and school, the parent(s)/guardian(s) will consult with the school nurse and 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 physician. Parents/guardians will immediately inform the district of any change in the status of this information. Parents/guardians will supply medication, including, but not limited to, an epinephrine auto-injector to schools as prescribed by their physician/health care provider.

The Emergency Care Plan ("ECP") form will include information from the physician/health care provider as to symptoms of the student's allergy, recognizing warning signs of reactions, administering medical and emergency treatment for the student, and any other pertinent information, as determined by the student's parent(s)/guardian(s) and/or the student's physician/health care provider. The ECP should be written in lay language and stress what action a school employee should take in the event of an emergent situation. It should be basic and often takes the form of "If you see this . . . do this". The plan should be easy to read, clear, concise and contain the steps to follow to initiate emergency care for a student. The plan should contain a statement saying that the parent/guardian signature on the form indicates their permission to share the information on the plan with staff/volunteers on a "need to know" basis. The Emergency Care Plan will then be shared with teachers, nurses, administrators, food service director and associates, 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 and contact information for: the student's home, parent(s)/guardian(s)' work and cell phone numbers, emergency contact numbers (relatives, friends, neighbors) and the student's physician/health care provider.

If exposure to an allergen occurs despite avoidance efforts, the school will follow the prescribing physician/health care provider's protocol to which the parent(s)/guardian(s) have given consent. Parent(s)/guardian(s) will be notified if any medicine has been administered. The school will tend to the student and administer the medication/epinephrine auto-injector (EpiPen) if that is the treatment protocol. Emergency Services will be called specifying the need for a response to an allergic reaction/anaphylaxis.

Any student administered an epinephrine auto-injection (EpiPen injection) will be transported immediately to a hospital even if symptoms resolve. An adult will be sent to accompany the student in the ambulance, and to stay with the student until a parent/guardian arrives. After the call to the local Emergency Services, the parent(s), guardian(s) and/or emergency contacts will be called.

“EpiPens”/Epinephrine Auto-Injectors

EpiPen is the brand name and a commonly used name for all epinephrine auto-injectors 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 EpiPen/epinephrine auto-injector to a student or staff member who has the appropriate medical documentation and physician's order. Additionally, the district's school physician shall provide a non-patient specific standing order, which authorizes school nurses to administer an EpiPen/epinephrine auto-injector 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 EpiPen/epinephrine auto-injector 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 the Anaphylaxis Report Form.
- Appropriately dispose of EpiPen/epinephrine auto-injector.

Athletic and Extracurricular Activities

The Emergency Care Plan for all student with serious 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 trained to respond administer an epinephrine auto-injector/EpiPen. Parents may be asked to provide an additional medication and/or epinephrine auto-injector/EpiPen for these activities.

Before and After School Childcare

These programs are under the auspices of the City of White Plains Youth Bureau. Parents are encouraged to speak with program officials directly about individual needs of their child.

Outside Organizations that use District Facilities

The district is not responsible for the practices regarding allergies for outside organizations that use district facilities.

Ref: 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 October 2020

Immunization Guidelines: Vaccine Preventable Communicable Disease Control, State Education Department, revised August 2023

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

Guidelines for Managing Allergies and Anaphylaxis in Schools, The University of the State of New York, The State Education Department Office of Student Support Services, revised April 2024

PROTOCOLS

Guidelines for Implementing Allergen Sensitive Cafeteria Tables Objectives:

1. To provide a safe environment for student(s) with a life-threatening food allergy, typically to peanuts or tree nuts. These allergens are of particular concern as peanut/ nut products are often in the form of a butter which can be spread to other areas. Very young students may be at increased risk of sharing food and may require allergen sensitive tables for other allergens.
2. To provide for a normalized social meal environment while reinforcing and teaching appropriate lifelong safety measures for students with food allergies.

Implementation:

1. Train all lunchroom staff to implement and maintain allergen sensitive tables.
2. Provide anaphylaxis training including recognition and actions needed to that staff that are responsible for lunchtime supervision of students.
3. Provide a designated area for food that lunchroom staff bring in for themselves. This area should be well away from kitchen area, napkins, towels, or anything students use.
4. Designate an allergen sensitive table to be used daily for students with applicable allergies as specified in accommodation plans/ECPs.
5. ~~Encourage~~ **Consider** placing the allergen sensitive table(s) in closer proximity to the lunch monitors, **and** as this may provide increased supervision and consistent implementation. However, students needing allergen sensitive tables should sit with or near grade level peers. Individual school differences need to be considered.
6. Enforce a “No Food Sharing” rule for ALL students. Sharing food increases the risk of allergic reactions. Not sharing food may be the single most important lifelong habit to keep students with allergies safe throughout their lifetime.
7. Clearly mark the table(s) to decrease cross contamination risk. Note: Due to health sanitation rules, signs should not be taped to the top of the table. Examples to use include: a. Red tape or paint on the legs of the table (Preferred option) b. Permanent peanut/nut restriction notice painted on table top which is visible when table is folded for storage. c. Tabletop identification such as a standup sign placed on table when table is in meal use.
8. Seat a similar number of students at the peanut/nut/allergen restricted table as are at the other tables whenever possible. Individual school differences need to be considered.
9. Only allow students with school lunch and students with peanut/nut allergies to sit at peanut/nut restricted table. Non allergic students that purchase a school lunch and are sitting at the allergy-controlled table may not bring any additional snacks to eat at the allergy-controlled tables.
10. Take the following measures to prevent cross-contamination (cross-contact) in the lunchroom environment.
 - a. Use only fresh washed hands or fresh gloves to touch the restricted tables.
 - b. Use only freshly washed hands or fresh gloves to assist children to open packages at the restricted table.
 - c. Scissors

or knives used to open packages at the restricted table need to be handled and cleaned separately from the ~~than~~ ones used to open items at the non-restricted tables.

