

POLICY

2017

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Students

SUBJECT: STUDENTS WITH LIFE THREATENING HEALTH CONDITIONS

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 Individualized Healthcare Plan (IHP) and if appropriate an Individualized Education (IEP) or Section 504 Plan.

School Health Team

The District has identified the following as important members of the School Health Team to provide 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 Medical Director;
- 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.

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Students

SUBJECT: STUDENTS WITH LIFE THREATENING HEALTH CONDITIONS (Cont'd)

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 District 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 District 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 Medical Director 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;

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- e) Ensure that Building-level and District-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.

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;
- 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
34 Code of Federal Regulations {CFR} Part 300
Section 504 of the Rehabilitation Act of 1973,
29 United States Code (USC) Section 794 et
seq. Education Law Sections 902(b), 6527 and
6908
Public Health Law Section 2500-h and 3000-a

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

Adopted: 9/11/06
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