

2025

5681

Non-Instructional/Business Operations

1 of 6

**SUBJECT: SCHOOL SAFETY PLANS**

The District considers the safety of its students and personnel to be of the utmost importance and is keenly aware of the evolving nature of threats to schools. As such, it will address those threats accordingly through appropriate emergency response planning. The District-Wide School Safety Plan and the Building-Level Emergency Response Plan(s) will be designed to prevent or minimize the effects of violent incidents, declared state disaster emergency involving a communicable disease or local public health emergency declaration and other emergencies and to facilitate the coordination of schools and the District with local and county resources in the event of these incidents or emergencies. These plans will be reviewed and updated by the appropriate team on at least an annual basis and adopted by the Board by September 1 of each school year.

The Board will make the District-Wide School Safety Plan available for public comment at least 30 days prior to its adoption. The District-Wide School Safety Plan may only be adopted by the Board after at least one public hearing that provides for the participation of school personnel, parents, students, and any other interested parties. The District-Wide School Safety Plan and any amendments must be submitted to the Commissioner, in a manner prescribed by the Commissioner, within 30 days of adoption, but no later than October 1 of each school year.

Building-Level Emergency Response Plan(s) and any amendments must be submitted to the appropriate local law enforcement agency and the state police within 30 days of adoption, but no later than October 1 of each school year. Building-Level Emergency Response Plan(s) will be kept confidential and are not subject to disclosure under the Freedom of Information Law (FOIL) or any other provision of law.

The District will provide written information to all students and personnel about emergency procedures by October 1 of each school year.

**District-Wide School Safety Plan**

District-Wide School Safety Plan means a comprehensive, multi-hazard school safety plan that covers all school buildings of the District, addresses crisis intervention, emergency response and management, and the provision of remote instruction during an emergency school closure, at the district-level, and has the contents as prescribed in Education Law and Commissioner's Regulations.

The District-Wide School Safety Plan will be developed by the district-wide school safety team appointed by the Board. The district-wide school safety team will include, but not be limited to, representatives of the Board, teacher, administrator, and parent organizations, school safety personnel, and other school personnel including bus drivers and monitors. The district-wide school safety team will consider, as part of their review of the comprehensive District-Wide School Safety Plan, the installation of a panic alarm system. \*At the discretion of the Board, a student may be allowed to participate on the district-wide school safety team.

~~\* Allowing a student member to participate on the safety team is now optional, not required. Please customize accordingly. A student may participate provided that no confidential information is shared with that student.~~

Continued

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025

5681

Non-Instructional/Business Operations

2 of 6

**SUBJECT: SCHOOL SAFETY PLANS**

The District-Wide School Safety Plan will include, but not be limited to:

- a) Policies and procedures for responding to implied or direct threats of violence by students, teachers, other school personnel including bus drivers and monitors, and visitors to the school, including threats by students against themselves, which includes suicide;
- b) Policies and procedures for responding to acts of violence by students, teachers, other school personnel including bus drivers and monitors, and visitors to the school, including consideration of zero-tolerance policies for school violence;
- c) Appropriate prevention and intervention strategies, which may include:
  - 1. Collaborative arrangements with state and local law enforcement officials, designed to ensure that school safety officers and other security personnel are adequately trained, including being trained to de-escalate potentially violent situations, and are effectively and fairly recruited;
  - 2. Nonviolent conflict resolution training programs;
  - 3. Peer mediation programs and youth courts;
  - 4. Extended day and other school safety programs; and
  - 5. If the District has a multi-disciplinary behavioral assessment team, behavioral assessment team, or a county or regional threat assessment team, the establishment and/or participation of district personnel in a multi-disciplinary behavioral assessment team to assess whether certain exhibited behaviors or actions need intervention or other support, including a school or district-level behavioral assessment team or, if available, a county or regional threat assessment team. When these teams are utilized, the District will:
    - (a) Describe the school, district, or county team and its purpose in the District-Wide School Safety Plan; and
    - (b) Include information regarding the purpose and procedures of these teams in the District's annual personnel training on safety and emergency procedures.
- d) Policies and procedures for contacting appropriate law enforcement officials in the event of a violent incident;
- e) A description of the arrangements for obtaining assistance during emergencies from emergency services organizations and local governmental agencies;

