

BOARD OF EDUCATION  
FAIRFIELD PUBLIC SCHOOLS  
FAIRFIELD, CT

**Policy Committee Meeting**

Monday, April 28, 2014  
Education Center  
501 Kings Highway East  
Superintendent's Conference Room  
4:15 p.m.

Agenda

- I. Call to Order
- II. Approval of March 31, 2014, Minutes
- III. Policy
  - Policy #5515 Students – Protocol for Emergency Medications, Epinephrine – discussion postponed to the April 28, 2014 meeting
  - Policy #5516 Students – Management of Food Allergies in Schools; review of Shipman Goodwin sample policy continued from March 31 discussion
- IV. Open Discussion/Public Comment
- V. Adjournment
- VI. Future Items:
  - Policy #5225 Students – Requirements for Graduation
  - Policy #4240 Personnel – Electronic Mail
  - Policy #3552 Business – Lending School Owned Equipment
  - Policy #5340 Students – Lost/Damaged Equipment
  - Policy #4110 Personnel – Recruitment and Selection
  - Policy #5542 Students – On Campus Recruitment
  - Policy #6511 Instruction – Special Education
  - New policy request for Monthly Financial Reporting to BOE

Future Mtg. Dates and Times: **Monday, May 12**; *Monday, June 2*; *Monday, June 16*; *Monday, August 25*; **TUESDAY, September 2** (*Monday is Labor Day*); *Monday, September 15*; *Monday, October 13*; *Monday, November 17*; *Monday, December 1, 2014*.

All meetings will be held at 501 Kings Highway East, Superintendent's Conference Room unless otherwise noted.

BOARD OF EDUCATION  
FAIRFIELD PUBLIC SCHOOLS  
FAIRFIELD, CT  
**Policy Committee Meeting**  
Monday, March 31, 2014  
Superintendent's Conference Room  
4:15 p.m.

Minutes

- I. Call to Order - The meeting was called to order by Jennifer Kennelly at 4:27. In attendance were committee members Donna Karnal, and Karen Parks representing the administration. John Convertito arrived at 4:45. Also in attendance were Anna Cutaia-Leonard and Andrea Leonardi representing the administration and many parents representing the public.
- II. Approval of March 3, 2014, Minutes – Approved as submitted 2:0:0
- III. Public Comment

Due to the large number of parents present, Ms. Kennelly requested public comment at the start of the meeting. Many different parents spoke offering the comments included below. Both Trumbull and Westport have recently revised their policies and we should see what they are doing. The Consortium of Food Allergies Website has some very helpful information. Young children need snacks and when foods for snacks are restricted, it is divisive and unfair. Please do not take staff time away from children and teaching. Please do not vilify food by sending the message that everything but fruits and vegetables are bad. Please get input from parents of children with food allergies and from research so that the Jennings situation does not happen again. The rules at Jennings are too restrictive. Please find a balance that gives everyone a sense of security. We need the least restrictive environment for children with life-threatening allergies and should provide education for all parents with best practices. We should also use a system of gradual release so that students learn to advocate for themselves and educate others. Students with life-threatening allergies must request compliance from complete strangers, which is difficult for anyone, let alone children. A parent of a student with life-threatening food allergies indicated that often accommodations for students are not followed because other parents do not understand the severity of the situation and do not follow the rules. We need education and this must be a community effort. Parents must ask for as much help for their children as possible and we should address this problem with consistency across all schools and classrooms. Children with severe food allergies suffer stress from the anxiety and fear of reactions to food that may not be visible in the classroom. We must enforce nut free classrooms through education and safe food practices and not isolate children with these allergies.

Andrea Leonardi explained the difficulty in enforcing safe food practices in the classroom as opposed to the cafeteria. In the school cafeterias, students with severe food allergies sit at separate tables and students who buy lunch are able to join them. Students who bring lunch from home cannot join these tables because there is no guarantee that

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their lunch does not contain allergens. Tables are all cleaned between lunch waves and students wash hands before and after lunch to reduce the spread of food allergens. In the classroom, students must eat snack at desks, wash hands before and after snack, and must wipe tables after snack with safe wipes. The problem is that since all snacks are brought from home, we must hope for compliance from parents and there is no guarantee that all students/parents will comply with “nut free” snacks. The allergens from nuts can be left on the floor, on the student’s clothes, and spread in the classroom where they can impact students with severe allergies. One parent indicated that at Jennings, where only fruits and vegetables are allowed in the classrooms containing students with life-threatening peanut and tree nut allergies, problems are continuing because many parents are not complying with the rule of sending a fruit or vegetable. That causes many of the students to go to another classroom to eat snack, often leaving students with life threatening allergies left behind and isolated in the classroom. It also disrupts learning, because instruction is intended to be continued during snack.

