

The increased prevalence of allergies and the risk of life-threatening anaphylaxis have impacted the school environment in recent years. Many environmental factors may serve as allergens. Food, insect stings and latex are examples of common allergens. While the Board of Education cannot guarantee an allergen-free environment, the Board will endeavor to provide an environment that limits the risk for students with life-threatening allergies. The Board directs the Superintendent of Schools and/or his/her designees to take steps necessary to meet this objective.

Severe Allergies

For students with severe allergies which may result in life-threatening reactions to various environmental triggers, it is necessary for the district to work cooperatively with the parent(s), guardian(s) and the healthcare provider to:

- Develop an Emergency Care Plan that includes all necessary treatments, medications, training and educational requirements for the students.
- Obtain appropriate health care provider authorization in writing 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.
- 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.
- 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.

The Superintendent and/or designees will establish school level emergency plans to adequately deal with and treat potential anaphylactic reactions occurring in previously undiagnosed individuals, via a non-patient specific order. A non-patient specific order is a standing order or protocol issued by a physician or certified nurse practitioner, authorizing an Registered Nurse to administer anaphylactic treatment agents to a student or staff member suffering an anaphylactic reaction even if there is no known history.

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

1. adequately training all staff involved in the care of the student; and
2. assuring the availability of the necessary equipment and/or medications.

The school must receive a documented diagnosis of allergies and clear, easy-to-follow written instructions from the student's physician for managing the student's allergies: avoidance measures, typical symptoms, dosing instructions for medications and emergency protocols. Parents are responsible for providing the allergic child's medication directly to the school health office in a properly labeled original container and for maintaining an adequate and up-to-date supply. Parents will provide written permission for the child's physician and school officials to consult on behalf of the child.

If the child is at risk of a lethal allergic reaction, the district strongly urges that he/she wear a medical information bracelet or necklace that identifies the specific items that may cause an anaphylactic reaction.

School officials in consultation with parents will determine which school personnel are made aware of the allergic student's condition. Appropriate school staff will receive details of the Emergency Care Plan.

Food Allergies

One of the more common forms of allergies involves food. Students may display a range of allergic responses from minor to life-threatening. In some cases, minute amounts of the food allergen, when eaten, touched or inhaled can make the allergic child very ill.

Currently, there is no cure for food allergies and avoidance is the only prevention; yet it is impossible to achieve complete avoidance of all allergic foods, as there can be hidden or accidentally introduced sources. Therefore, the child's parents and physician must prepare the school district for serious reactions that may occur despite precautions. To that end, parents are responsible (as noted above) for notifying the school of students with documented food allergies and/or anaphylaxis and for providing necessary medical information including the family physician's treatment protocol. This notification should occur at the time of enrollment or as soon after diagnosis as possible. Once the district has been notified by the parent, a conference will be held to develop an Emergency Care Plan, if necessary. The district does not have diagnostic responsibility with respect to medical conditions.

The district's goals for severe food-allergic children are to reduce the risk of exposure, identify and recognize symptoms of an adverse reaction and ensure prompt emergency treatment. In response to a specific case of food allergies, each school may place limitations on foods that may be brought into school from home or places where foods may be eaten. The district will seek cooperation from the school community.

When children have been identified by the parents and physicians as food-allergic/anaphylactic and have reported their medical information to the school nurse, the parents will be given a copy of the Board policy and related regulations. Each will have a tear-off sheet to be signed by the parent indicating they received, read and had the opportunity to discuss the Board policy and regulations with the school nurse and Building Principal.

Regulations

The Superintendent of Schools shall establish regulations to provide for the allergic/anaphylactic child. These regulations may include development of an Emergency Care Plan, EpiPen or other medication to be used and staff training, staff in-service, forms and letters, consents, waivers and privacy issues and sharing information.

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