Continued

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025

5681

Non-Instructional/Business Operations

3 of 6

**SUBJECT: SCHOOL SAFETY PLANS**

- f) Procedures for obtaining advice and assistance from local government officials, including the county or city officials responsible for implementation of Executive Law Article 2-B, State and Local Natural and Man-Made Disaster Preparedness;
- g) The identification of district resources which may be available for use during an emergency;
- h) A description of procedures to coordinate the use of district resources and manpower during emergencies, including identification of the officials authorized to make decisions and of the personnel assigned to provide assistance during emergencies;
- i) Policies and procedures for contacting parents, guardians, or persons in parental relation to district students in the event of a violent incident or an early dismissal or emergency school closure;
- j) Policies and procedures for contacting parents, guardians, or persons in parental relation to an individual district student in the event of an implied or direct threat of violence by the student against themselves, which includes suicide;
- k) Policies and procedures relating to school building security, including, where appropriate: the use of school safety officers, school security officers, and/or school resource officers; and security devices or procedures;
- l) Policies and procedures for the dissemination of informative materials regarding the early detection of potentially violent behaviors, including, but not limited to, the identification of family, community, and environmental factors to teachers, administrators, school personnel including bus drivers and monitors, parents or other persons in parental relation to students of the District or Board, students, and other persons deemed appropriate to receive the information;
- m) Policies and procedures for annual multi-hazard school safety training for personnel and students, provided that the District must certify to the Commissioner that all personnel have undergone annual training by September 15 on the Building-Level Emergency Response Plan ~~which must include components on violence prevention and mental health, provided further that new,~~ The training will include:
  - 1. A description of the roles and responsibilities of the building-level emergency response team, the building-level incident command system including the roles and responsibilities of designated personnel, and the Building Level-Emergency Response Plan procedures for implementing the following required emergency response terms: shelter/shelter-in place, hold/hold-in place, evacuate/evacuation, secure lockdown, and lockdown.

Continued

LEWISTON-PORTER CENTRAL SCHOOL DISTRICT  
2025

5681

Non-Instructional/Business Operations

4 of 6

**SUBJECT: SCHOOL SAFETY PLANS**

2. The procedures for conducting drills, including whether classrooms will be released from lockdown by law enforcement or school or district administrators during drills, and the district and building policies, procedures, and programs related to safety including those which include components on violence prevention and mental health.

New employees hired after the start of the school year will receive training within 30 days of hire or as part of the District's existing new hire training program, whichever is sooner;

- n) Procedures for the review and conduct of drills, tabletop exercises, and information about emergency procedures and drills, including information about procedures and timeframes for notification of parents or persons in parental relation regarding drills and other emergency response training(s) that include students. At its discretion, the District may participate in full-scale exercises in coordination with local and county emergency responders and preparedness officials. These procedures must ensure that:
  1. Drills conducted during the school day with students present will be conducted in a trauma-informed, developmentally, and age-appropriate manner and will not include props, actors, simulations, or other tactics intended to mimic a school shooting or other act of violence or emergency;
  2. When drills are conducted, students and personnel will be informed that the activities are a drill. Students and personnel will not be informed in advance of evacuation drills;
  3. When utilized as a training resource, tabletop exercises may include a discussion-based activity for personnel in an informal classroom or meeting-type setting to discuss their roles during an emergency and their responses to a sample emergency situation;
  4. If the District opts to participate in full-scale exercises in conjunction with local and county emergency responders and preparedness officials that include props, actors, simulations, or other tactics intended to mimic a school shooting or other act of violence or emergency, the District will not conduct these exercises on a regular school day or when school activities such as athletics are occurring on district grounds. These exercises will not include students unless written consent from parents or persons in parental relation has been obtained;
- o) The identification of appropriate responses to emergencies, including protocols for responding to bomb threats, hostage-takings, intrusions, and kidnappings;
- p) Strategies for improving communication among students, between students and personnel, and between administration and parents or persons in parental relation regarding reporting of potentially violent incidents, such as the establishment of youth-run programs, peer

Continued

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025

5681

Non-Instructional/Business Operations

5 of 6

**SUBJECT: SCHOOL SAFETY PLANS**

mediation, conflict resolution, creating a forum or designating a mentor for students concerned with bullying or violence, and establishing anonymous reporting mechanisms for school violence;

