

SUBJECT: STUDENTS WITH LIFE-THREATENING HEALTH CONDITIONS AND/OR ANAPHYLAXIS

Students come to school with diverse health conditions, including allergic reactions, which may be serious and life-threatening. This policy encompasses an array of serious or life-threatening health conditions, including, but not limited to allergies, anaphylaxis, diabetes, seizure disorders, or severe asthma and acute health conditions such as substance overdose. All students within the District with known life-threatening conditions will have a comprehensive plan of care in place: an Emergency Care Plan (ECP) or Individualized Healthcare Plan (IHP) and, if appropriate, an Individualized Education Plan (IEP) or Section 504 Plan.

If a student has a known life-threatening condition on their health history form or if the parent or person in parental relation alerts the District to the student's life-threatening health condition, the District will assemble a team to manage the student's needs. The team may include, but is not limited to, the parent or person in parental relation, the healthcare provider, the school nurse, teachers, administrator, and other appropriate personnel who will be responsible for developing an individualized ECP, IHP, and if appropriate, an IEP or Section 504 Plan.

The District should also develop plans to address managing an allergic reaction in a student or staff member who has not been previously diagnosed as having an allergy.

Life-Threatening Health Conditions and/or Anaphylaxis

For those students with life-threatening health conditions and/or anaphylaxis, the District must work cooperatively with the parent(s) or person(s) in parental relation and the health care provider(s) to:

- a) Immediately develop an individualized ECP for each at risk student to ensure that all appropriate staff are aware of the student's potential for a life-threatening reaction;
- b) If appropriate, develop an IHP that includes all necessary treatments, medications, training, and educational requirements for the student. If the student is eligible for accommodations based upon the Individuals with Disabilities Education 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;
- c) Provide training by licensed medical staff (e.g., registered professional nurse) for all adults in a supervisory role in the prevention, recognition, and emergency management of a life-threatening health condition and/or anaphylaxis for specific students;
- d) Obtain specific medical-legal documents duly executed in accordance with New York State law; appropriate health care provider authorization in writing for specific students that includes the frequency and conditions for any testing and/or treatment, symptoms, and treatment of any conditions associated with the health issue; and directions for emergencies;
- e) 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 student as they work toward self-management;

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- f) Allow supervised students to carry life-saving medication in accordance with applicable laws, regulations, and procedures. The District will also encourage parents and students to provide duplicate life-saving medication to be maintained in the health office in the event the independent student misplaces, loses, or forgets their medication;
- g) Assure appropriate and reasonable building accommodations are in place within a reasonable degree of medical certainty.

In addition, the District will:

- a) Provide training for transportation, instructional, food service, or physical education staff, as appropriate, in the recognition of an anaphylactic reaction;
- b) Have standing emergency medical protocols for nursing or other staff including calling for emergency transport or 911 and determining which school personnel will accompany the student until the parent or person in parental relation is present;
- c) Request the School Medical Director to write a non-patient specific order for anaphylaxis treatment agents for the school's registered professional nurse or other staff, as designated by the administration and allowed under federal and New York State laws and regulations, to administer in the event of an unanticipated anaphylactic episode;
- d) Maintain or ensure the maintenance of a copy of the standing order(s) and protocol(s) that authorizes appropriate district staff to administer emergency medications such as anaphylactic treatment agents;
- e) As permitted by New York State law, the District will maintain non-patient specific opioid antagonists (naloxone) on-site in each instructional school facility to ensure ready and appropriate access during emergencies for students or staff. To obtain, store, and use naloxone, the District has three options available:
 - 1. The District has registered with the New York State Department of Health (NYSDOH) to become a Registered Opioid Overdose Prevention Program; or
 - 2. The District's Medical Director has issued a non-patient specific order to the school nurse to administer naloxone on-site; or
 - 3. The District participates in an existing New York State Department of Health (NYSDOH) Overdose Prevention Program operated by another organization;