#### IV. Policy

- Policy #5516 Students – Management of Food Allergies in Schools; review of CABE sample policies

After public the committee members began to peruse the 4 sample policies from CABE. They agreed to work from the Shipman Goodwin sample and began discussion on language changes. Those changes will be reflected on the policy for next time. Jennifer asked Karen to number the policy pages for future meetings and also for the near future, to track the dates of changes by indicating them in different ink colors. Karen agreed to do that and to investigate the new policies from Trumbull and Westport. The members agreed to work on Policy #5515 at the April 28 meeting due to the planned presence of Joanne Ryan and continue working on Policy #5516 at the meeting on May 12, if time does not permit on April 28.

- Policy #5515 Students – Protocol for Emergency Medications, Epinephrine – discussion postponed to the April 28, 2014 meeting.

#### V. Adjournment – The meeting adjourned at 6:35.

## Students

## Welfare

### PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS 5515

#### EPINEPHRINE BY SCHOOL PERSONNEL

#### Anaphylactic Reaction

Anaphylactic Reaction may occur following:

- the administration of medication;
- ingestion of, inhalation of, or contact with food or other substance;
- insect bite, or sting; or
- exercise.

When an anaphylactic reaction is considered likely, epinephrine should be administered immediately.

Epinephrine will be maintained in each school to be administered for treatment of anaphylaxis by the following school personnel: ~~the nurse, or, in the absence of the nurse,~~ a qualified principal, teacher, occupational therapist or physical therapist. The nurse will review the use of epinephrine at least semiannually in the fall and spring with qualified principals, teachers, occupational therapists and physical therapists. Medicinal preparations administered by injection shall be consistent with provisions of the Needlestick Safety Act and pertinent OSHA regulations.

Common Symptoms of Anaphylaxis: Administer epinephrine immediately if symptoms pertaining to any system marked with an asterisk (\*) occur or if skin symptoms are combined with neurological symptoms.

<u>System</u>	<u>Symptom</u>
* Mouth	Itching and swelling of the lips, tongue, and/or mouth
*Throat	Itching, swelling, or sense of tightness in the throat; hoarseness, repetitive throat clearing, difficulty swallowing
Skin	Itchy rash, hives, and/or swelling about face and extremities
* Gastrointestinal	Nausea, vomiting, abdominal cramps, and/or diarrhea
* Respiratory	Shortness of breath; repetitive cough; wheeze; chest tightness; cyanosis; repetitive sneezing
* Cardiovascular	Increased heart rate, “thready” pulse, low blood pressure, dizziness or faintness
Neurological	Feeling of impending doom; apprehension; weakness

**Students**

**Welfare**

**PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS 5515**

**EPINEPHRINE BY SCHOOL PERSONNEL (continued)**

Epinephrine Dosage

Dosage: Children in third grade and older and adults: 0.3 mg. (supplied as Epipen auto-injector).

~~Children in second grade and younger: 0.15 mg. Children two (2) years to **second grade: 0.15 mg.** (supplied as Epipen, Jr. auto-injector).~~

~~Children under two (2) years: 0.05 to 0.1 mg. (0.01 mg. per Kg of body weight): (Supplied as ampoules of epinephrine 1:1000) Refer to dosage chart below:~~