- q) A description of the duties of hall monitors and any other school safety personnel, the training required of all personnel acting in a school security capacity, and the hiring and screening process for all personnel acting in a school security capacity;
- r) A system for informing all educational agencies within the District of a disaster or emergency school closure;
- s) The designation of the Superintendent or designee as the district chief emergency officer whose duties will include, but not be limited to:
  - 1. Coordinating the communication between school personnel, law enforcement, and other first responders;
  - 2. Leading the efforts of the district-wide school safety team in the completion and yearly update of the District-Wide School Safety Plan and the coordination of the District-Wide School Safety Plan with the Building-Level Emergency Response Plan(s);
  - 3. Ensuring personnel understanding of District-Wide School Safety Plan;
  - 4. Ensuring the completion and yearly update of Building-Level Emergency Response Plans for each school building;
  - 5. Assisting in the selection of security-related technology and development of procedures for the use of the technology;
  - 6. Coordinating appropriate safety, security, and emergency training for district and school personnel, including required training in the District-Wide School Safety Plan and Building-Level Emergency Response Plan(s);
  - 7. Ensuring the conduct of required evacuation and lockdown drills in a trauma-informed, developmentally, and age-appropriate manner that does not include props, actors, simulations, or other tactics intended to mimic a school shooting or other act of violence or emergency in all district buildings as required by law; and
  - 8. Ensuring the completion and yearly update of Building-Level Emergency Response Plan(s) by the dates designated by the Commissioner;
- t) Protocols for responding to a declared state disaster emergency involving a communicable disease that are substantially consistent with the provisions in Labor Law Section 27-c;

Continued

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025

5681

Non-Instructional/Business Operations

6 of 6

**SUBJECT: SCHOOL SAFETY PLANS**

- u) An emergency remote instruction plan; and
- v) Appropriate accommodations for students with life-threatening health conditions.

**Building-Level Emergency Response Plan(s)**

Building-Level Emergency Response Plan means a building-specific school emergency response plan that addresses crisis intervention, emergency response and management at the building-level and has the contents as prescribed in Education Law and Commissioner's Regulations. As part of this plan, the District will define the chain of command in a manner consistent with the National Incident Management System (NIMS)/Incident Command System (ICS).

Building-Level Emergency Response Plan(s) will be developed by the building-level emergency response planning team. The building-level emergency response planning team is a building-specific team appointed by the building principal, in accordance with regulations or guidelines prescribed by the Board. The building-level emergency response planning team will include, but not be limited to, representatives of teacher, administrator, and parent organizations, school safety personnel and other school personnel including bus drivers and monitors, community members, local law enforcement officials, local ambulance, fire officials, or other emergency response agencies, and any other representatives the Board deems appropriate.

Classroom door vision panels will not be covered except as outlined in the Building-Level Emergency Response Plan.

Education Law Sections [807](#) and 2801-a  
 Labor Law Section 27-c  
 8 NYCRR Section 155.17

Adoption Date: **10/27/2025**  
 10/28/2024  
 12/18/2023

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025

7513

Students

1 of 7

**SUBJECT: MEDICATION AND PERSONAL CARE ITEMS****Administration of Medication**

The school's registered professional nurse may administer medication to a student during regular school hours and at school-sponsored activities under certain conditions. For the purpose of this policy, the term "medication" includes both prescription and non-prescription medications. The school must receive the following before medication will be administered to a student:

- a) The original written order from the student's health care provider stating the name of the medication, precise dosage, frequency, and time of administration;
- b) A written, signed consent from the student's parent or person in parental relation requesting the administration of the medication, as prescribed by the ~~physician~~ health care provider, to the student in school; and
- c) The medication in its original container, labeled with the student's name, and delivered to the school health office by the student's parent or person in parental relation. Prescription medication must include the following additional information: name and phone number of pharmacy, date and number of refills, name of medication, dosage, frequency, prescribing ~~physician~~ health care provider, route of administration, and other directions.

A student is not permitted to carry any medication on their person in school, or on the school bus, or keep any medication in their school locker(s). Exceptions may apply for students diagnosed with asthma or other respiratory illnesses, diabetes, or allergies who will be permitted to carry and self-administer medication under certain conditions.

All medication orders must be reviewed annually by school health office personnel or whenever there is a change in dosage.

**Students with Asthma or Other Respiratory Illnesses**

~~\*The District will make a nebulizer available on-site in school buildings where full- or part-time nursing services are provided. Only students with a patient-specific order may have access to the nebulizer. School nursing personnel will clean and maintain the District nebulizer as appropriate.~~

~~\*\*The District will obtain and stock albuterol metered dose inhalers (MDIs) and/or liquid albuterol from a licensed pharmacy. This stock albuterol is for use in a nebulizer for students diagnosed with asthma whose personal prescription albuterol supplies are empty and while awaiting the parent or person~~

*\*District Option — Although not required, a school district may choose to maintain a nebulizer in its schools. If you choose not to do so, please remove this option.*

