

A revised sample policy for consideration.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management) Version I

The purpose of this policy is to establish a safe environment for students with food allergies and glycogen storage disease and to support parents regarding food allergy management. In accordance with applicable law, it is the policy of the Board of Education to provide all students, through necessary accommodations where required, the opportunity to participate fully in all school programs and activities.

The Board recognizes the need to help the allergic child avoid foods to which the child is allergic and to establish emergency procedures to treat allergic reactions that may occur. In some cases, a student's disability may prevent him/her from eating meals prepared for the general school population.

Substitutions to the regular meal will be made for students who are unable to eat school meals because of their disabilities, when that need is certified in writing by a physician. Meal service shall be provided in the most integrated setting appropriate to the needs of the disabled student.

The nature of the student's disability, the reason the disability prevents the student from eating the regular school meals, including foods to be omitted from the student's diet, indication of the major life activity affected by the disability, the specific diet prescription along with the substitution(s) needed will be specifically described in a statement signed by a licensed physician. The district, in compliance with USDA Child Nutrition Division guidelines, will provide substitute meals to food-allergic students based upon the physician's signed statement.

An Individualized Health Care Plan (IHCP) and an Emergency Care Plan (ECP) shall be developed and implemented for students that are identified with food allergies and glycogen storage disease. In addition, the Board recognizes that students with documented life-threatening food allergies may be considered disabled and eligible for coverage under The Disabilities Act and Public Law 93-112 and Section 504 of The Rehabilitation Act of 1973. A clearly-defined "504 Accommodation Plan" shall be developed and implemented for all such identified students if it has been properly demonstrated that the child's impairment is such that it substantially limits one or more major life activities, (i.e., the disability must significantly affect a major life function) and necessary accommodations must be made to ensure full participation of identified students in student activities. Such plan shall be signed by the appropriate staff, the parent/guardian of the student and the student's physician.

All schools are also responsible for developing and implementing guidelines for the care of food-allergic students and glycogen storage disease. Such guidelines shall include, but not be limited to, staff development, strategies for identifying students at risk for life-threatening allergic reactions, means to manage the student's allergy including avoidance measures, designation of typical symptoms and dosing instructions for medications.

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Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management) (continued)

The District's plan for managing students with life-threatening food allergies shall be posted on the District's website (and/or on the website of each school within the District).

(Note: In the absence of a district or individual school website, it is suggested that the plan for managing students with life-threatening allergies be included in the student/parent handbook of each school.)

Version II

The focus of a Districtwide Food Allergy Management Plan shall be prevention, education, awareness, communication and emergency response. The management plan shall strike a balance between the health, social normalcy and safety needs of the individual student with life threatening food allergies and the education, health and safety needs of all students. The District Food Allergy Management Plan shall be the basis for the development of the procedural guidelines that will be implemented at the school level and provide for consistency across all schools within the district.

The goals for the Districtwide Plan include:

1. To maintain the health and protect the safety of children who have life-threatening food allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
2. To ensure that interventions and individual health care plans for students with life-threatening food allergies are based on medically accurate information and evidence-based practices.
3. To define a formal process for identifying, managing, and ensuring continuity of care for students with life-threatening food allergies across all transitions. (Pre-K-Grade 12)

It is the policy of the Board of Education to follow the guidelines developed and promulgated by the Connecticut Department of Public Health and Department of Education for students within the District with life-threatening food allergies and glycogen storage disease. Such guidelines include (1) education and training for school personnel on the management of students with life-threatening food allergies and glycogen storage disease, including training related to the administration of medication with a cartridge injector and the provision of food or dietary supplements, (2) procedures for responding to life threatening allergic reactions to food, (3) a process for the development of individualized health care and food allergy action plans for every student with a life-threatening food allergy, (4) a process for the development of individualized health care and glycogen storage disease action plans for every student with glycogen storage disease and such plan shall include, but not be limited to, the provision of food or dietary supplements by the school nurse or by any school employee approved by the school nurse, to a student with glycogen storage disease provided such plan does not prohibit a parent/guardian or a person they so designate, to provide food or dietary supplements on school grounds during the school day, and (5) protocols to prevent exposure to food allergens.

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Accommodating Students with Special Dietary Needs (Food Allergy Management) (continued)

It is the Board's expectation that specific building-based guidelines/actions will take into account the health needs and well-being of all children without discrimination or isolation of any child. It is the Board's belief that education and open and informative communication are vital for the creation of an environment with reduced risks for all students and their families. In order to assist children with life-threatening allergies to assume more individual responsibility for maintaining their safety as they grow, it is the policy of the Board that guidelines shift as children advance through the primary grades and through secondary school.

The District's plan for managing students with life-threatening food allergies shall be posted on the District's website (and/or on the website of each school within the District).

(Note: In the absence of a district or individual school website, it is suggested that the plan for managing students with life-threatening allergies be included in the student/parent handbook of each school.)

(cf. 5141 - Student Health Services)
 (cf. 5141.21 - Administering Medication)
 (cf. 5141.23 - Students with Special Health Care Needs)
 (cf. 5141.3 - Health Assessments)
 (cf. 5145.4 - Nondiscrimination)

Legal Reference: Connecticut General Statutes

- 10-15b Access of parent or guardian to student's records.
- 10-154a Professional communications between teacher or nurse and student.
- 10-207 Duties of medical advisors.
- 10-212a Administrations of medications in schools
- 10-212c Life threatening food allergies; Guidelines; district plans, as amended by P.A. 12-198)
- 10-212a(d) Administration of medications in schools by a paraprofessional.
- 10-220i Transportation of students carrying cartridge injectors
- 19a-900 Use of cartridge injectors by staff members of before or after school programs, day camp or day care facility.
- 52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management) (continued)

Legal Reference: Connecticut General Statutes (continued)
The Regulations of Connecticut State Agencies section 10-212a through 10-212a-7, Administration of Medication by School Personnel.
Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools, Connecticut State Department of Education (2006)
Federal Legislation
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)
Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. §12101 et seq.; 29C.F.R. §1630 et seq.)
The Family Education Rights and Privacy Act of 1974 (FERPA)
Land v. Baptist Medical Center, 164F3d423 (8th Cir. 1999)
The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C. § 1400 et seq.); 34 C.F.R. § 300 et seq.
FCS Instruction 783-2, Revision 2, Meal substitution for medical or other special dietary reasons.
P.A. 09-155 An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto-Injectors While at School.

