

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 healthcare 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 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.

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 healthcare provider authorization in writing for specific students that includes the frequency and conditions for any testing 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 to carry life-saving medication, provided those students have prior approval by the medical provider and the school nurse, maintain and carry medication according to district practices and procedures, and have appropriate supervision for the administration of the medication. 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;

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- 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, and physical education staff, as appropriate, in the recognition of an anaphylactic reaction;
- 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 and Naloxone (Narcan) for use, especially in first time emergencies;
- f) Ensure that building-level and district-wide school safety plans include appropriate accommodations for students with life-threatening health conditions;
- g) Encourage families to obtain medic-alert bracelets for at risk students;
- h) Educate students regarding the importance of immediately reporting symptoms of an allergic reaction.

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;

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- 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 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 §12101 et seq.

Individuals with Disabilities Education Act (IDEA), 20 USC §§1400-1485

Section 504 of the Rehabilitation Act of 1973, 29 USC §794 et seq.

34 CFR Part 300

Education Law §§6527 and 6908

Public Health Law §§2500-h (Anaphylactic policy for school districts) and 3000-a

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