*\*\*District Option — A school district may, but is not mandated to, stock albuterol. If a district decides to not stock albuterol, this paragraph should be removed.*

Continued

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025

7513

Students

2 of 7

**SUBJECT: MEDICATION AND PERSONAL CARE ITEMS**

~~in parental relation to provide the school with a new one. School health office personnel will promptly inform parents or persons in parental relation of the need for replacement of the student's albuterol medication. Students utilizing the school's stock albuterol must provide a patient specific order for albuterol from their own private health care provider, including an order permitting the student to utilize the school's stock albuterol. Stock albuterol may only be utilized when the school nurse is available to administer the medication. The student's parent or person in parental relation must also provide the school with written permission allowing their child to be administered the school's stock albuterol in the event that the student's own prescription albuterol supply is empty. The school health office will promptly inform students' parents or persons in parental relation any time that the school stock albuterol was utilized.~~

~~——\*The District will stock albuterol metered dose inhalers (MDIs) and/or liquid albuterol from a licensed pharmacy for use in a nebulizer for students diagnosed with asthma whose personal albuterol prescription is empty and while awaiting the parent or person in parental relation to provide the school with a new one. School health personnel will promptly inform parents or persons in parental relation that the student's albuterol medication needs to be replaced along with any district imposed deadlines. The District's stock albuterol is not to be used in place of the parent or person in parental relation providing albuterol medication to the school for the student.~~

~~——To utilize the school's stock albuterol:~~

- ~~a) The student must have a patient specific order from their private health care provider that includes an order permitting the student to use the school's stock albuterol if their own albuterol prescription is empty; and~~
- ~~b) The student's parent or person in parental relation must provide written permission for the student to be administered the school's stock albuterol if their own albuterol prescription is empty.~~

~~——Stock albuterol may only be utilized when the school nurse is available to administer the medication.~~

~~Student's Personal equipment used to deliver albuterol to a student will be cleaned and appropriately labeled with the student's name and used solely by that individual student. (Examples of equipment to be cleaned and labeled are nebulizer tubing, facemask, mouthpiece, spacer, etc.)~~

*\*District Option — A school district may, but is not mandated to, stock albuterol. If a district decides to not stock albuterol, this paragraph should be removed.*

Continued

**SUBJECT: MEDICATION AND PERSONAL CARE ITEMS**

~~\*The District will purchase, acquire, possess, and use rescue inhaler treatment devices for emergency treatment of a person appearing to experience asthmatic or other respiratory disease symptoms. No one may use a rescue inhaler treatment device on behalf of the District unless they have successfully completed a training course in the use of rescue inhaler treatment devices conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or by an entity or individual approved by the Commissioner of Education, or is directed in a specific instance to use a rescue inhaler treatment device by a health care practitioner. The required training will include:~~

- ~~a) How to recognize signs and symptoms of severe asthmatic or other respiratory disease reactions;~~
- ~~b) Recommended dosage for adults and children;~~
- ~~c) Standards and procedures for the storage and administration of a rescue inhaler treatment; and~~
- ~~d) Emergency follow-up procedures.~~

~~—The District will designate one or more staff members who have completed the required training to be responsible for the storage, maintenance, control, and general oversight of the rescue inhaler treatment devices acquired by the District.~~

**Self-Administration of Medication**

Generally

Students are permitted to self-administer medication under certain circumstances, in accordance with law and regulation. Generally, these students' medications are stored in the health office for the student to obtain and administer to themselves.

However, some students must be permitted to carry their medication with them because the medication needs rapid administration. Students with respiratory conditions, allergies, or diabetes are permitted to carry and use prescribed rescue inhaled medication, epinephrine auto-injector, insulin, glucagon, and/or related equipment and supplies if the following conditions are met:

- a) An authorized health care provider furnishes written permission that includes an attestation that the student's diagnosis requires the medication, that the student has demonstrated that they can self-administer the medication effectively, the name of the prescribed medication, the dose, the times when the medication is to be taken, the circumstances which may require the use of the medication, and the length of time for which the medication is prescribed; and

*\*District Option — A school district may, but is not mandated to, stock rescue inhaler treatment devices. If a district decides to not stock rescue inhaler devices, the above section should be removed.*

Continued

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025

7513

Students

4 of 7

**SUBJECT: MEDICATION AND PERSONAL CARE ITEMS**

## b) Written parental consent.

Upon written request of the student's parent or person in parental relation, the school will allow the student to keep extra medication and supplies in the care and custody of the school's registered professional nurse, nurse practitioner, physician assistant, or school physician which will be readily accessible to the student.

