Building a Collaborative Approach to District Wellness

Health and Safety Committee Meeting #4
May 28, 2025

Committee Overview

- Purpose: Cross-representational collaboration on health/safety procedures
- Focus Area: Health protocols and processes across the district
- Timeline: December 2024 - May 2025
- Outcome: Provide consistent and effective policy and/or protocol recommendations to Cabinet for district-wide implementation consideration

Meeting Schedule and Key Topics

December 12, 2024 ○ Introduction ○ Needs assessment ○ Initial discussion of concerns	February 12, 2025- Cancelled
March 19, 2025 ○ Food allergy management protocols ○ Athletics/Extracurricular health considerations ○ Medication Administration ○ Substitute Staff ○ Communication Protocols ○ Head Injury Protocol ○ Therapy Dog Program	May 28, 2025 ○ Finalize Recommendations

Today's Teamwork

- As a large group we will discuss a specific topic and how it relates or impacts you (school level, position, department, or other)

- Use the provided Google Form to capture your thinking around the discussion points.

Building-Specific Considerations

- Unique facility needs
- Population-specific requirements
- Available resources
- Current protocols
- Areas for improvement
- Best practices

Food Allergy Management Protocols

*The following is our board policy regarding **Food Allergy Management**:The Board supports the education of school personnel, students and parents regarding food allergy management to maintain a safe school environment for allergic children. For this topic, what does this look like in your building?*

- Food allergies are a growing food safety and public health concern in the United States. (CDC, 2024)
  - An estimated 1 in 13 children (8%), or 2 students per classroom, are affected with food allergies.
  - At least 2 in 5 children (40%) have been treated in the emergency department for food allergy reactions.
  - There is no cure for food allergies.
  - Prevention strategies can greatly reduce the risk of serious reactions.

Food Allergy: Should we restrict PN and TN?

- Peanut exposure at school, unless peanut is ingested, is unlikely to cause a reaction. In addition, no significant difference has been observed in the percentage of accidental exposures to peanut that occur at schools that prohibit versus allow peanut. Can Fam Physician. 2017 Oct;63(10):750–751
    - Other policies, such as proper hand-washing and prohibiting food sharing, might be equally effective. In addition, our focus should be shifted to proper education about recognition and treatment of allergic reactions when they do occur
- For very young children with peanut allergy, the learning environment should be free of peanut.
    - In addition, food for classroom parties should be safe for children with peanut allergy. The same should be true of food rewards and any kind of craft project involving food (such as peanut butter bird feeders). While no ban can be policed completely, it makes sense to ask for cooperation from families in the junior school grades. Can Fam Physician. 2017 Oct;63(10):751–752

- https://youtu.be/EKO2YtKum2A **Most parents don't support bans on nuts in schools, including those with allergic kids (2014)**

Current Practice: BHS is a *nut restricted* school district. BHHS has nut restricted zones although there is no record of policy.

What does the data tell us?

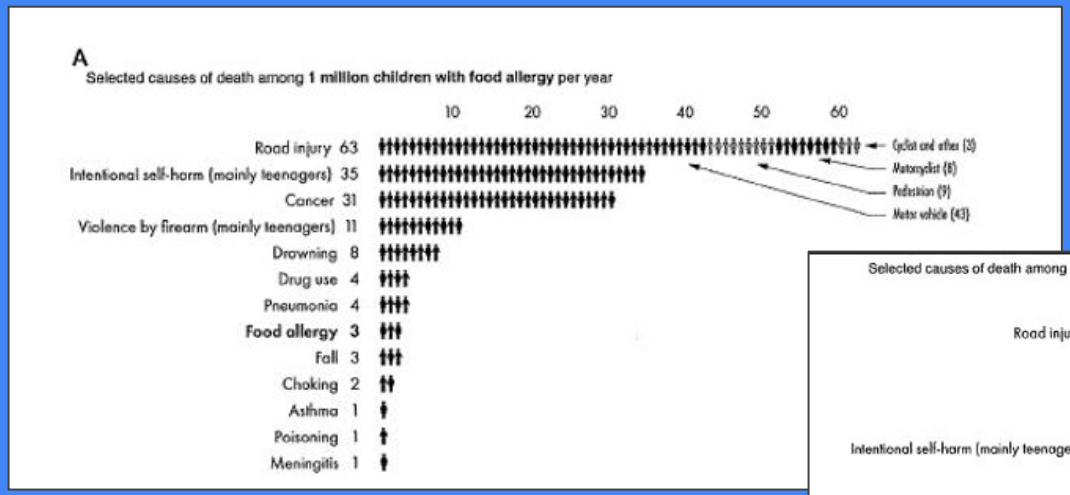
Prevention and management of allergic reactions to food in child care centers and schools: Practice guidelines Waserman, Susan et al. Journal of Allergy and Clinical Immunology, Volume 147, Issue 5, 1561 - 1578 (May 2021)