Policy adopted:

cps 1/99
rev. 3/06
rev. 1/07
rev. 7/09
rev 8/09
rev 5/12

Fairfield's version of this policy to consider.

Students

Students with Special Health Care Needs

Life-Threatening Allergies and Glycogen Storage Disease Management

The Fairfield Public Schools recognize that allergies may be life threatening. For this reason, the District is committed to developing strategies and practices to minimize the risk of accidental exposure to life-threatening allergens, to assist in the management of glycogen storage disease, and to ensure prompt and effective medical response should a child suffer an allergic reaction while at school. The district further recognizes the importance of collaborating with parents and appropriate medical staff in developing such practices and encourages strategies to enable the student to become increasingly proactive in the care and management of his/her life threatening allergy(ies), or glycogen storage disease as developmentally appropriate. There is currently no cure for life-threatening allergies; there is only medication available for emergency response. The only way to prevent the symptoms of an allergic response is to prevent exposure to allergens, which will require understanding and effort on the part of the entire school community.

Best practice asks us to reduce students' exposure to known allergens in the learning environment, reinforcing a safe and inclusive environment for all students. When a student with life-threatening allergies is present in a school environment, cooperation and compliance is necessary at all levels: District, School, Classroom, Home. Each level has its role and responsibilities:

District:

- Shall clearly communicate district policy to all school leaders and parents and provide for training on food allergy awareness and the administration of medication to all applicable personnel.
- Shall monitor and evaluate all schools for compliance with district policy and follow up with all individuals for instances of policy violations.

School:

- Each school shall clearly communicate the needs of students with life-threatening food allergies to their school community through letters to classroom communities and their families and of district and school expectations of compliance.
- Schools leaders shall inform PTA leaders of the need for safety and inclusion in all school sponsored events.

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Students with Special Health Care Needs

Life-Threatening Allergies and Glycogen Storage Disease Management (continued)

Classroom:

- Peers shall be educated as to the individualized safety and inclusion needs of fellow students.
- Expectations of compliance shall be clearly communicated to staff, students and their families.

Home:

- Families should be educated on food allergy awareness and how to comply with safety requests for students with life-threatening allergies.
- Families should make every effort possible to ensure the safety of students with life-threatening food allergies when sending a snack into the learning environment.
- Students with life-threatening food allergies should know to never accept food from others and how to communicate their needs to staff and peers.
- Parents of students with life-threatening allergies shall help their student access developmentally appropriate self-advocacy skills. Parents may choose to collaborate with schools on these skills.

To this end, the Fairfield Public Schools adopt the following protocols related to the management of life threatening allergies for students enrolled in district schools.

I. Identifying Students with Life-Threatening Allergies

- A. Early identification of students with life-threatening allergies is vital to the effective implementation of this policy. The district therefore requests parents/guardians of children with life-threatening allergy(ies) to promptly notify the school in writing of the allergy(ies).
- B. Upon receipt of parent written notification that their child has been diagnosed with food allergy(ies) and/or other life threatening allergy(ies), the school shall request the parent/guardian to provide the following:
 1. Written authorization to obtain detailed written medical information on the child's condition from the physician;
 2. Written consent to administer or self-administer medications during the school day, as applicable in accordance with the District's Administration of Medication Policy;

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Life-Threatening Allergies and Glycogen Storage Disease Management

I. Identifying Students with Life-Threatening Allergies (continued)

3. An Emergency Care Plan and Treatment Authorization (“Emergency Care Plan”) completed and signed by their child’s licensed health care provider and signed by the parent;
 4. Any medications necessary to treat allergic reactions along with relevant prescription and dosage information. Replace medications after use or expiration;
 5. A description of the student’s past allergic reactions, including triggers and warning signs;
 6. Current emergency contact information and prompt notice of any updates;
 7. A description of the student’s emotional response to the condition and the need for intervention; and
 8. Recommendations on age-appropriate ways to include the student in planning or care.
- C. **Suspected Allergies:** In the event the School Nurse suspects that a student has a food allergy or other life threatening allergy(ies), the school shall provide the parent/guardian written notification and request for the student to be evaluated by a physician.
- D. **Non-Cooperation:** If the parent/guardian of a student with known or suspected food allergy(ies) or other life threatening allergy(ies) fails or refuses to cooperate with the school for an evaluation or implementation of an appropriate Individualized Health Care Plan (IHCP) and Emergency Care Plan (ECP), the school shall implement an Emergency Care Plan stating to call 911 immediately upon recognition of symptoms along with sending written notification to the parent/guardian of the student’s ECP.

II. Individualized Health Care Plans and Emergency Care Plans

- A. If the District is notified pursuant to Section I of this policy that a child has life-threatening allergy(ies), the district shall develop an Individualized Health Care Plan (IHCP) for the child.
- B. The IHCP shall be developed by the parents/guardians, student, if appropriate, school nurse, and appropriate school personnel. Such personnel may include, but are not limited to, school or food service administrator(s) and classroom teacher(s). The school may also consult with the town medical advisor, as needed.

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II. Individualized Health Care Plans and Emergency Care Plans (continued)

- C. IHCPs are developed for students with special health needs or whose health needs require daily interventions. The IHCP describes how to meet the child's health and safety needs within the school environment and should address the student's needs across school settings. Information to be contained in an IHCP should include a description of the functional health issues (diagnoses); student objectives for promoting self-care and age appropriate independence; and the responsibilities of parents, school nurse and other school personnel. The IHCP may also include strategies to minimize the student's risk for exposure, such as considerations regarding:
1. Classroom environment, including allergy free considerations;
 2. Cafeteria safety;
 3. Participation in school nutrition programs;
 4. Snacks;
 5. Alternatives to food rewards or incentives;
 6. Hand-washing;
 7. Location of emergency medication;
 8. Risk management during lunch and recess times;
 9. Special events;
 10. Field trips;
 11. Extracurricular activities;
 12. School transportation;
 13. Staff notification; and
 14. Transitions to new classrooms, grades and/or buildings.
- D. As part of the IHCP, the district shall also develop an Emergency Care Plan (ECP) for each child identified as having a life-threatening food allergy. The ECP describes the specific directions about what to do in a medical emergency. The ECP should include the following information, as appropriate:
1. The child's name and other identifying information, such as date of birth, grade and photo;
 2. The child's specific allergy(ies);
 3. The child's signs and symptoms of an allergic reaction;
 4. The medication, if any, or other treatment to be administered in the event of exposure;
 5. The location and storage of the medication;