Students with permission, a health care provider attestation and written parental consent to self-administer medications may administer their medication and use equipment and supplies necessary to check blood glucose and/or ketone levels during the school day, on school property, and at any school function.

Students with diabetes will also be permitted to carry food, oral glucose, or other similar substances necessary to treat hypoglycemia in accordance with District policy.

Each student who is permitted to self-administer medication should have an emergency care plan on file with the school. Further, the school will maintain a record of all written consents from the parent or person in parental relation in the student's cumulative health record.

~~School health office personnel will also maintain regular parental contact in order to monitor the effectiveness of such self-medication procedures and to clarify parental responsibility as to the daily monitoring of their child to ensure that the medication is being utilized in accordance with the physician's or provider's instructions. Additionally, the student will be required to report to the health office on a periodic basis as determined by health office personnel so as to maintain an ongoing evaluation of the student's management of such self-medication techniques, and to work cooperatively with the parents and the student regarding such self-care management.~~

~~Students who self-administer medication without proper authorization will be referred for counseling by school nursing personnel, as appropriate. Additionally, school administration and parents will be notified of the unauthorized use of medication by the student, and school administration may determine the proper resolution of this behavior.~~

Students with Asthma or Another Respiratory Disease

A student will be permitted to carry and self-administer their prescribed inhaled rescue medication during the school day, on school property, and at any school function if the school health office has the following on file:

- a) Written order/permission and an attestation from a duly authorized health care provider stating that the student has a diagnosis of asthma or other respiratory disease for which inhaled rescue medications are prescribed to alleviate respiratory symptoms or to prevent the onset of exercise induced asthma; the student has demonstrated that they can self-administer the prescribed medication effectively; and the expiration date of the order, the name of the

Continued

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025

7513

Students

5 of 7

**SUBJECT: MEDICATION AND PERSONAL CARE ITEMS**

prescribed medication, the dose the student is to self-administer, times when the medication is to be self-administered, and the circumstances which may warrant the use of the medication; and

- b) Written consent from the student's parent or person in parental relation.

Upon written request of the student's parent or person in parental relation, the school will allow the student to maintain an extra inhaled rescue medication in the care and custody of the school's registered professional nurse, nurse practitioner, physician assistant, or school physician.

Students with Allergies

A student will be permitted to carry and self-administer their prescribed EpiPen during the school day, on school property, and at any school function if the school health office has the following on file:

- a) Written order/permission and an attestation from a duly authorized health care provider stating that the student has a diagnosis of an allergy for which an EpiPen is needed for the emergency treatment of allergic reactions; the student has demonstrated that they can self-administer the prescribed EpiPen effectively; and the expiration date of the order, the name of the medicine, the dose the student is to self-administer, and the circumstances which may warrant the use of the medication; and
- b) Written consent from the student's parent or person in parental relation.

Upon written request of the student's parent or person in parental relation, the school will allow the student to maintain an extra EpiPen in the care and custody of a licensed nurse, nurse practitioner, physician assistant, or school physician.

Students with Diabetes

A student will be permitted to carry and self-administer their prescribed insulin through an appropriate medication delivery device, carry glucagon, and carry and use equipment and supplies necessary to check blood glucose and/or ketone levels during the school day, on school property, and at any school function if the school health office has the following on file:

- a) Written order/permission and an attestation from a duly authorized health care provider stating that the student has a diagnosis of diabetes for which insulin and glucagon through appropriate medication delivery devices, and the use of equipment and supplies to check blood glucose and/or ketone levels are necessary; the student has demonstrated that they can self-administer effectively, can self-check glucose or ketone levels independently, and can independently follow prescribed treatment orders; and the expiration date of the order, the name of the prescribed insulin or glucagon, the type of insulin delivery system, the dose of

Continued

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025

7513

Students

6 of 7

**SUBJECT: MEDICATION AND PERSONAL CARE ITEMS**

insulin and/or glucagon the student is to self-administer, times when the insulin and/or glucagon is to be self-administered, and the circumstances which may warrant administration by the student. The written permission must also identify the prescribed blood glucose and/or ketone test, the times testing is to be done, and any circumstances which warrant checking a blood glucose and/or ketone level; and

- b) Written consent from the student's parent or person in parental relation.

Upon written request of the student's parent or person in parental relation, the school will allow the student to maintain extra insulin, insulin delivery system, glucagon, blood glucose meter, and related supplies to treat the student's diabetes in the care and custody of a licensed nurse, nurse practitioner, physician assistant, or school physician.

