

## **POLICY 7521**

### **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. As a result, 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. This policy encompasses an array of serious or life-threatening medical conditions such as anaphylaxis, diabetes, seizure disorders, or severe asthma and acute medical conditions. 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.

#### **Life-Threatening Conditions**

For those students with chronic life-threatening conditions such as diabetes, seizure disorders, asthma, and allergies, the District must work cooperatively with the parent(s) and the healthcare provider(s) to:

- a) Immediately develop an 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 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 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 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 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 supervised students to carry life-saving medication in accordance with relevant 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 self-carrying 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;

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- b) Have standing emergency medical protocols for nursing or other staff;
- 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 them to administer emergency medications such as anaphylactic treatment agents;
- e) As permitted by New York State law, maintain stock supplies of life-saving emergency medications such as epinephrine auto-injectors for use, especially in first time emergencies;
- f) Allow the school registered nurse, nurse practitioner, or physician to train unlicensed school personnel to administer emergency epinephrine via auto-injector, or emergency glucagon, to students with both a written provider order and parent/person in parental relation consent during the school day, on school property, and at any school function. Such training will be done in accordance with specifications outlined in the Commissioner's regulations;
- g) Ensure that building-level and District-wide school safety plans include appropriate accommodations for students with life-threatening health conditions.
- h) Encourage families to obtain medic-alert bracelets for at risk students;
- i) Educate students regarding the importance of immediately reporting symptoms of an allergic reaction.

**Emergency Medication**

Epinephrine Auto-Injectors (EAIs)

The District has entered into a collaborative agreement with the Town of Tonawanda Paramedics in order to provide and maintain EAIs on-site in its instructional facilities. This agreement allows for trained school employees, who have completed a New York State Department of Health (NYSDOH) course, to administer EAIs to any student or staff member who demonstrates symptoms of anaphylaxis, regardless of whether such person has a prior history of severe allergic reactions. The District will ensure that it has sufficient EAIs available to ensure ready and appropriate access for use during emergencies and will immediately report every use of an EAI in accordance with the collaborative agreement to the Town of Tonawanda Paramedics. The collaborative agreement, as defined in Public Health Law Section 3000-c, is required for the District to permit trained school employees to administer stock EAIs to students and staff members who do not have a patient-specific order for such medication.

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.

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

**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:

- a) Adequately training all staff involved in the care of the child, as appropriate;
- 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.

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 6527 and 6908  
8 NYCRR Section 136.7  
Public Health Law Sections 2500-h (Anaphylactic policy for school districts) and 3000-a

NOTE: Refer also to Policy #7513 -- Administration of Medication

Adoption Date