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- f) As permitted by New York State law, maintain epinephrine devices for use during emergencies. The District must have sufficient supply available to ensure access for use during emergencies to any student or staff member having symptoms of anaphylaxis whether or not there is a previous history of severe allergic reaction. In case of emergency, trained school staff or school staff directed to use an epinephrine device by a health care practitioner may administer an epinephrine device to any student or staff member having symptoms of anaphylaxis in the District. Districts that maintain epinephrine devices on-site must provide all teachers with written informational material on the use of an epinephrine device that has been created and approved by the Commissioner of Health;
- g) Allow the school registered nurse, nurse practitioner, physician assistant, or physician to train unlicensed school staff to administer prescribed glucagon or epinephrine devices in emergency situations, where an appropriately licensed health professional is not available, to students with both a written provider order and parent or person in parental relation consent during the school day, on school property, and at any school function. Training will be provided in accordance with specifications outlined in law and regulation;
- h) Ensure that the District-Wide School Safety Plan and building-level emergency response plans include appropriate accommodations for students with life-threatening health conditions;
- i) Encourage families to obtain medic-alert bracelets for students with life-threatening health conditions;
- j) Educate students regarding the importance of immediately reporting symptoms of an allergic reaction;
- k) Provide professional development and education for both licensed and unlicensed staff related to food, other allergies and treatment of allergic reactions.

Creating an Allergen-Safe School Environment

The risk of accidental exposure or cross-contamination is always present in school, particularly for students with food allergies. The school setting is a high-risk environment for accidental ingestion of a food allergen due to the presence of a large number of students, increased exposure to food allergens, and cross-contamination of tables, desks, and other surfaces.

In an effort to prevent accidental exposure to allergens, the District will monitor the following high-risk areas and activities:

- a) Cafeteria;
- b) Food sharing;
- c) Hidden ingredients in art, science, and other projects;

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- d) Transportation;
- e) Fundraisers and bake sales;
- f) Parties and holiday celebrations;
- g) Field trips; and
- h) Before and after school programs.

All staff, including substitute staff, should be made aware of student allergies on a need-to-know basis.

The District will develop communication plans:

- a) For discussion with students that have developed adequate verbal communication and comprehension skills and with the parents or persons in parental relation of all students about foods that are safe and unsafe and about strategies to avoid exposure to unsafe food; and
- b) Between the school and the parent or person in parental relation, the school nurse and the health care provider, and the school nurse and building staff for intake and dissemination of information for students at risk for anaphylaxis.

Empowering Students Toward Medical Self-Management

The District will work toward assisting students in the self-management of their health condition(s) based upon the student's knowledge level and skill by:

- a) Adequately training all staff involved in the care of the student, as appropriate;
- b) Assuring the availability of the necessary equipment or medications;
- c) Providing appropriately trained licensed persons as required by law;
- d) Developing an emergency plan for the student;
- e) Providing ongoing staff and student education;
- f) Teaching students to read food labels and to sharpen refusal skills for foods with unknown ingredients, as appropriate; and
- g) Teaching students to avoid the allergen, including latex, insect, or whatever allergen exists for the student, as appropriate.

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Notification of Policy and Written Materials

At least once per calendar year, the District must send a notification to parents and persons in parental relation of all students to make them aware of anaphylactic policies and informational materials pursuant to Public Health Law. The notification will include contact information for the individual at the school who can assist with the individualized concerns regarding the anaphylactic policies.

Americans with Disabilities Act, 42 USC Section 12101, et seq.
Individuals with Disabilities Education Act (IDEA), 20 USC Sections 1400-1485
Section 504 of the Rehabilitation Act of 1973, 29 USC Section 794 et seq.
34 CFR Part 300
Education Law Sections 921, 921-a, and 922
8 NYCRR Sections 64.7, 136.6, 136.7, and 136.8
Public Health Law Sections 2500-h, 3000-a, and 3000-c

NOTE: Refer also to Policy #7513 -- Medication and Personal Care Items

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