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Life-Threatening Allergies and Glycogen Storage Disease Management

II. Individualized Health Care Plans and Emergency Care Plans (continued)

6. Who will administer the medication (including self-administration options, as appropriate);
 7. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
 8. Recommendations for what to do if the child continues to experience symptoms after the administration of medication; and
 9. Emergency contact information for the parents/family and medical provider.
- E. The IHCP shall be reviewed annually, or upon receipt of new medical information, and/or in the event of an anaphylactic reaction in school.
- F. An Individualized Health Care Plan and Glycogen Storage Disease Action Plan shall also be developed for any student with glycogen storage disease. Such plan shall include, but is not limited to, the provision of food or dietary supplements by the school nurse or by an employee approved by the school nurse to a student with glycogen storage disease. Such plan may not prohibit a parent/guardian, or a person they so designate, from providing food or dietary supplements to the affected student on school grounds during the school day.
- G. The IHCP and ECP shall be disseminated to all school staff who supervise the student during the school day and at school sponsored activities or are responsible for the provision of food to the student. Plan distribution includes, but is not limited to, the students' teachers, classroom assistants, food service staff, coaches, transportation staff, school health professionals, school case managers, custodial staff, student aides and the parents/guardians of the student.

III. Referral to Section 504 and IDEA

In addition to having an IHCP, a student with a life-threatening allergy or glycogen storage disease (GSD) may also be eligible under Section 504 of the Rehabilitation Act if the student has a disability that substantially limits a major life activity or under the Individuals with Disabilities Education Act (IDEA) if the student has a qualifying disability that adversely impacts the student's education and causes the student to need specialized instruction. The team responsible for the IHCP shall refer the student under Section 504 or the IDEA as appropriate. Eligibility under either Section 504 or IDEA must be considered on a case-by-case basis given each student's unique situation.

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Life-Threatening Allergies and Glycogen Storage Disease Management (continued)

IV. Training/Education

- A. All school personnel will be educated on how to recognize symptoms of allergic reactions, preventative strategies to minimize a child's risk of exposure to life-threatening allergies, and what to do in the event of an emergency. Staff education will be coordinated by the Principal and school nurse, utilizing a consistent District training module supported by the town Director of Health. Any such training regarding the administration of medication shall be done in accordance with District Policy and State Law.
- B. The District shall offer training consistent with District Policy #5515 Protocol for Administration of Emergency Medications by Non-Nursing Personnel.
- C. The District shall provide each school with consistent and age-appropriate information for students about food allergies, how to recognize symptoms of an allergic reaction and the importance of adhering to the school's policies regarding food and snacks, as well as the development of empathy, understanding, and tolerance for individuals with life-threatening allergies and glycogen storage disease. The Principal shall coordinate the delivery of this educational information with building staff.

V. Prevention

- A. A District-wide, multi-disciplinary team will develop a Pre-K-12 Management Plan for the management of life-threatening allergies, including food allergies, aligned to the CSDE Guidelines for Managing Life-Threatening Food Allergies and Glycogen Storage Disease. The District-wide team shall factor into the plan the developmental and psychological needs of all students.
- B. The District-wide, multi-disciplinary team will annually review the Management Plan, Procedures, and Guidelines.
- C. Food in Schools – Elementary
 - 1. Peanut and tree nuts cause the most allergic reactions in elementary classrooms. Parents/guardians sending snacks from home for consumption in the classroom must be mindful of this heightened risk and those snacks must not contain peanuts and/or tree nuts. The District, in partnership with school staff, shall counsel all parents against providing children with food items containing tree nuts and peanuts to consume as classroom snacks; all stakeholders share in the responsibility of keeping children safe in the classroom by complying with this policy.

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Life-Threatening Allergies and Glycogen Storage Disease Management

V. Prevention (continued)

2. The multi-disciplinary team shall include in the Pre-K-12 Management Plan:
 - a. A voluntary, suggested snack list for parents who would like guidance on identifying nut-free snacks for their children.
 - b. An intervention plan for students who bring nut-containing snacks to the classroom.
3. All in school celebrations shall be food free.
4. All elementary schools will designate food free zones, including the Library, Computer Lab, Music Room, Art Room, Gym, Stage, and Science Room.
5. All elementary classrooms will provide hand wipes for mandated use for students to use after snack if hand washing is not available. Students will be required to remain at their desks while eating snacks to contain the spread of allergens.
6. All desks will be cleaned with soap and water, wipes, or other approved cleaning agents after snacks are eaten in the classroom.
7. All cafeteria tables will be cleaned with soap and water or other approved cleaning agents after each use.
8. Community/PTA use of elementary school facilities:
 - a. No food is allowed in any classroom;
 - b. Any event in which food will be served or consumed must be held in the school cafeteria or outdoors;
 - c. Outside organizations are encouraged to serve only nut-free food items and consult the suggested food list referenced on the District's website when selecting food to be served in the cafeteria or outdoors.
 - d. All outside organizations shall receive notice of the prevention section of this policy when reserving school facilities.

D. Food in Schools – Generally

1. Peanuts and tree nuts and substances containing peanuts and tree nuts must not be present in or used in any classroom for any purpose, including but not limited to curricular activities, class projects, arts, crafts, science experiments, food for laboratory or other classroom work.
2. Effective September 1, 2015, if a clearly noncompliant food is present in a classroom or restricted area, the noncompliant food will be removed from the classroom or restricted area.