Students with diabetes will also be permitted to carry food, oral glucose, or other similar substances necessary to treat hypoglycemia in accordance with District policy.

**Storage and Disposal of Medication**

The District will comply with applicable state laws, regulations, and guidelines governing the District's receipt, storage, and disposal of medication.

**Personal Care Items**~~Feminine Hygiene~~ Menstrual Products

Each school building within the District serving students in any grade from six through 12 will provide ~~feminine hygiene~~-menstrual products in building restrooms. These products will be provided at no charge to students.

Alcohol-Based Hand Sanitizers

The New York State Education Department (NYSED) permits the use of alcohol-based hand sanitizers in schools. The School Medical Director may approve and permit the use of alcohol-based hand sanitizers in the District's schools without a physician's order. Parents may provide written notification to the school if they do not wish to have their child use hand sanitizers.

Sunscreen

Students may carry and use FDA-approved sunscreen products for over-the-counter use. The student's parent or person in parental relation must provide written permission for the student to carry and use sunscreen. This written parental consent will be maintained by the school. A student who is

Continued

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025 7513

Students 7 of 7

**SUBJECT: MEDICATION AND PERSONAL CARE ITEMS**

unable to physically apply sunscreen may be assisted by unlicensed personnel when directed to do so by the student, if permitted by a parent or person in parental relation, and authorized by the school.

Individuals with Disabilities Education Act (IDEA), 20 USC Section 1400 et seq.  
Section 504 of the Rehabilitation Act of 1973, 29 USC Section 794 et seq.  
Education Law Sections 902(b), 907, 916, 916-a, 916-b, 919, 921, 6527, 6908(1)(a)(iv), and 6909  
Public Health Law Sections 267, 3000-a, 3000-c, and 3000-e  
8 NYCRR Sections 136.6 and 136.7

NOTE: Refer also to Policy #7521 - Students with Life-Threatening Health Conditions [and/or Anaphylaxis](#)

Adoption Date: 10/27/2025  
09/23/2024

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025

7521

Students

1 of 5

**SUBJECT: STUDENTS WITH LIFE-THREATENING HEALTH CONDITIONS AND/OR ANAPHYLAXIS**

Students come to school with diverse health conditions, including allergic reactions, which may impact their learning and their health. Some of these health conditions are be serious and may be life-threatening. As a result, students, parents, school staff, and health care providers must all work together to provide the necessary information and training to allow students with chronic health conditions to participate as fully and safely as possible in the school experience. This policy encompasses an array of serious or life-threatening health conditions, such as including, but not limited to allergies, anaphylaxis, diabetes, seizure disorders, or severe asthma and acute health conditions <sup>such as substance overdose</sup>. All students within the District with known life-threatening conditions will have a comprehensive plan of care in place: an Emergency Care Plan (ECP) or Individualized Healthcare Plan (IHP) and, if appropriate, an Individualized Education Plan (IEP) or Section 504 Plan.

If a student has a known life-threatening condition on their health history form or if the parent or person in parental relation alerts the District to the student's life-threatening health condition, the District will assemble a team to manage the student's needs. The team may include, but is not limited to, the parent or person in parental relation, the healthcare provider, the school nurse, teachers, administrator, and other appropriate personnel who will be responsible for developing an individualized ECP, IHP, and if appropriate, an IEP or Section 504 Plan.

The District should also develop plans to address managing an allergic reaction in a student or staff member who has not been previously diagnosed as having an allergy.

**Life-Threatening Health Conditions and/or Anaphylaxis**

For those students with life-threatening health conditions and/or anaphylaxis, the District must work cooperatively with the parent(s) or person(s) in parental relation and the health care provider(s) to:

- a) Immediately develop an individualized ECP for each at risk student to ensure that all appropriate staff are aware of the student's potential for a life-threatening reaction;
- b) If appropriate, develop an IHP 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 Education 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 staff (e.g., registered professional nurse) for all adults in a supervisory role in the prevention, recognition, and emergency management of a specific life-threatening health condition and/or anaphylaxis for specific students;

~~\*District Option: If the District intends to stock Narcan, please keep; if not, remove this phrase.~~