<u>Child's Weight</u>	<u>Dose</u>	<u>Amount (ml) To Draw Up</u>	
<u>Kgs</u>	<u>lbs.</u>	<u>Using Tuberculin Syringe</u>	
<del>5.5 Kg</del>	<del>12 lbs.</del>		
<del>&amp; under</del>	<del>&amp; under</del>	<del>0.05mg</del>	<del>0.05 ml</del>
<del>5.9 Kg</del>	<del>13 lbs.</del>	<del>0.06 mg</del>	<del>0.06 ml</del>
<del>6.4 Kg</del>	<del>14 lbs.</del>	<del>0.06 mg</del>	<del>0.06 ml</del>
<del>6.8 Kg</del>	<del>15 lbs.</del>	<del>0.07 mg</del>	<del>0.07 ml</del>
<del>7.3 Kg</del>	<del>16 lbs.</del>	<del>0.07 mg</del>	<del>0.07 ml</del>
<del>7.7 Kg</del>	<del>17 lbs.</del>	<del>0.08 mg</del>	<del>0.08 ml</del>
<del>8.2 Kg</del>	<del>18 lbs.</del>	<del>0.08 mg</del>	<del>0.08 ml</del>
<del>8.6 Kg</del>	<del>19 lbs.</del>	<del>0.09 mg</del>	<del>0.09 ml</del>
<del>9.1 Kg</del>	<del>20 lbs.</del>	<del>0.09 mg</del>	<del>0.09 ml</del>
<del>9.5 Kg</del>	<del>21 lbs.</del>	<del>0.1 mg</del>	<del>0.1 ml</del>

Epinephrine dosage may be repeated in (15-20) **10** minutes if no improvement or if further deterioration has occurred.

Route of Administration: Intramuscular or Subcutaneous (IM or SC)

Preferred Site: Anterolateral thigh. If anterolateral thigh cannot be used, use deltoid. Avoid use of buttocks.

## Students

## Welfare

### PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS 5515

#### EPINEPHRINE BY SCHOOL PERSONNEL (continued)

Contraindications to use of epinephrine: There are no absolute contraindications to the use of epinephrine in a life-threatening situation. Hyperthyroid individuals, individuals with cardiovascular disease, hypertension, or diabetes, elderly individuals, pregnant women, and children under 30 kg (66 lbs.) may be theoretically at greater risk of developing adverse reactions after epinephrine administration. Despite these concerns, epinephrine is essential for the treatment of anaphylaxis.

After administration of epinephrine, call an ambulance and notify the parent or guardian. Anaphylactic reactions can subside then reoccur up to several hours later after epinephrine is given. Victim must receive medical attention even if initial symptoms subside. When calling the ambulance, state that anaphylaxis is suspected and request ALS personnel.

The nurse or person qualified to administer epinephrine should accompany the victim in the ambulance unless ambulance personnel are qualified to administer epinephrine.

If the victim has an apparent allergic reaction which does not indicate the need for epinephrine, (i.e., a reaction involving only the skin, or involving only a feeling of apprehension, impending doom, or weakness) observe, contact the parent or guardian, and refer to private physician for follow-up care.

For a student with a known allergy to food or insect bites/stings, refer to medical orders from student's private physician and student's Individualized Health Care Plan. If orders from private physician are not available, proceed as follows:

- I. If a child with an allergy to a food thinks he thinks he ate the food or knowingly ate the food,
  - observe child for at least two (2) hours for any signs of a reaction;
  - notify the parent or guardian and urge the parent or guardian to contact the child's physician; and
  - if any symptoms occur indicating need for epinephrine:
    - a) administer epinephrine;
    - b) transport to hospital via ambulance for further management;
    - c) contact the parent or guardian;
    - d) observe vital signs;
    - e) position to prevent shock; and
    - f) CPR will be performed as indicated.

## Students

## Welfare

### PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS 5515

#### EPINEPHRINE BY SCHOOL PERSONNEL (continued)

- II. If a child with a known insect sting allergy (~~either being treated with immunotherapy or not being treated~~) is stung,
- treat the site of the sting (see *Bites-Insect Stings* in the Fairfield School Health Manual);
  - notify the parent or guardian and urge the parent or guardian to contact the child's physician;
  - observe patient for one (1) hour for signs of anaphylaxis; and
  - if any symptoms occur indicating need for epinephrine:
    - a) administer epinephrine;
    - b) transport to hospital via ambulance for further treatment;
    - c) contact the parent or guardian;
    - d) observe vital signs;
    - e) position to prevent shock; and
    - f) CPR will be performed as indicated.