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Students with Special Health Care Needs

Life-Threatening Allergies and Glycogen Storage Disease Management (continued)

VI. Communication

- A. The school nurse shall be responsible for coordinating the communication among parents, a student's individual health care provider and the school regarding a student's life-threatening allergic condition. School staff responsible for implementing a student's IHCP will be notified of their responsibilities and provided with appropriate information as to how to minimize risk of exposure and how to respond in the event of an emergency.
- B. The school administrative staff and school nurse shall communicate annually to all school personnel the availability of training regarding Policy #5515, Protocol for the Administration of Emergency Medications by Non-Nursing Personnel.
- C. Each school will ensure that there are appropriate communication systems available within each school (i.e. telephones, cell phones, walkie-talkies) and for off-site activities (i.e. field trips) to ensure that school personnel are able to effectively respond in case of emergency.
- D. The District shall develop standardized letters to be sent home to parents introducing, explaining and enforcing the District's food allergy policy and protocols.
- E. Beginning with the school year 2015-2016, the District shall annually, not later than October 1, provide notice to parents of the Plan for the Management of Severe and Life-Threatening Allergies, including Food Allergies, and
 - 1. Make the plan available on the District's Website and/or the websites of each school under the District's jurisdiction;
 - 2. Provide notice of such plan in conjunction with the annual written statement provided to parents and guardians as required by subsection (b) of section 10-231c of the Connecticut General Statutes.
- F. The District shall annually update its resources for voluntary, suggested snack alternatives for families.
- G. All communication, written or verbal, shall be compliant with the Family Education Rights and Privacy Act.

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Students with Special Health Care Needs

Life-Threatening Allergies and Glycogen Storage Disease Management (continued)

VII. Monitoring the District's Plan, Procedures, and Guidelines

The District shall conduct periodic assessments of its Food Allergy Management Plan, Procedures, and Guidelines. Such assessments shall occur at least annually and after each emergency event involving the administration of medication to determine the effectiveness of the process, why the incident occurred, what worked and what did not work.

Legal Reference: Connecticut General Statutes

10-15b Access of parent or guardian to student's records.

10-154a Professional communications between teacher or nurse and student.

10-207 Duties of medical advisors.

10-212a Administrations of medications in schools

10-212a(d) Administration of medications in schools by a paraprofessional

10-212c Life threatening food allergies; Guidelines; district plans, as amended by P.A. 12-198)

10-220i Transportation of students carrying cartridge injectors

10-231c Pesticide application at schools

19a-900 Use of cartridge injectors by staff members of before or after school programs, day camp or day care facility.

52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection

The Regulations of Connecticut State Agencies section 10-212a through 10-212a-7, Administration of Medication by School Personnel.

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Life-Threatening Allergies and Glycogen Storage Disease Management

Legal Reference: Connecticut General Statutes (continued)

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools, Connecticut State Department of Education (2006)

Federal Legislation

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)

Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. §12101 et seq.; 29C.F.R. §1630 et seq.)

The Family Education Rights and Privacy Act of 1974 (FERPA)

Land v. Baptist Medical Center, 164F3d423 (8th Cir. 1999)

The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C. § 1400 et seq.); 34 C.F.R. § 300 et seq.

FCS Instruction783-2, Revision 2, Meal substitution for medical or other special dietary reasons.

P.A. 09-155 An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto-Injectors While at School.

Policy adopted:

FAIRFIELD PUBLIC SCHOOLS
Fairfield, Connecticut

cps 9/15

Another version developed by Redding to consider, revised to reflect recent legislation.

Students

Students with Special Health Care Needs

Management of Food Allergies in Schools

The Board of Education recognizes the existence of potentially life-threatening food allergies and glycogen storage disease among children. Effective management of food allergies and glycogen storage disease in the school setting includes implementing strategies for avoidance of offending foods by allergic children, emergency planning to ensure prompt identification and treatment of allergic reactions that may occur and the provision of food or dietary supplements to a student with glycogen storage disease. The Board supports the education of school personnel, students, and parents regarding food allergy management to maintain a safe school environment for allergic children.

Recognizing the need for identified students to avoid specific allergens, the elements of a plan may include, but are not limited to, the following provisions, as may be warranted by the needs of the individual *identified allergic student:

- A. The provisions to provide parents, staff, and students with detailed information regarding the ingredients of the school lunch.
- B. The provision of an identified allergen-free table in the school cafeteria, which is thoroughly washed prior to the first lunch shift and in between lunch shifts.
- C. The provision for washing classroom desktops as necessary to remove identified allergens.
- D. The provisions for staff and students who have been in contact with an identified allergen to wash thoroughly before resuming contact with an allergic student.
- E. The provision to implement a transportation plan for the student.
- F. The provision on field trips, if an allergic student will eat lunch/snacks other than those brought from home, for the menu to be reviewed by the parent prior to the trip to determine whether the child may eat the food. If the parent is unable to make the determination or the menu is unavailable, the parent will send a safe food on the trip with the student. High school students may be able to make their own safe choices. Epinephrine shall accompany the allergic student on field trips and be readily available. A communication system for calling an EMS shall be available at all times on field trips.
- G. The provision for all classroom lessons in art, home economics, mathematics, and other subjects that use food for instructional purposes to not knowingly include offending foods when an allergic student is present.
- H. The provision for epinephrine to be available as required by the severity of the student's allergy.
- I. Education and training for school personnel on managing students with life threatening food allergies, including training in the administration of medication by cartridge injector in accordance with existing law.

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Management of Food Allergies in Schools (continued)

A student with glycogen storage disease shall have a plan developed by the District which is based upon the guidelines promulgated by the State Department of Education, for the management of this disease during the school day.

*An “identified allergic student” is one for whom the school nurse/team has a written plan for allergy management and a written emergency plan to be followed in the event an allergic student ingests or believes he/she has ingested an offending food. The school nurse will require documentation of the food allergy by the student’s health provider as specified by State law and/or regulations.