Continued

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025

7521

Students

2 of 5

**SUBJECT: STUDENTS WITH LIFE-THREATENING HEALTH CONDITIONS AND/OR ANAPHYLAXIS**

- d) Obtain specific medical-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 issue; 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 student as they work toward self-management;
- f) Allow supervised students to carry life-saving medication in accordance with applicable laws, regulations, and procedures. The District will also encourage parents and students to provide duplicate life-saving medication to be maintained in the health office in the event the independent student misplaces, loses, or forgets 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 transportation, instructional, food service, or physical education staff, as appropriate, in the recognition of an anaphylactic reaction;
- b) Have standing emergency medical protocols for nursing or other staff [including calling for emergency transport or 911 and determining which school personnel will accompany the student until the parent or person in parental relation is present](#);
- c) Request the School Medical Director to write a non-patient specific order for anaphylaxis treatment agents for the school's registered professional nurse or other staff, as designated by the administration and allowed under federal and New York State laws and regulations, to administer in the event of an unanticipated anaphylactic episode;
- d) Maintain or ensure the maintenance of a copy of the standing order(s) and protocol(s) that authorizes appropriate district staff to administer emergency medications such as anaphylactic treatment agents;
- \*e) As permitted by New York State law, the District will maintain non-patient specific opioid antagonists (naloxone) on-site in each instructional school facility to ensure ready and appropriate access during emergencies for students or staff. To obtain, store, and use naloxone, the District has three options available:

~~\*Customize to District in accordance with District practice.~~

Continued

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025

7521

Students

3 of 5

**SUBJECT: STUDENTS WITH LIFE-THREATENING HEALTH CONDITIONS AND/OR ANAPHYLAXIS**

1. The District has registered with the New York State Department of Health (NYSDOH) to become a Registered Opioid Overdose Prevention Program; or
  2. The District's Medical Director has issued a non-patient specific order to the school nurse to administer naloxone on-site; or
  3. The District participates in an existing New York State Department of Health (NYSDOH) Overdose Prevention Program operated by another organization;
- \*f) As permitted by New York State law, maintain epinephrine auto-injectors for use during emergencies. The District must have sufficient supply available to ensure access for use during emergencies to any student or staff member having symptoms of anaphylaxis whether or not there is a previous history of severe allergic reaction. In case of emergency, trained school staff or school staff directed to use an epinephrine auto-injector device by a health care practitioner may administer an epinephrine auto-injector to any student or staff member having symptoms of anaphylaxis in the District. Districts that maintain epinephrine auto-injectors on-site must provide all teachers with written informational material on the use of an epinephrine auto-injector that has been created and approved by the Commissioner of Health;
- g) Allow the school registered nurse, nurse practitioner, physician assistant, or physician to train unlicensed school staff to administer prescribed glucagon or epinephrine auto-injectors in emergency situations, where an appropriately licensed health professional is not available, to students with both a written provider order and parent or person in parental relation consent during the school day, on school property, and at any school function. Training will be provided in accordance with specifications outlined in law and regulation;
- h) Ensure that the District-wide school safety plan and building-level emergency response plans include appropriate accommodations for students with life-threatening health conditions;
- i) Encourage families to obtain medic-alert bracelets for students with life-threatening health conditions;
- j) Educate students regarding the importance of immediately reporting symptoms of an allergic reaction;
- k) Provide professional development and education for both licensed and unlicensed staff related to food, other allergies and treatment of allergic reactions.

~~\*District Option: If the District chooses to maintain or administer epinephrine auto-injectors, please keep; if not, remove this paragraph.~~

Continued

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025

7521

Students

4 of 5

**SUBJECT: STUDENTS WITH LIFE-THREATENING HEALTH CONDITIONS AND/OR ANAPHYLAXIS**

**Creating an Allergen-Safe School Environment**

The risk of accidental exposure or cross-contamination is always present in school, particularly for students with food allergies. The school setting is a high-risk environment for accidental ingestion of a food allergen due to the presence of a large number of students, increased exposure to food allergens, and cross-contamination of tables, desks, and other surfaces.

In an effort to prevent accidental exposure to allergens, the District will monitor the following high-risk areas and activities:

- a) Cafeteria;
- b) Food sharing;
- c) Hidden ingredients in art, science, and other projects;
- d) Transportation;
- e) Fundraisers and bake sales;
- f) Parties and holiday celebrations;
- g) Field trips; and
- h) Before and after school programs.

All staff, including substitute staff, should be made aware of student allergies on a need-to-know basis.

The District will develop communication plans:

- a) For discussion with students that have developed adequate verbal communication and comprehension skills and with the parents or persons in parental relation of all students about foods that are safe and unsafe and about strategies to avoid exposure to unsafe food; and
- b) Between the school and the parent or person in parental relation, the school nurse and the health care provider, and the school nurse and building staff for intake and dissemination of information for students at risk for anaphylaxis.