11. Take the following measures to maintain peanut/nut or other allergen restriction for unusual circumstances. Examples may include: a. Lunch ~~in~~ in the classroom because the usual lunch space isn't available. Involve the classroom teacher. Discourage peanut, nut other restricted allergen if applicable in packed lunches that day. If other classmates have that allergen in their lunch that day, seat them in alternative location for that meal. b. If lunch occurs while ~~at~~ an off-campus event. If lunch is provided by the school, request non peanut/nut lunches (or other allergen if applicable). Discourage peanut/nut products in packed lunches for that day and if other classmates have peanut/nut products in their lunch, seat them away from student with allergy for that meal. Note: Seating should still allow socialization with classmates for all students. c. Lunch is outdoors and not at tables. Involve the teacher and lunch staff to ensure that student with allergy is in student group without peanut/nut products in the same way as-like-how peanut/nut restricted table is normally implemented.

SAMPLE ALLERGY POLICY LETTERS

Sample Letter 1: For classes that have students with severe nut allergies and high risk of anaphylaxis

September

Dear Parents or Guardian:

There is a student in your child's classroom that has an allergy to nuts, in particular peanuts. In addition, this child cannot tolerate tree nuts (such as walnuts, pecan, hazelnuts, etc.). To ensure a safe classroom environment, we will implement a few very important considerations for this child.

If this child were to accidentally eat, touch or inhale the "peanut/nut dust" from peanuts/nuts, he/she could have a life-threatening reaction: anaphylaxis. Because of this risk, we strongly suggest peanut-free and nut-free snacks for the entire class, including those provided for parties and celebrations. Please choose other healthy snacks that are peanut/nut-free and do not contain peanut/nut byproducts. Please check the food ingredients of the snacks you may pack for school.

Home baked goods and other foods prepared at home should not be sent into the classroom of a food-allergic child. Foods brought in for special events in the classroom should be purchased in stores, commercially prepared, and contain complete ingredient lists with no nuts or nut products.

It is difficult at the best of times to get children to eat healthy snacks; however, I hope you will appreciate the seriousness of this condition and that you will assist us in our efforts to create as safe an environment as possible. With your cooperation, we can minimize the risk of a serious allergic reaction.

Anyone wishing further information about peanut/nut allergies may contact the school nurse.

Sincerely,

Principal

Sample Letter 2: For schools that have students with nut allergies

September

Dear Parents or Guardians:

There are currently students in our school with medically documented allergy to peanuts and/or tree nuts. In an allergic child, exposure to these products can cause anaphylaxis, a life-threatening reaction. The safety of our students is of the utmost importance. Therefore, we are asking for your cooperation regarding this matter.

To assist us in providing the safest, healthiest school environment for all students, we are encouraging all parents to send peanut-free and nut-free lunches, snacks, and party food to school.

Thank you for your cooperation in our combined efforts at keeping our students healthy and safe at school.

Anyone wishing further information about peanut/tree nut allergies may contact the school nurse.

Sincerely,

Principal

LIFE-THREATENING ALLERGIES AND ANAPHYLAXIS MANAGEMENT

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 medical to students" in Policy 5421. 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.

LIFE-THREATENING ALLERGIES AND ANAPHYLAXIS MANAGEMENT REGULATION

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

Administering medication on field trips and at after-school activities

Taking medication on field trips and at after-school activities is permitted if a student is self-directed (i.e., fully aware and capable of understanding the need and assuming responsibility for taking medicine) 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 or licensed person must attend and administer the medication.

Administering epi-pen in emergency situations

The administration of epinephrine by epi-pen 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).

Pursuant to Commissioner’s regulations, the district expects school nurses to carry and administer agents used in non-patient-specific emergency treatment of anaphylaxis.

In addition, pursuant to SED guidelines, school nurses may be directed to provide training to unlicensed school staff in administering epi-pens, 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.

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 doctor 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, teacher, Principal or other school staff permission to administer the medication; or
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 person 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 physician, 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 or the end of the period of medication, whichever is earlier. If not picked up within five days of the period of medication, the medication shall be discarded.

An adult must bring the medication to school in the original container. The administering staff member should clearly label the medication with the time to be given and dosage and 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 or licensed person must attend and administer the medication.

Staff Professional Development

Principals will ensure that staff members receive periodic professional development, as appropriate, to enable them to carry out District policy on life-threatening allergies.

Adoption date: