

LIFE-THREATENING ALLERGIC REACTION (ANAPHYLAXIS) POLICY

The Board of Education (the “Board”) of the Voorheesville Central School District (the “District”) recognizes the increasing prevalence of serious and potentially life-threatening allergies among children. It is the goal of the Board to reduce the likelihood, and respond appropriately to, incidents of severe allergic reactions (anaphylaxis) among students within the District and to raise awareness and educate the entire school community about severe allergies in order to create a safer environment for children with serious allergies.

Anaphylaxis is a severe, life-threatening allergic reaction that involves the entire body, and it can occur within seconds of exposure or after several hours. Anaphylaxis is characterized by breathing difficulties, a drop in blood pressure, or shock, which are potentially fatal. Common signs and symptoms of allergic/anaphylaxis reactions may include hives, itching (any part of the body), swelling (any part of the body), red, watery eyes, runny nose, vomiting, diarrhea, stomach cramps, change of voice, coughing, wheezing, throat tightness or closing, difficulty swallowing, difficulty breathing, sense of doom, dizziness, fainting or loss of consciousness and/or change of skin color.

Common food triggers include, but are not limited to, peanuts, tree nuts (e.g., hazelnuts, walnuts, almonds, and cashews), cow’s milk, eggs, fish, shellfish, wheat, soy and certain fresh fruits (e.g., strawberries and kiwi). Common non-food triggers include, but are not limited to, insect venom, medications, and latex.

Administrative regulations shall be implemented and will include, but are not limited to: (a) a procedure and treatment plan (including the responsibilities of school nurses and other appropriate school personnel) for responding to anaphylaxis; (b) a procedure and appropriate guidelines for the development of individualized emergency health care plans for children with a food or other allergy that could result in anaphylaxis; (c) a communication plan for intake and dissemination of information regarding children with a food or other allergy that could result in anaphylaxis; (d) strategies for the reduction of the risk of exposure to anaphylactic causative agents, including food and other allergens; (e) strategies to raise awareness and educate the entire school community about life-threatening allergies in order to create a safer environment for children with serious allergies; and (f) requiring training for appropriate school personnel for preventing and responding to anaphylaxis.

The District recognizes that different procedures, plans and strategies may be necessary for elementary and secondary students due to the increased maturity and responsibility level of secondary school age children. The District further seeks to balance confidentiality of children with severe allergies while providing a safe, positive learning environment.

ADMINISTRATIVE REGULATIONS

LIFE-THREATENING ALLERGIC REACTION (ANAPHYLASXIS)

A. Definitions

1. Allergen is a substance that triggers an allergic reaction.
2. Anaphylaxis is a severe, life-threatening allergic reaction that involves the entire body, and it can occur within seconds of exposure or after several hours. Anaphylaxis is characterized by breathing difficulties, a drop in blood pressure, or shock, which are potentially fatal.
3. Emergency Health Care Plan (ECP) is a plan initiated by the school nurse that is designed for use by both nursing and school personnel. An ECP outlines the care a student may need in an emergency situation. It is written in lay language and is used as a guide to respond to a student who is experiencing a medical emergency.
4. Epinephrine is a medication used for immediate treatment of anaphylaxis. Epinephrine raises blood pressure and heart rate back to normal levels.
5. Epinephrine auto-injector is a medical device used to automatically inject a measured dose of epinephrine.

B. Process for Identifying, Planning and Developing Individualized Emergency Health Care Plans for Students with Severe Allergies

1. Identification of Students with Severe Allergies:
 - It is the responsibility of a student's parent/guardian to promptly notify the school nurse if their child has a severe allergy and cooperate with the school nurse (and other appropriate school personnel) with respect to providing a health history, planning for the student while at school and developing the student's emergency health care plan.
 - The school nurse will obtain a health history from the parent/guardian. The health history may include information from various sources, including, as needed or appropriate, a review of the student's existing school records, a parent/guardian interview, student input, and consultation with the student's health care provider(s).
 - The student's parent/guardian will provide to the school nurse documentation from a licensed health care provider identifying the student as having a severe allergy, the known allergen(s), the known symptoms and type of exposure (eating, inhaling or

- touching) that has caused an allergic reaction. The student's parent/guardian will provide the school nurse with this information on an annual basis.

2. Planning for Students with Severe Allergies and Developing ECPs:

- After the health history is obtained, the school nurse will work with the parent/guardian and student (as appropriate) to develop, based on the student's age, maturity and medical needs: (i) individualized written medical, environmental and/or other protocols necessary to address the student's severe allergy while at school ("Protocols")¹; and (ii) an individualized emergency health care plan ("ECP"). In developing the Protocols and ECP, the nurse and parent/guardian also may consult and work with school administration, school health professionals, the school physician, the transportation director, the student's teacher(s), custodial staff, the food service director, guidance counselors, and other school professionals. The Protocols and ECP will be reviewed and updated annually (or more frequently as needed). The Protocols will be signed by the student's parent/guardian. The ECP will be signed by the student's parent/guardian and the student's healthcare provider.
- If a parent/guardian requests the elimination of allergen(s) from a classroom, bus, school or other District location, such request shall be made to the student's principal and shall be accompanied by certification from a licensed health care provider attesting that the elimination of such allergen(s) is medically necessary in order for the student to safely attend school. Such requests shall be reviewed and considered by the school physician, in consultation with the principal, school nurse and other school personnel.
- The Protocols and ECP will be maintained in the student's health file in the health office.
- Parents/guardians must promptly notify the school nurse of any changes in their child's medical condition.
- It is strongly recommended that each student wear a Medic Alert bracelet or necklace that identifies the student as having a life-threatening allergy.

¹ The Protocols are not intended to take the place of an Individualized Healthcare Plan (IHP), a Section 504 Plan or an Individualized Education Plan (IEP). An IHP is a nursing document based on nursing diagnosis, nursing interventions and expected student outcomes and outlines the school nurse's plan of care in response to a medical diagnosis by the student's private healthcare provider. A Section 504 Plan is a legal document that addresses accommodations that may be needed in the school setting for students with specific health needs/disabilities. An IEP is a plan developed by the District's Committee on Special Education and the parent/guardian to meet unique educational needs of a student with a disability.

C. Communication Plan

1. Dissemination of Information Regarding Students with Severe Allergies:

- A Health Awareness List will be generated for each school by the school nurse. School personnel who have direct contact with a student with a severe allergy will be advised that such student has a severe allergy and the name of the allergen(s).
- A copy of a student's Protocols and ECP will be provided to school personnel and substitute teachers who have direct contact with such student.
- For elementary students only.
 - The school nurse will identify classrooms with students who have severe allergies and provide teachers with information about allergies/anaphylaxis to be shared with the students in those classes. This sharing of information shall be done in a way that is appropriate for the students' age and maturity level, without creating fear or anxiety, and after consultation with the parents/guardians of students with severe allergies. The identity of a student with a severe allergy will not be disclosed to other students in the classroom unless written permission is obtained from the student's parent/guardian.
 - Before the beginning of the school year (and as necessary during the school year), parents/guardians will be informed if a student with a severe allergy is in their child's classroom and of the measures being taken to reduce the risk of exposure to anaphylactic causative agents. Parents/guardians with concerns about the measures being taken to reduce the risk of exposure to anaphylactic causative agents should contact their child's teacher and/or principal.
 - The school will send letters home at the beginning of the year (and as necessary during the school year) advising parents/guardians if certain foods containing allergens must be kept out of the classroom. The school will send follow-up reminders, as needed, around special holidays or other occasions when potential food allergens may be brought from home to school. If food containing allergens is brought into a classroom or area where such food is not permitted, the school will follow up by: (1) sending a letter home to parents/guardians reinforcing the need for cooperation with classroom and/or school protocols; (2) telephoning the parents/guardians of the students asking for

cooperation with classroom and/or school protocols; and/or
(3) sending the food containing allergens home.

- If, pursuant to the Protocols of a student with a severe allergy, a list of approved snack food is created for the classroom, such list of approved food will be developed in consideration of the “snacks” guidelines contained in the District’s Wellness Policy of Physical Activity and Nutrition.

2. Raising Awareness, Education and Training about Life-Threatening Allergies.

- The school nurse will provide training to school personnel who have direct contact with students with severe allergies regarding the signs and symptoms of anaphylaxis, how to use an Epinephrine auto-injector and the District’s emergency response plan for anaphylaxis. As appropriate, the school nurse may also provide such school personnel with training on a student’s ECP. The school nurse will maintain a record of all such training.
- Substitute school personnel who have direct contact with students with severe allergies will receive training regarding the signs and symptoms of anaphylaxis, how to use an Epinephrine auto-injector and the District’s emergency response plan for anaphylaxis.
- The District’s Anaphylaxis Policy and these administrative regulations will be provided to all school personnel (including bus drivers).
- Informational sheets will be provided annually to all school personnel and substitute school personnel (e.g., teachers, bus drivers, and cafeteria staff) regarding how to protect children with severe allergies from exposure to known allergens, how to recognize and treat an anaphylactic reaction and training in protocols for responding to emergencies.
- School personnel will be required to attend specific in-service training sessions regarding preventing and responding to anaphylaxis, when deemed appropriate.
- Secondary students only. To raise awareness and educate students about life-threatening allergies, assemblies and/or other outreach programs (e.g., posters) will be periodically provided to students.

D. Strategies for Reducing Risk of Exposure to Anaphylactic Causative Agents

While it is not possible to eliminate risk altogether, certain precautions can be taken that will reduce the risk of exposure to anaphylactic causative agents and permit a child with severe allergies to attend school. These precautions are intended to be flexible and allow the District’s schools and classrooms to adapt to the needs of individual children.

All of the following strategies should be considered in the context of the child's age and maturity. School personnel, parent/guardian and student should work together to reduce the risk of exposure to allergens. As children mature, they should become more responsible for avoiding exposure to known allergens.

1. Classroom and School Environmental Concerns.

- Avoid using the classroom of a student with a severe allergy as a lunchroom or for after-school activities.
- If the classroom must be used as a lunchroom or for after-school activities, in accordance with Section B.2., establish medical, environmental and/or other protocols necessary to address the student's severe allergy, using a cooperative approach with students and parents/guardians.
- Avoid eating in rooms commonly used by students with severe allergies (e.g., computer labs, art room, music room, and library).
- Encourage parents/guardians of students with severe allergies to send in "safe" snacks for their children.
- Inform parents/guardians of students with severe allergies in advance of any school events where food will be served.
- Avoid cross contamination of food by cleaning surfaces with soap and water and a designated or disposable cloth before and after eating.
- Review and, if necessary, modify class materials to avoid presence of allergens used for arts and crafts, cooking, science projects, celebrations, projects, and parties.
- Encourage hand washing before and after eating.
- Consider use of non-food items for rewards and incentives.
- For birthday parties and other celebrations, consider use of non-food items.

2. Cafeteria Accommodations.

- Encourage students with severe allergies to eat only food prepared at home or approved allergen-free food.
- Prohibit students from sharing food, utensils and food containers.
- Provide in-service training for cafeteria staff in the prevention of cross-contamination in food preparation.
- Develop protocols for food preparation, and cleaning and sanitation to avoid cross contamination.
- Establish tables or areas of the cafeteria where certain allergens are not permitted.
- Primarily for elementary students.

- Provide lunch-hour supervision for students with severe allergies.
- Encourage students to wash hands before and after eating.

3. Field Trip Issues.

- Parents/guardians of students with severe allergies will always be offered the opportunity to serve as chaperones (this requirement is not intended to limit the number of chaperones; parents/guardians of students with severe allergies will not be part of the field trip lottery system).
- As needed, school personnel who are serving as chaperones will be made aware of the identity of any student with a severe allergy, the allergens, signs and symptoms and treatment for an allergic reaction.
- To the extent possible, provide cell phone or other means of communication if emergency help is needed.
- In accordance with a student's ECP, ensure that the medications needed by a student with a severe allergy, in the event of an anaphylactic reaction, are brought on a field trip, and ensure that such medication is on the same bus as the affected student.
- Provide a way to wash hands before and after eating, or bring disposable wipes.

4. School Bus Safety.

- The names of students with severe allergies will be provided to the director of transportation, who will disseminate this information to each bus driver who has direct contact with a student with a severe allergy.
- All bus drivers and substitutes will be trained how to respond to an anaphylactic reaction and the District's emergency response procedures.
- Bus drivers who drive students with severe allergies shall have access to such students' emergency health care plans.
- Arrangements will be made to reduce the risk of exposure to anaphylactic causative agents by: (1) using reasonable efforts to prevent students from eating on regularly scheduled morning and afternoon buses (including late buses); and (2) offering dedicated seating to students with severe allergies, which seating will be appropriately cleaned.

5. After-School Events and Activities Sponsored by the Schools.

- Consider the reduction of the presence of potential allergens at after-school events and activities sponsored by the schools.

6. Additional Preventative Measures.

- Students with severe food allergies would not be required to participate in garbage disposal, yard clean-ups or other activities that could bring them into contact with food wrappers, containers or debris.

7. Insect Venom.

- School personnel will check for the presence of bees and wasps on school property and will arrange for their prompt removal.
- At the parent/guardian's written request, students who are allergic to insect venom will be allowed to remain indoors during bee/wasp season.

8. Latex.

- Replace latex gloves with non-latex gloves.
- Replace latex bandages with non-latex bandages.
- Review and consider the reduction of the presence of latex, by substituting non-latex products when appropriate, in arts and crafts, cooking (e.g., food preparation gloves), science labs and projects, celebrations (e.g., balloons), projects and parties.

9. Keeping Students with Undiagnosed Allergies Safe.

- Students who have not been previously diagnosed with a severe allergy who experience anaphylaxis may be treated via a non-patient specific order written by the school physician. Only the school nurse may administer epinephrine to a student having an anaphylactic emergency who has not been previously diagnosed with an allergy, or who does not have a patient specific order for anaphylaxis treatment. The school nurse will maintain additional, non-patient specific Epinephrine auto-injectors in the health office.

10. General Consideration.

- Students who have severe allergies should be encouraged to advise their teachers about their allergies.
- Students with severe food allergies should avoid eating any food with unknown ingredients.
- Students will be encouraged to speak up immediately if they believe that they have been exposed to an allergen or if they believe that they are showing symptoms of an allergic reaction. Students will be advised that school personnel have been trained to

respond to an anaphylactic reaction and will respond to students' concerns regarding potential allergic reactions.

E. Procedure and Treatment Plan for Responding to Anaphylaxis

Even with precautions in place, a student with severe allergies may come into contact with an allergen while at school. Therefore, the District has developed this generalized emergency response plan. Additionally, individualized emergency health care plans will be developed for each student with severe allergies.

Students with severe allergies may or may not know when an allergic reaction is taking place. School personnel are encouraged to listen to the student. If the student complains of any symptoms that could be a sign of an allergic reaction, staff must implement this emergency response plan. There is no danger of reacting too quickly and potential great danger in reacting too slowly.

1. Emergency Response Plan. If a student displays signs and symptoms of an allergic reaction and/or reports an exposure to their allergen, school personnel must immediately:
 - Notify the school nurse (if available) and the main office;
 - Implement the student's emergency care plan (which may include administering epinephrine);
 - Call 911- Inform emergency operator that child is having an anaphylactic reaction; request Advanced Life Support (ALS); and
 - Call parent/guardian.

2. Important Considerations.
 - Know the District's emergency procedures and protocols in advance of an emergency and be prepared to follow them.
 - In the presence of signs and symptoms of an anaphylactic reaction, administer epinephrine without delay. Note the time administered.
 - Use a calm reassuring voice with the student and do not leave him/her unattended.
 - Do not attempt to stand the student up or ask them to walk around (this may increase the danger to the student in the event of a reaction).
 - Notify the school principal or school administrator.
 - Gather accurate information about the reaction and the student to give to ambulance personnel when they arrive.

3. Location of Epinephrine (Epinephrine auto-injectors):
 - Epinephrine auto-injectors will be kept in the health office.

- Student may carry their own Epinephrine auto-injectors with a physician's order and parent/guardian permission.

4. Review Process:

- In the event of implementation of the District's emergency response plan, school personnel shall conduct an evaluation of the incident and make any necessary changes to the District's emergency procedures and protocols and/or the student's emergency health care plan, in accordance with the requirements of Section B.2. of this policy.