(cf. 5141 - Student Health Services)

(cf. 5141.21 - Administering Medication)

(cf. 514123 - Students With Special Health Care Needs)

(cf. 5141.3 - Health Assessments)

(cf. 5145.4 - Nondiscrimination)

Legal Reference: Connecticut General Statutes
10-15b Access of parent or guardian to student’s records.
10-154a Professional communications between teacher or nurse and student.
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10-212c Life threatening food allergies; Guidelines; district plans, as amended by P.A. 12-198)
10-220i Transportation of students carrying cartridge injectors
52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection
PA 05-104 An Act Concerning Food Allergies and the Prevention of Life-Threatening Incidents in Schools
PA 05-144 and 05-272 An Act Concerning the Emergency Use of Cartridge Injectors
The Regulations of Connecticut State Agencies section 10-212a through 10-212a-7
Federal Legislation
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)

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Legal Reference: Federal Legislation (continued)
Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. §12101 et seq.;
29C.F.R. §1630 et seq.
The Family Education Rights and Privacy Act of 1974 (FERPA)
The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C.
§ 1400 et seq.); 34 C.F.R. § 300 et seq.
FCS Instruction 783-2, Revision 2, Meal substitution for medical or other
special dietary reasons.
Land v. Baptist Medical Center, 164F3d423 (8th Cir. 1999)

Policy adopted:

REDDING PUBLIC SCHOOLS
Redding, Connecticut

cps 4/08
rev 5/12

A concise version of this policy, revised to reflect new legislation.

Students

Students with Special Health Care Needs

Food Allergy

The Board of Education recognizes the increasing prevalence of potentially life-threatening food allergies and glycogen storage disease among children. While the primary responsibility for managing food allergies and glycogen storage disease lies with the students/parents, the school district will assist them with their responsibilities in the school setting. Effective management of food allergies and glycogen storage disease in the school setting includes implementing strategies for avoidance of offending foods by allergic children emergency planning to ensure prompt identification and treatment of allergic reactions that may occur and the provision of food or dietary supplements to a student with glycogen storage disease. The Board supports the education of school personnel, students, and parents regarding food allergy management to maintain a safe school environment for allergic children.

A plan based upon the guidelines promulgated by the State Department of Education, shall be implemented for each student for the management of students with life-threatening food allergies and glycogen storage disease.

(cf. 5141 - Student Health Services)

(cf. 5141.21 - Administering Medication)

(cf. 5141.23 - Students with Special Health Care Needs)

(cf. 5141.3 - Health Assessments)

(cf. 5145.4 - Nondiscrimination)

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- 10-220i Transportation of students carrying cartridge injectors
- 52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection
- PA 05-104 An Act Concerning Food Allergies and the Prevention of Life-Threatening Incidents in Schools
- PA 05-144 and 05-272 An Act Concerning the Emergency Use of Cartridge Injectors

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Legal Reference: (continued)

The Regulations of Connecticut State Agencies section 10-212a through 10-212a-7

Federal Legislation

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)

Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. §12101 et seq.; 29C.F.R. §1630 et seq.

The Family Education Rights and Privacy Act of 1974 (FERPA)

The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C. § 1400 et seq.); 34 C.F.R. § 300 et seq.

FCS Instruction 783-2, Revision 2, Meal substitution for medical or other special dietary reasons.

Policy adopted:

cps 12/06

rev 5/12

A revised sample regulation to consider.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

In order to properly implement the Board policy pertaining to the management of food allergies and glycogen storage disease, the following administrative regulations/guidelines are hereby established.

General Guidelines:

1. Each school shall establish a method of ensuring that relevant information is transmitted to all supervising persons of an identified student. It is incumbent upon the school to notify any person who may be supervising an identified student with food allergies, especially those which may be life-threatening, such as, but not limited to, peanut allergies.
2. The primary concern of the school is the prevention and appropriate treatment of potentially severe allergic reaction, anaphylaxis.
3. Parents with allergic children must provide the school with an individualized action plan prepared by the student's physician. (See form; EMERGENCY HEALTH CARE FORM) The school nurse will develop, in consultation with the parent(s) and/or physician of the student, a written plan for allergen avoidance and response. This food allergy plan will establish the specific protocols to help the student avoid food allergens as well as develop emergency response protocols in the event of the student's contact with the identified allergen. This plan shall be provided to all personnel supervising the student, including cafeteria personnel.
4. The District nor its school personnel shall be responsible for determining food allergens and/or those foods or ingredients in foods that are safe for a student with an identified food allergy to consume.
5. At risk students should have some means of identification, such as a medical alert bracelet.
6. Most food-allergic children bring their lunch from home. However, guidelines established by the USDA Child Nutrition Division in charge of school lunches requires school food service staff to provide substitute meals to allergic students if the physician of the student sends in written instructions certifying the child's allergy, what foods are to be avoided and safe substitutions.
7. A no-food and no utensil trading/sharing policy within the school will be encouraged. A sign is to be posted in all cafeterias informing students that they are expected to neither trade nor share food or utensils.
8. Permit parents, upon written request, to review/preview menus and ingredients used in school lunches in order to select safe foods their child may eat.
9. The District will establish at least one "allergen free" table in each school cafeteria. This table will be washed with separate cleansing material before each lunch period. Parents who wish their food allergy identified child to sit at this table must request this in writing to the Director of Food Services.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

General Guidelines: (continued)

10. The District will not knowingly make use of peanuts, peanut products, tree nuts and tree nut products for instructional purposes.
11. Administrators and teachers will encourage non-food related alternatives to celebrate developmental milestones and student accomplishments. Teachers and parents will be encouraged to provide commercially prepared foods with printed labels that set forth food ingredients. Food will not be used to celebrate in-school birthdays.
12. When classroom activities in grades PreK-8 include food, the classroom teacher will contact the parent/guardian of the identified allergic child prior to the activity.
13. School personnel planning a field trip will provide the school nurse with a list of participants in advance of the trip. The school nurse will identify those students with identified food allergies and provide the teacher with a copy of the written food allergy plan for the student(s). This will also be done for other school-sponsored events taking place off school grounds.
14. Provide training for staff in basic first aid, resuscitative techniques and in the use of epinephrine auto injections, management of students with life-threatening food allergies and glycogen storage disease, and the provision of food and dietary supplements.
15. Epinephrine should be kept in close proximity to students at risk of anaphylaxis and in all cases where it is administered, the student must be sent to the hospital immediately.
16. Consider the following avoidance strategies due to the fact that risk can never be fully eliminated in the school environment:
 - a) Parents should be encouraged to instruct their children in how to avoid contact with substances to which they are allergic.
 - b) Carefully monitor identified children, especially in the younger grades.
 - c) Allergic children should consider eating foods that are only prepared at home.
 - d) Students should be encouraged not to exchange foods or utensils with other students.
 - e) Surfaces, toys and equipment should be washed clean of allergic containing foods.
 - f) Food personnel should be instructed about necessary measures required to prevent cross contamination during food handling, preparation and serving of food.
 - g) Check hand soap ingredients to be sure it does not contain peanut oils.
 - h) Establish a buddy system for identified students.
 - i) Provide staff updates at monthly faculty meetings.
 - j) Consider a peanut-free table in the cafeteria.
17. The District will develop an individualized health care plan and glycogen storage disease action plan for each student so identified. The plan shall include the need to provide food or dietary supplements during the school day to the affected students. These are to be provided by the school nurse, a school employee approved by the nurse, a parent/guardian, or a person designated by the parent/guardian.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management) (continued)