Continued

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

2025

7521

Students

5 of 5

**SUBJECT: STUDENTS WITH LIFE-THREATENING HEALTH CONDITIONS AND/OR ANAPHYLAXIS**

### **Empowering Students Toward Medical Self-Management**

The District will work toward assisting students in the self-management of their health condition(s) based upon the student's knowledge level and skill by:

- a) Adequately training all staff involved in the care of the student, as appropriate;
- b) Assuring the availability of the necessary equipment or medications;
- c) Providing appropriately trained licensed persons as required by law;
- d) Developing an emergency plan for the student;
- e) Providing ongoing staff and student education;
- f) Teaching students to read food labels and to sharpen refusal skills for foods with unknown ingredients, as appropriate; and
- g) Teaching students to avoid the allergen, including latex, insect, or whatever allergen exists for the student, as appropriate.

### **Notification of Policy and Written Materials**

At least once per calendar year, the District must send a notification to parents and persons in parental relation of all students to make them aware of anaphylactic policies and informational materials pursuant to Public Health Law. The notification will include contact information for the individual at the school who can assist with the individualized concerns regarding the anaphylactic policies.

Americans with Disabilities Act, 42 USC Section 12101, et seq.  
 Individuals with Disabilities Education Act (IDEA), 20 USC Sections 1400-1485  
 Section 504 of the Rehabilitation Act of 1973, 29 USC Section 794 et seq.  
 34 CFR Part 300  
 Education Law Sections 921, 921-a, and 922  
 8 NYCRR Sections 64.7, 136.6, 136.7, and 136.8  
 Public Health Law Sections 2500-h, 3000-a, and 3000-c

NOTE: Refer also to Policy #7513 - Medication and Personal Care Items

Adoption Date: 10/27/2025  
 09/23/2024

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

20202025

8470

Instruction

1 of 2

**SUBJECT: ~~HOME INSTRUCTION (HOME SCHOOLING)~~ HOME-SCHOOLING**

The District will cooperate with parents who wish to provide home instruction for their children. The child who is educated at home should receive an education in a manner consistent with an educational plan and at least substantially equivalent to that given to students of like age and attainments in the local public schools. The required subjects should be taught in a competent, systematic, and sequential manner, specifically in relation to the required courses as enumerated in Commissioner's Regulation Section 100.10.

Primary responsibility for determining compliance with Commissioner's Regulations addressing home instruction rests with the Superintendent of the school district in which a home-instructed student resides.

**Provision of Services to Home-Instructed Students**

They are not awarded a high school diploma. A high school diploma may only be awarded to a student enrolled in a registered secondary school who has completed all program requirements set by the Board of Regents, or the District.

**a) Extracurricular Participation**

Students instructed at home are not eligible to participate in interscholastic sports. Commissioner's Regulations mandate that only students enrolled in the public school are allowed to participate in interscholastic sports. The District may permit home-instructed students to participate in extracurricular activities if requested in writing, to the Superintendent, by the student's parents and approved by the District.

**b) Textbooks and Materials**

The District may provide textbooks and other materials to home-instructed students if requested, in writing to the Superintendent, by the student's parents and approved by the District.

**c) Health Services**

The District is not required to furnish health services.

**d) Remedial Programs**

The District is not responsible for providing remedial programs.

Continued

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

~~2020~~2025

8470

Instruction

2 of 2

**SUBJECT: ~~HOME INSTRUCTION (HOME SCHOOLING)~~ HOME-SCHOOLING**e) Career and Technical/Gifted Education

The District is not authorized to provide Career and technical education nor programs for the Gifted to home-instructed students.

f) Special Education Services

Solely for the purpose of Education Law Section 3602-c, home-instructed students with disabilities are deemed to be students enrolled in and attending a non-public school, which enables them to receive special education services.

The Committee on Special Education (CSE) will develop an Individualized Education Services Program (IESP) for the student. The IESP shall be developed in the same manner and with the same content as an IEP. The Board of Education will determine a location where special education services are to be provided to a home-instructed student. This location may, but is not required to be, in the student's home.

g) Use of School Facilities

Students instructed at home shall not be allowed to use school facilities, except as provided for community organizations in Policy #3280 –Use of School Facilities, Materials and Equipment.

Education Law Sections 3204, 3205, 3210(2), 3212(2), 3240-42, 3602-c, 3602-c(2-c), and 4402  
8 New York Code of Rules and Regulations (NYCRR) Sections 100.10, 135.4(c)(7)(ii)(b)(2) and 200.2(a)

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07/27/2020