

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

School Health Team

The BOCES 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:

- a) Parents/Guardians and Students;
- b) School District Administration;
- c) School Physician;
- d) School Nurse;
- e) Teachers;
- f) Guidance Counselor/Social Worker;
- g) Teaching Assistants and Teacher Aides;
- h) Food Service Personnel;
- i) Custodial Staff;
- j) Transportation Personnel;
- k) Athletic Director, Coaches and After School Volunteers.

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 includes immediate removal of the allergen, and treating the rapidly progressing effects of histamine release in the body with epinephrine and antihistamines.

Particularly for 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 BOCES work cooperatively with the parent(s) and the healthcare provider to:

- a) 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;

- b) If appropriate, develop an Individualized Healthcare Plan 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 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 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;
- d) 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;
- 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 child as he/she works toward self-management;
- f) Allow self-directed students, as assessed by the school nurse, to carry life saving medication with prior approval by the medical provider, and according to health practice and procedures, as long as duplicate life saving medication is also maintained in the health office in the event the self-carrying student misplaces their medication;
- g) Assure appropriate and reasonable building accommodations are in place within a reasonable degree of medical certainty.

In addition, the BOCES will:

- a) Provide training for all staff in the recognition of an anaphylactic reaction;
- b) Have standing emergency medical protocols for nursing staff;
- c) Request the School 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 unanticipated anaphylactic episode;
- d) As permitted by New York State law, maintain stock supplies of life saving emergency medications such as epinephrine and antihistamine in all health offices for use in first time emergencies;
- e) Ensure that campus-level and BOCES-wide school safety plans include appropriate accommodations for students with life-threatening health conditions;
- f) Encourage families to obtain medic-alert bracelets for at risk students;
- g) Educate students regarding the importance of immediately reporting symptoms of an allergic reaction.

Creating an Allergen-Safe School Environment

Avoidance of exposure to allergens is the key to preventing a life-threatening anaphylactic reaction. Educating the entire school community about life-threatening 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;
- h) Before and after school programs.

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 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).

Medication Self-Management

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

- a) Adequately training all 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) Providing additional appropriately trained adults to complete delegated tasks as allowed by law;
- e) Developing an emergency plan for the student; and
- f) Providing ongoing staff and student education.

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

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