Guidelines Specific to the Health Office

1. Prior to the start of each school year, the School Medical Advisor will supply a prescription and directions for the use of epinephrine and Benadryl for the school nurse. All school health offices will have additional epinephrine for unidentified students and for identified students should the need arise.
2. As set forth above, a parent who wishes to have a written food allergy plan for his or her student must provide a completed Emergency Health Care Plan Food Form on an annual basis to the school nurse. The school nurse, in consultation with the student, parent(s) and/or physician for the student, shall develop a written plan for the student. This plan will establish, among other things, strategies for food allergy avoidance by the student and emergency care plan (ECP) in the case of an allergic reaction. The plan will be reviewed annually and revised as needed provided that the parent(s) provide the completed Emergency Health Care Plan annually to the school nurse. The school district is not responsible for researching, developing, implementing, updating, or otherwise drafting a written plan for a student whose parent(s) do not submit, on an annual basis, a completed Emergency Health Care Plan Form.
3. Upon receipt of the Emergency Health Care Plan Form, the school nurse shall request from the parent(s) and/or the student's physician, as appropriate, information regarding the student's allergy, including but not limited to physician medication orders, information sheet and physicians' emergency protocol. Parents shall also be required to provide a recent photograph of the student to help food service/cafeteria personnel and substitute school personnel recognize the student. Additionally, the District asks and strongly encourages parents to have their child wear a medical alert bracelet at all times. This will aid emergency responders in the event of an allergic reaction.
4. The District requires all physician medication orders and physician emergency care protocols provided to the school nurse to be signed by the physician and parent. The school nurse will review the orders and clarify any questions with the ordering physician and/or School Medical Advisor. All medication orders or prescriptions must be in full compliance with Board of Education medication policies and regulations. Should the student's physician order or prescribe medication for the treatment, management and/or emergency response to the student's identified allergy, the parent(s) shall be solely responsible for obtaining at the expense of the parent(s) and providing all such medications for the treatment of an allergic reaction as ordered by the physician (which order, as discussed above, must be provided to the school nurse).

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

Guidelines Specific to the Health Office (continued)

5. At the elementary level, the Epi-pen, if prescribed or ordered by the student's physician, may follow the allergic student during his/her school day in accordance with the student's administration of medications plan. The elementary student, however, shall not be permitted to carry the medication on his or her person. Rather, the medication will be transported by designated teachers or staff members. Students in grades 5-12, with the permission of their parents/guardians and physician, are encouraged to carry their medication with them at all times, provided that the school nurse determines, in his or her sole discretion based upon the assessment of the circumstances, that it is appropriate for the student to do so.
6. Appropriate school personnel, as per Board of Education medication policies and regulations shall be trained by the school nurse in the signs and symptoms of anaphylaxis and the administration of the epi-pen. The school nurse shall also instruct appropriate personnel supervising a student with an identified food allergy regarding the student's emergency plans for food allergies.
7. A copy of the Emergency Health Care Plan for the identified allergic student shall be kept with the student with an identified food allergy and in the office of the school nurse, as well as in the folder for any substitute school personnel supervising the student. If the student with the identified food allergy has a prescription or order calling for the administration of an epi-pen and any other physician ordered medication in response to an allergic reaction, the plan concerning the administration of such medication shall be kept in the school nurse's office and in folders for school personnel and substitutes.
8. No school personnel, including but not limited, to teachers and school nurses, will determine or attempt to determine whether foods brought to school by the student with an identified food allergy or food brought to school by another student are safe for an allergic student to consume; only the parent/guardian shall make the determination of food safety for their child.
9. The District nursing supervisor (or school nurse) shall notify the District Transportation Coordinator of those students with identified food allergies that may threaten the health and/or safety of the student. The District nursing supervisor/school nurse/school medical advisor will provide an in-service education program annually at the start of each school year to bus drivers, which training shall include discussion of the signs and symptoms of allergic reactions and/or anaphylaxis.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

Guidelines Specific to the Health Office (continued)

10. The school nurse shall take measures that he or she deems appropriate to notify parents of children in grades K-5 in classes where students have been identified with school allergies.
11. The District nursing supervisor/school nurse shall notify the District Food Services Director regarding the names of students in each school with a food allergy. The school nurse at each school will provide a photograph of the student to the Food Services Manager in each school to assist the food services staff in the student's food allergy avoidance plan.

Guidelines Specific to the Classroom

1. The teacher of a student with an identified food allergy shall notify the parent/guardian of the identified allergic student during the planning process for any special event that may include food (celebration, teaching unit, field trip). The teacher will post in the classroom the classroom policy against food and utensil sharing and/or trading.
2. The school nurse will inform classroom teachers regarding the names of students with identified food allergies who are enrolled in their class. The school nurse will also provide the teachers of such students with a copy of the applicable food allergy plan, including the emergency health plan.
3. Teachers will communicate with the parent of an allergic student and the room parent(s) regarding event planning to ensure that the class takes appropriate allergy management and/or avoidance measures.
4. The teacher of a student with an identified food allergy must inform the school nurse of all field trips during the planning process. Such notice must be provided at least one week in advance of the planned trip so that the school nurse and teacher can make appropriate arrangements for the student.
5. Teachers are expected to be mindful of field trips and/or other class activities (on or off school grounds) that include hands on activities. Teachers are expected to make reasonable inquiry as to any items, displays, etc. that may contain products to which the student with the identified food allergy is allergic. (i.e., nuts or fish shells)
6. Within a reasonable period of time prior to any field trip or class activity held off school grounds, teachers are expected to establish communication strategies in consultation with the principal and the school nurse regarding any field trip or class activity off school grounds.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management) (continued)

Guidelines Specific to the Classroom

7. The teacher is expected to provide the parent(s) of the student with the identified food allergy with information concerning the trip so that the parent(s) can make a determination as to the food safety for their child. The District is not responsible for making such a determination. If the parent is unable to make the determination or the menu is unavailable (as on a field trip) the parent shall send safe food on the trip with the student. In some circumstances, the school district may permit the parents to authorize their high school students to make their own safe choices.
8. Videos will be made available by the District for relevant training activities and appropriate classroom instruction.