#### ~~Severe Asthma~~

~~For severe asthma that is not relieved by positioning, pursed lip breathing, relaxation, prescribed medication, or by emergency interventions specified in the student's Individualized Health Care Plan (e.g., nebulizer treatment), observe the following protocol:~~

- ~~• Call an ambulance and notify the parent or guardian;~~
- ~~• If student exhibits signs of severe respiratory distress, the nurse shall administer epinephrine.~~

~~Indicators of severe respiratory distress include:~~

- ~~-Victim is unable to speak in complete sentences without taking a breath~~
- ~~-Lips, nails, mucous membranes are gray or blue~~
- ~~-Severe retractions and/or nasal flaring~~
- ~~-Absent or minimal breath sounds~~
- ~~-Reduction in wheezing not accompanied by improvement in general condition~~
- ~~-Deterioration in energy and level of consciousness~~
- ~~-Severe restlessness~~
- ~~-Tachypnea respiration greater than 30/minute~~
- ~~-Tachycardia pulse greater than 120/minute~~

- ~~• Administer CPR if indicated.~~

**Students**

**Welfare**

**PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS 5515**

**EPINEPHRINE BY SCHOOL PERSONNEL(continued)**

**Severe Asthma (continued)**

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~~Children two (2) years to second grade: 0.15 mg. (supplied as EpiPen, Jr., auto-injector).~~

~~Children under two (2) years: 0.05 to 0.1 mg. (0.01 mg. per Kg of body weight). (Supplied as ampoules of epinephrine 1:1000.) Refer to dosage chart below:~~

<u>Child's Weight</u>		<u>Dose</u>	<u>Amount (ml) To Draw Up</u>
<u>Kgs.</u>	<u>lbs.</u>	<u>0.01 mg/kg</u>	<u>Using Tuberculin Syringe</u>
5.5 Kg	12 lbs.		
& under	& under	0.05 mg	0.05 ml
5.9 Kg	13 lbs.	0.06 mg	0.06 ml
6.4 Kg	14 lbs.	0.06 mg	0.06 ml
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8.6 Kg	19 lbs.	0.09 mg	0.09 ml
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~~Epinephrine dosage may be repeated in (15-20) 10 minutes if no improvement or if further deterioration has occurred.~~

~~Route of Administration: IM or SC~~

~~Preferred Site: Anterolateral thigh. If anterolateral thigh cannot be used, use deltoid. Avoid use of buttocks.~~



**Students**

**Welfare**

**PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS 5515**

**EPINEPHRINE BY SCHOOL PERSONNEL (continued)**

**~~Severe Asthma (continued)~~**

~~Contraindications to use of epinephrine: There are no absolute contraindications to the use of epinephrine in a life-threatening situation. Hyperthyroid individuals, individuals with cardiovascular disease, hypertension, or diabetes, elderly individuals, pregnant women, and children under 30 kg (66 lbs.) may be theoretically at greater risk of developing adverse reactions after epinephrine administration.~~

**INSTANT GLUCOSE**

**Diabetic Hypoglycemic Reaction or Insulin Shock**

1. Assess the victim for signs of hypoglycemic reaction or insulin shock. Symptoms may include dizziness, nervousness or trembling, incoherent speech, confusion, weakness, moist, pale skin, drowsiness, headache, intense hunger, blurred vision, poor coordination, abdominal pain, or nausea. If no specific order for blood testing, and it is uncertain whether student is having a hypoglycemic reaction, TREAT.

If the reaction is severe (unconsciousness or convulsions), call an ambulance. If able to react and swallow, give sugar, instant glucose, or other fast-acting carbohydrate per Individualized Health Care Plan (e.g., juice or regular soda pop) for the student as long as the student is conscious. The student may need coaxing to eat. If non-responsive, do not administer anything by mouth and administer first aid for victim in an unconscious state.

If fast-acting carbohydrate is needed and the victim does not have his or her own supply, administer Insta-Glucose Glucose Gel. Dosage for Insta-Glucose Glucose Gel: Entire contents of tube by mouth (delivers 24 grams of carbohydrate). Repeat every 10 minutes if needed.

Give complex carbohydrate food (e.g., 4 peanut butter crackers or ½ meat sandwich) per Individualized Health Care Plan when blood sugar stabilized / symptoms dissipated or when blood sugar/symptoms continue deviant after 45 minutes of treatment with fast-acting carbohydrate.

**Students**

**Welfare**

**PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS      5515**

**EPINEPHRINE BY SCHOOL PERSONNEL (continued)**

2. Call an ambulance unless prompt recovery.
3. Notify the parent or guardian.

Approved 8/27/04

Revised and Approved 1/22/08  
by Town of Fairfield Board of Education

Revised and Approved 9/9/13  
by Town of Fairfield Board of Health