

**SUBJECT: STUDENTS WITH LIFE-THREATENING HEALTH CONDITIONS**

Students come to school with diverse medical conditions which may impact their learning as well as their health. Some of these conditions are serious and may be life-threatening.

Students, parents, school personnel and health care providers must all work together to provide the necessary information and training to allow children with chronic health problems to participate as fully and safely as possible in the school experience.

All students within the District with known life-threatening conditions should have a comprehensive plan of care in place: an Emergency Care Plan (ECP) and/or Individual Healthcare Plan (IHP), and if appropriate, an Individualized Education Plan (IEP) or Section 504 Plan.

**School Health Team**

The District has identified the following as important members of the School Health Team to ensure that health information is complete, appropriate accommodations are prepared, and any necessary medication and environmental protocols are in place for students with life-threatening health conditions. The School Health Team members for individual students will vary based on the student's needs and may include:

- a) Parents/Guardians and Students;
- b) Building Principal;
- c) School Nurse;
- d) School Psychologist;
- e) Teachers;
- f) Food Service Personnel.
- g) Transportation Department

Those students with chronic life-threatening conditions such as diabetes, seizure disorders, asthma and allergies (food, insect sting, latex, medications, etc.) which may result in severe, life-threatening reactions to various environmental triggers, it is necessary that the District work cooperatively with the parent(s) and the healthcare provider to:

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- a) Develop an Individualized Healthcare Plan that includes all necessary treatments, medications, training and educational requirements for the student;
- b) Immediately develop an Emergency Care Plan (ECP) for each at-risk student to ensure that all appropriate personnel are aware of the student's potential for a life-threatening reaction;
- c) 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. The District will advise parents and/or students of their right to an evaluation by the District to determine whether the student has a disability that is eligible for such accommodations.
- d) Provide training by licensed medical personnel (e.g., registered professional nurse) for all adults in a supervisory role in the recognition and emergency management of a specific medical condition for specific students;
- e) Obtain specific 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 problem; and directions for emergencies;
- f) 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;
- g) Once designated as a self-directed student, (according to health practice and procedures and, have received prior approval by the medical provider) the student may carry life saving medication, as long as duplicate life saving medication is also maintained in the health office in the event the self-carrying student misplaces the medication. The District reserves the right to request the District's Physician to review the student's health care provider's orders for compliance with District's health practice(s) and procedures;

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- h) Assure appropriate and reasonable building accommodations are in place within a reasonable degree of medical certainty.

In addition, the District will:

- Provide training for appropriate staff in the recognition of an anaphylactic reaction;
- Have standing emergency medical protocols for nursing staff;
- Request the District's Physician to write a non-patient specific order for anaphylaxis treatment agents for the school's registered professional nurse to administer in the event of an anticipated anaphylactic episode;
- As permitted by New York State law and approved in writing by the District Physician, maintain stock supplies of life saving emergency medication epinephrine in all health offices for use in first-time emergencies;
- Ensure that building-level and district-wide school safety plans include appropriate accommodations for students with life-threatening health conditions;
- Encourage families to obtain medic-alert bracelets for at-risk students;
- Educate students regarding the importance of immediately reporting symptoms of an allergic reaction.

**Anaphylaxis**

Although anaphylaxis can affect almost any part of the body and cause various symptoms, the most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock which are potentially fatal. Treatment for anaphylaxis will be pursuant to a standing order of the student's physician and/or standing orders of the District's school physician and may include immediate removal of the allergen, if known or possible, and treating the rapidly progressing effects of histamine release in the body with epinephrine and antihistamines.

**Creating an Allergen-Safe School Environment**

While the school and family will work cooperatively, an allergen-free environment can never be guaranteed. Avoidance of exposure to allergens is the key to preventing a life-threatening anaphylactic reaction. Educating the school community about life-threatening

## Students

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allergies is crucial in keeping students with such allergies safe. The risk of accidental exposure or cross-contamination is always present, 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.

To guard against accidental exposure to allergens, monitoring of the following high-risk areas and activities is crucial:

- a) Cafeteria;
- b) Food sharing;
- c) Hidden ingredients in art, science and other projects;
- d) Transportation;
- e) Fund raisers and bake sales;
- f) Parties and holiday celebrations;
- g) Field trips.

Food Service

The Food Service Director, once contacted by parents, will address the allergen concern and provide a list of specific non-allergic food items served in the school lunch program. When notified by suppliers of any ingredient changes, parents will be given updated information by the School Lunch Director.

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 nuts (or, where appropriate, other 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 nights, or Back-to-School nights.

In accordance with Board Policy #5665 (Wellness Policy) Part II Food in the Classroom "...students will eat only snacks brought in from home for the individual consumption by

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students.” Food-allergic students will eat only snacks brought in from their home. They will not be permitted to eat or touch food brought in by others for snacks.

**Before- and After-School Child Care**

These programs are not under the auspices of the Huntington Union Free School District. Parents of food-allergic/anaphylactic children who are enrolled in a Before- and After-School Child Care Program should notify the program of their child’s medical needs.

**Use of Epinephrine Auto-Injector Devices (Epi-Pens) in the School Setting**

The administration of epinephrine by epi-pen to a student with a known severe allergy and those who have a first time allergic reaction needing an anaphylactic treatment agent may be performed by a school staff member responding to an emergency situation when such use has been prescribed by a licensed prescriber. However, a registered professional nurse/nurse practitioner/physician/physician’s assistant must have trained the staff member to administer the epi-pen for that emergency situation and given him/her approval to assist the student in the event of an anaphylactic reaction.

Documentation of training must be maintained in the Anaphylaxis Protocol for Non-Licensed School Staff Members for each affected student. The emergency response by non-licensed school staff members is permitted under the Medical Practice Act (Education Law Section 6527(4)(a)) and the Nurse Practice Act (Education Law Section 6908 (1)(a)(iv)) and is covered by the “Good Samaritan Law” (Public Health Law Section 3000-a).

While the school and family will work cooperatively, an allergen-free environment can never be guaranteed. Parents of food allergic/anaphylactic students will provide epi-pens for school use.

**Medication Self-Management**

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

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- a) Adequately training staff involved in the care of the child;
- b) Assuring the availability of the necessary equipment and/or medications;
- c) Providing appropriately trained licensed persons as required by law;
- d) Developing an emergency plan for the student; and
- e) Providing ongoing staff and student education for those involved.

Americans with Disabilities Act, 42 United States Code (USC) Section 12101 et seq.  
Individuals with Disabilities Education Act (IDEA), 20 United States Code (USC) Sections 1400-1485  
Section 504 of the Rehabilitation Act of 1973, 29 United States Code (USC) Section 794 et seq.  
34 Code of Federal Regulations (CFR) Part 300  
Education Law Sections 6527 and 6908  
Public Health Law Sections 2500-h and 3000-a

**Adopted:**