

MANAGEMENT AND TREATMENT OF ANAPHYLAXIS

The South Colonie Central School District Board of Education recognizes the increasing prevalence of potentially life-threatening allergies among children. It is the goal of the school district to maximize the safety of each student within the school system who may be subject to life-threatening allergic reactions. The purpose of this policy will be to raise the level of awareness about the problem of life-threatening allergies in order to create a safe environment for learning for children with serious allergies.

Regulations shall be put into place to minimize the risk of anaphylactic reactions among students through information and awareness, prevention of anaphylactic reaction, and emergency response. Any regulations will maintain the appropriate confidentiality of the student while still providing a safe, positive learning environment.

General Overview

Anaphylaxis is a severe and potentially life-threatening systemic allergic reaction triggered by exposure to one or more allergens, including foods, insect stings, drugs, and latex products. Anaphylaxis refers to a collection of symptoms affective multiple areas of the body. The symptoms may include one or more of the following:

- Hives
- Nausea
- Vomiting
- Itching (any part of the body)
- Diarrhea
- Swelling (any part of the body)
- Stomach cramps
- Red, watery eyes
- Change of voice
- Runny nose
- Sneezing
- Coughing
- Dizziness, change in mental state
- Sensation of warmth
- Difficulty swallowing
- Wheezing
- Difficulty breathing, shortness of breath
- Throat tightness or closing
- Sense of doom
- Itchy scratchy lips, tongue, mouth and/or throat
- Fainting or loss of consciousness
- Tingling sensation, itching, or metallic taste in mouth
- Drop in blood pressure
- Severe headache
- Flushed, pale skin, cyanotic (bluish) lips and mouth area
- Anxiety

The most dangerous and potentially fatal symptoms include breathing difficulties, a drop in blood pressure, or shock. Common examples of potentially life-threatening allergies are those to food and stinging insects. Life-threatening allergic reactions may also occur with medications or latex rubber, or in rare cases in association with exercise. The most common food triggers are peanuts, tree nuts, milk, eggs, soy, wheat, fish and shellfish, although any food has the potential to cause an allergic reaction.

Anaphylaxis can occur immediately or up to two (2) hours following allergen exposure. In approximately one-third ($\frac{1}{3}$) of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two (2) to four (4) hours later. This combination of an early phase of

symptoms followed by a late phase of symptoms is defined as a bi-phasic reaction. It is imperative that a student receive an emergency injection of Epinephrine (Epipen®) and an oral antihistamine, i.e. Benadryl, if appropriate per physician's order. In addition, all students must be transported immediately by EMS personnel to the nearest hospital emergency department.

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he or she is allergic.

Procedures shall be in place at each school to address food allergy issues in classrooms, including gym and other special subjects; food services/cafeteria; for art, science and mathematics projects, crafts; outdoor activity areas; school buses; field trips; and before- and after-school activities.

Procedures that are in place for Elementary and Middle School students may be more restrictive than those procedures for High School students. Parents and guardians shall work closely with the school nurse and High School administration to determine the need for adjusting certain procedures to meet the safety needs of the student with life-threatening allergies. Since many children do outgrow some food allergies, it is important to have updated information from the student's allergy specialist and/or physician as the student physically matures.

Confidentiality

The District shall follow Federal and State Law and Regulations about sharing medical information of a student. The Family Education Rights Protection Act (FERPA) protects the privacy and confidentiality of students' personally identifiable information contained within an education record, which includes a student's cumulative health record. There are certain situations in which a school district may disclose personally identifiable information from an education record without the consent of the parent or student.

A school district may disclose personally identifiable information from an education record to appropriate parties in connection with an emergency, if the information would be necessary for the protection of the health and safety of the student. School officials may share information with appropriate persons including law enforcement officials, public health officials and trained medical personnel when there is an immediate concern to protect a student's health and/or safety in an emergency situation.

Cross-Reference: 5420, Student Health Services

Reference: Education Law § 6909(4)
Public Health Law § 300-a
8 NYCRR § 29.14, § 64.7
20 USC § 1232(g)
34 CFR §§ 99.31(a), 99.36

Recent Amendments to Family Educational Rights and Privacy Act Relating to Anti-Terrorism Activities, April 12, 2002, U.S. Department of Education Memorandum dated June 2002 from James A. Kadamus regarding the Use of Epinephrine Auto-Injector Devices in the School Setting.

Adopted: October 4, 2005