1. Food bans or restricted zones- little evidence that supports this practice and/or lower the risk of a reaction
2. Documented cases of reactions in schools that have bans
3. Contributes to reduced vigilance among students and staff
4. Students and staff less likely to recognize and treat the reaction/false sense of security
5. Interventions limit the autonomy and dietary choices of students who are non allergic
6. May lead to bullying or isolation
7. Limits the development of self management and social skills in students with food allergy, which might reduce their preparedness for settings where their allergens are not prohibited

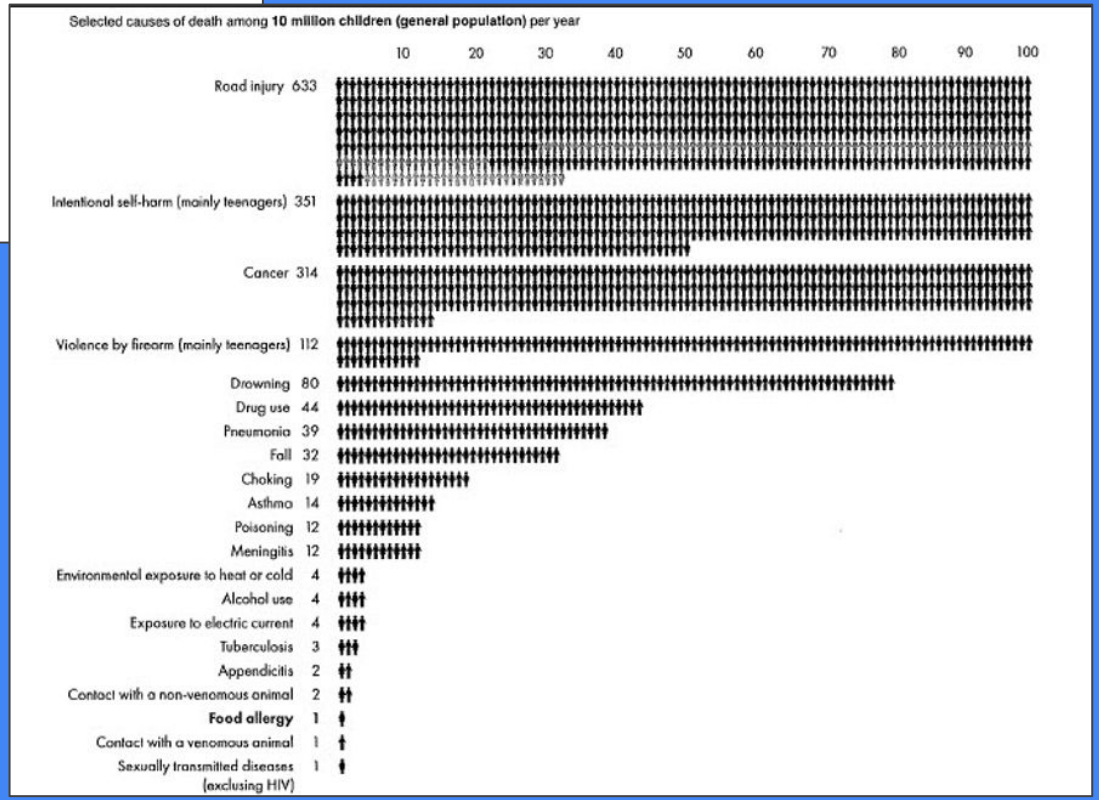
Recommendations:

1. Avoid using foods identified as allergens in class projects, parties, snacks, science experiments and cooking exercises in allergic children's classrooms.
2. Train staff to use injecting devices for the medication epinephrine (such as Epi-Pens) when students have severe allergic reactions – known as anaphylaxis.
3. Make sure children who can use their own injectors can get to them quickly.
4. Make sure children with food allergies are not excluded from field trips, extracurricular activities, physical education or recess.
5. Consider designating food-free zones or allergen-safe zones for special circumstances.
6. Use non-food incentives for prizes, gifts and awards.