Guidelines Specific to Food Service/Cafeteria

1. Food service personnel will be instructed by the Director of Food Services about necessary measures required to prevent cross-contamination during food handling, preparation and serving of food.
2. Parents/guardians will be encouraged to review/preview menus. Information regarding the ingredients of the school lunch will be provided, upon request, by the Food Services Director to parents/guardians, student and staff.
3. At least one “allergy free” table will be made available to students with identified food allergies in each school cafeteria. Parents will indicate if their child is to be seated at this table. Friends whose lunches do not contain an offending food may also be seated at this table.
4. The “allergy free” table will be washed with a hot water and soap solution prior to the first lunch and after each following lunch period.
5. The Food Services Director will investigate ingredients and cross contamination issues with vendors. No foods with peanut/nut contents will knowingly be served in the elementary, middle or high schools.

Regulation approved:

cps 1/99

rev 3/06

rev 5/12

Peanut Allergy - What-You Need To Know

The Peanut Problem

Peanuts, a cheap source of dietary protein predominantly ingested as peanut butter, have become one of the world's most allergenic foods. They are progressively finding their way into more and more food products either directly, or by indirect contamination of food products during the manufacturing process. Peanuts may be designated on a food label in a less easily recognized term such as "hydrolyzed vegetable protein" or "groundnuts." It is important to realize that for the sensitive person, this is a lifelong allergy, and that even trace amounts can kill. Sensitization may possibly occur during a pregnancy when the mother overindulges in or perhaps even just eats peanut products, and peanut proteins have even been found in breast milk.

The Allergic (Anaphylactic) Shock Reaction

This reaction can begin and proceed rapidly, occasionally proving fatal within minutes. It must be treated with epinephrine immediately at the first signs of reaction, and the reaction may recur after initial therapy so that ongoing observation and care are required. Possible symptoms of reaction to peanuts may include (not necessarily in this order):

- sense of foreboding, fear, or apprehension
- flushed face, hives, swollen or itchy lips, mouth, eyes, or tongue
- tightness in mouth, chest or throat
- difficulty breathing or swallowing, drooling, wheezing, choking, coughing
- runny nose, voice change
- vomiting, nausea, diarrhea, stomach pains
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat, chills
- pallor, loss of consciousness, coma, death

Factors Which May Contribute To Fatal Peanut Reactions

A. Failure of Institutions

- Incomplete or inadequate labeling of foods or packages thereof
- Ignorance of food allergy problems by restaurants, school personnel, etc.
- Non-availability of medications or resuscitation equipment or inappropriate use thereof
- Having peanut products in the home or school lunchroom of a peanut sensitive individual
- Peanuts may be altered and sold as walnuts, almonds or pecans

Peanut Allergy - What-You Need To Know

B. Failure to Prevent Problem

- Failure to always read food labels carefully
- Not always inquiring about contents of foods regardless of where prepared
- Trying to taste a tiny bit of an unknown but suspected food to see if it contains peanut
- Sharing foods or utensils
- Obtaining foods from others when the contents may be unknown
- Relying on the service personnel in restaurants instead of the chef
- Kissing someone or being kissed by someone who has eaten peanuts products

C. Failure to Identify Problem

- Failure to appreciate that minimal amounts of peanut material can kill
- Minimization of, or denial of, symptoms of previous non-fatal reactions
- Failure to speak out when even suspects that a reaction may be occurring
- Not wearing a bracelet showing "Allergy To Peanut"

D. Failure of Treatment

- Failure to carry and know how to use in-date epinephrine (Epi-Pen®, Epi-EZ-Pen®, Ana-Kit® at all times. In some cases, failure of a care giver to understand fully or to administer this.) It is often wise to have a child's picture on the epinephrine container.
- Failure to use epinephrine immediately for a peanut reaction
- Failure to have a second epinephrine dose available if necessary
- Attempting to use an oral antihistamine alone to control symptoms
- Failure to be taken to a nearby hospital quickly after epinephrine use
- Impaired awareness of potential peanut product due to alcohol or other drug influence
- Taking Beta-Blocking Medications (check with a physician or pharmacist)

Peanut Allergy - What-You Need to Know

Lifestyle Adjustments

- The sensitive individuals must recognize that they are different, bear a large responsibility, and know they can die of a reaction.
- Residue of peanut material on a wiped counter top, cutlery or plates may induce a reaction. Aerosolized peanut material (e.g. opening a sealed jar of peanut butter, or fumes from cooking) may cause asthma in a susceptible individual. Some may experience nausea if people nearby are eating suspected foods.
- Peanut butter may be used to thicken chili, or to seal egg rolls. Bakery products and ice creams may easily be contaminated.
- It is unsafe to pick out a "safe" nut from a mixture containing peanuts. Avoid all nuts.
- Parents of the susceptible person must be vigilant and concerned about a possible fatal mistake. Most exposures are accidental.
- Peer pressure may be large -- One child received anonymous e-mail saying "I'm Peanut, You're Dead"; another was chased around the schoolyard by a bully brandishing a peanut, while a third had the pouch containing life-saving epinephrine taken as a prank.
- The parents of non-sensitive children may selfishly (or for financial reasons) argue that "Why should my child be deprived of peanut when the problem is that of another child?" Perhaps the answer lies in the counter-argument that if their child had the life threatening reaction would they not be the first to demand that all peanuts be removed from the child's environment. Fortunately many schools and summer camps have come to realize the magnitude of the problem and controlled the problem.
- Some individuals also must avoid other foods in the legume family, e.g., soya bean, pea, and garbanzo (chickpea) if allergy to these has been previously demonstrated.
- Education of friends, relatives and acquaintances is essential. Divorce situations may pose a special threat where one of the parents chooses to deny the problem.
- Pure peanut oil is generally non-allergenic, but cold pressed peanut oil or oil contaminated with peanut protein through cooking may be dangerous.