Food allergy death 1/ 10 million children per year



Food Allergy death 3/1 million children with food allergies per year



May, 2021

The article Nut-free lunch? Parents speak out by University of Michigan C.S. Mott Children's Hospital (2014)

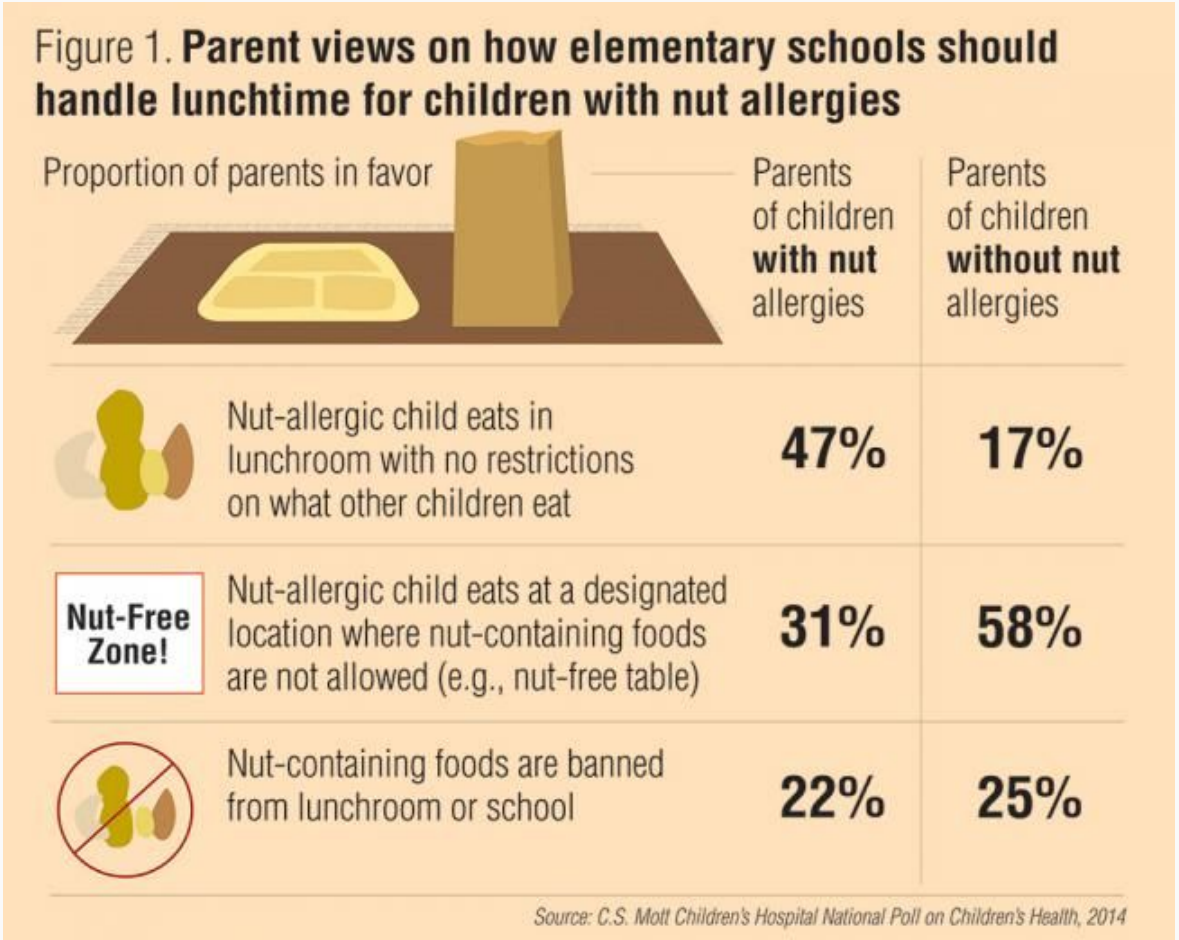


Figure 1. **Parent views on how elementary schools should handle lunchtime for children with nut allergies**

Proportion of parents in favor	Parents of children **with nut** allergies	Parents of children **without nut** allergies
Nut-allergic child eats in lunchroom with no restrictions on what other children eat	**47%**	**17%**
Nut-Free Zone! Nut-allergic child eats at a designated location where nut-containing foods are not allowed (e.g., nut-free table)	**31%**	**58%**
Nut-containing foods are banned from lunchroom or school	**22%**	**25%**

Source: C.S. Mott Children's Hospital National Poll on Children's Health, 2014

Special Circumstances

When students lack the developmental capacity to self-manage due to very young age (infants, toddlers) or physical or cognitive impairments, it might be appropriate to implement allergen-restricted zones (nut free classroom, milk free table) to lower the risk that they will accidentally eat a food allergen

*Nut Aware School: Will allow it's students to eat nuts but might take nuts off their own menu. Schools that are nut aware could make arrangements with their vendors to ensure that every product the school provides will be nut free and school-friendly (free from the top eight most common allergens)

RECOMMENDATION: **Response Form**

Athletics and Extracurricular Health Considerations

Health emergencies may occur during school sponsored activities. As it relates to known student health conditions, please identify what current practices are being utilized and how that process is working.

- Effective the 2025-2026 school year, ALL high school coaches will be required to obtain CPR/AED training and certification. First Aid training is not required.
- Club sponsors are typically school staff and parents.
- Head Middle School coaches are required to have CPR/AED training and certification per MHSAA, not michigan law.

RECOMMENDATION: **Response Form**

Transportation Emergency Response

Bus drivers should follow the following steps to respond to emergency:

1. Pull over
2. Call dispatch and/or 911

Consideration: Should bus drivers be able to administer medications if they are alone on a bus OR should it only be administered by a trained Para on the bus that is supporting specific student needs.

RECOMMENDATION: **Response Form**

Medication Administration Protocols

For this topic, what does this process of medication administration look like in your building as it relates to storage, documentation, self carrying, staff training, etc.?

- BHS policy allows **HIGH SCHOOL** students the opportunity to self carry and self administer OTC medications with parent/guardian permission.
- BHS policy allows **HIGH SCHOOL** students the opportunity to self carry and self administer Prescription medication with parent/guardian and healthcare provider permission.
- We are aware that Middle School students (and possibly elementary students) are self carrying and administering OTC medication without school knowledge or approval.
- Inhalers and EpiPens can be self carried and self-administered by **ALL** students with parent/guardian and healthcare provider permission. Updating policy to include Glucagon and nasal epinephrine.

Medication Administration: What is the appropriate age/grade/school level?

- There isn't a specific age where students can legally self-carry medication, but rather a developmental readiness that varies from student to student.

- A student's ability to self-carry medication is determined by their individual maturity, their ability to manage their medication safely, and their knowledge of when and how to use it.

RECOMMENDATION: **Response Form**

Communication Protocols

This is a broad topic that encompasses many means of communication as it relates to health and safety. For this topic, what does internal and external communication protocols look like in your building/department? What are the pros/cons of our current district practices with this topic?

- **PROPOSAL**: Creating a standardized communication tool that can be tailored to each building.
- Our response steps to a medical/health related incident should be consistent starting from identifying a student that needs help.

RECOMMENDATION: **Response Form**

Substitute Staff

Substitute staff may be put in a situation where they are responsible for a student with a known or unknown health condition. What is the current practice in your building as it relates to substitute staff training and/or responsibility to respond to a student health related event?

- **PROPOSAL**: A consistent Substitute plan needs to be developed that is tailored to the building.
  - All substitutes refer to their Team Teacher for support if they work for an agency because we are unsure of their training.

RECOMMENDATION: **Response Form**

Head Injuries in School

Parents are required to review and complete a concussion awareness form in order for their student to participate in athletics. It is known that a lot of head injuries occur during the school day, whether it be during recess, PE or just when students are goofing around. What is the current practice of responding to head injuries in your building?

- **PROPOSAL**: Develop a consistent plan to use to determine necessary steps to be taken.
- We understand that unlicensed school personnel **can't diagnose** a concussion.
- Parent/guardian currently sign a Heads Up concussion form for Athletics at time of enrollment. This does not address a head injury outside of athletics.
- CDC checklist

RECOMMENDATION: **Response Form**

Role of the Therapy Dog

BHS Administrative Regulation defines a **Therapy Dog** as a dog that has been individually trained and certified as a therapy dog. Therapy dogs promote well-being and provide comfort or companionship to school district students. Therapy dogs are not "service animals" as that term is used in the American with Disabilities Act. Therapy dogs will only be allowed on school property if they are owned by Bloomfield Hills Schools and supported through the BHS Therapy Dog Program. All therapy dogs owned by the district will follow standard operating procedures found in the Therapy Dog Handbook.

RECOMMENDATION: **Response Form**

We appreciate YOU!