School Guidelines for Managing Students with Food Allergies

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

Family's Responsibility

- Notify the school of the child's allergies.
- Work with the school team to develop a plan that accommodates the child's needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as a Food Allergy Action Plan.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
 - * safe and unsafe foods
 - * strategies for avoiding exposure to unsafe foods
 - * symptoms of allergic reactions
 - * how and when to tell an adult they may be having an allergy-related problem
 - * how to read food labels (age appropriate)
- Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- Provide emergency contact information.

School's Responsibility

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review the health records submitted by parents and physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Identify a core team of, but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age appropriate) to establish a prevention plan. Changes to the prevention plan to promote food allergy management should be made with core team participation.
- Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.

School Guidelines for Managing Students with Food Allergies

School's Responsibility (continued)

- Practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
- Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician's standing order for epinephrine. In states where regulations permit, medications are kept in a easily accessible secure location central to designated school personnel, not in locked cupboards or drawers. Students should be allowed to carry their own epinephrine, if age appropriate after approval from the student's physician/clinic, parent and school nurse, and allowed by state or local regulations.
- Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.
- Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.
- Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred.
- Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- Recommend that all buses have communication devices in case of an emergency.
- Enforce a "no eating" policy on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy. Discuss appropriate management of food allergy with family.
- Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
- Follow federal/state/district laws and regulations regarding sharing medical information about the student.
- Take threats or harassment against an allergic child seriously.

Student's Responsibility

- Should not trade food with others.
- Should not eat anything with unknown ingredients or known to contain any allergen.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

School Guidelines for Managing Students with Food Allergies

More detailed suggestions for implementing these objectives and creating a specific plan for each individual student in order to address his or her particular needs are available in The Food Allergy & Anaphylaxis Network's (FAAN) School Food Allergy Program. The School Food Allergy Program has been endorsed and/or supported by the Anaphylaxis Committee of the American Academy of Allergy, Asthma and Immunology, the National Association of School Nurses, and the Executive Committee of the Section on Allergy and Immunology of the American Academy of Pediatrics. FAAN can be reached at: 800/929-4040.

The following organizations participated in the development of this document:

*American School Food Service Association
National Association of Elementary School Principals
National Association of School Nurses
National School Boards Association
The Food Allergy & Anaphylaxis Network*

A sample regulation to consider, based upon the CSDE's "Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools". This is limited to the issue of food allergies only.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

Identification of Students with Life-Threatening Food Allergies

Strategies to be used to identify students with life-threatening food allergies may include using school newsletters, kindergarten registration, school nurse communications with families (i.e., new student health history form), and communication with community nursery schools and preschools. These strategies for identification of students with life-threatening food allergies facilitate proper planning prior to the beginning of the school year.

Process for Annual Development of Individualized Health Care Plan

A formalized process will be used for the development of an individualized health care plan for students with life-threatening food allergies. This process includes a standardized template for the development of both the Individualized Health Care Plan (IHCP) and the Emergency Care Plan (ECP), recommendations of team members who are involved in the development of the IHCP, a process to obtain medical information and proper authorizations to administer medication from the student's health care provider, and a process to develop other accommodations within the IHCP such as allergen-free zones in the classroom or cafeteria.

Administration of Medications

Medication administration for students with life-threatening food allergies must follow District policy and procedures regarding medication administration. Medication administration at schools and at school activities must be in compliance with CGS, Section 10-212a and Sections 10-212a - 1 through 10-212a -7 of the Regulations of the Connecticut State Agencies.

Administration of medications during the school day: In the absence of a school nurse, administration of an epinephrine cartridge auto-injector may be administered by a principal, teacher, occupational therapist (OT) or physical therapist (PT) with proper training by the school nurse. An individual paraprofessional who has been properly trained in medication administration may administer an epinephrine auto-injector to a specific child with life-threatening food allergies if approved by the school nurse and the School Medical Advisor with proper authorization from the parent and health care provider.

Training for medication administration: The school nurse shall provide the training on administration of medication to all school personnel to whom they delegate the administration of medications. This training must include the medication, the desired effects, when and how to administer the medication, the potential side effects, and the emergency response plan.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

Administration of Medications (continued)

Supervision: The school nurse is responsible for the supervision of the other school personnel who are delegated responsibility for administering medications.

Other considerations: Other considerations include the following:

- Obtaining proper medication authorizations from the student's health care provider [licensed physician, APRN or Physician's Assistant (PA)];
- Parental permission to administer medication at school;
- Ensuring medication is provided by the parent for use in the school setting;
- Determination of where medications will be stored (i.e., in the health room, in the classroom carried by the student on their person);
- Safety considerations including storage during and beyond the school day; and
- Determination of competence of an individual student's ability to self-administer their own medication by the authorized health care provider, the parent, and the school nurse.

Standing Orders: A standing order from the School Medical Advisor for the school nurses to administer epinephrine to students who are not known to have a life-threatening food allergy, do not have their own medication order and have their first anaphylactic reaction in school. This standing order shall include an order to administer a second dose of epinephrine if the symptoms of an anaphylactic reaction have not subsided within a specified number of minutes with the first dose of epinephrine. These orders shall be reviewed and signed by the School Medical Advisor on an annual basis.

Communication Plans

The expectations for communication and privacy issues between relevant school staff (such as school nurses, teachers, administrators, etc), families and the student's health care providers (such as physicians, nurses, and EMS) include:

- Obtaining documentation by the student's health care provider (licensed physician or Advanced Practice Registered Nurse [APRN]) of the life threatening allergies, which may include the proper authorizations for medications and emergency response protocols.
- A communication process with the student's health care providers and parents regarding individual student's prevention and management plans.
- Establishing communication systems within the school (i.e., walkie-talkies) and during off-site activities (i.e., cell phones or radios on school transportation and field trips).

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

Communication Plans (continued)

- Determining a communication processes between school and parents of children without life-threatening food allergies including standard parental notification letters regarding allergen classrooms.
- Establishing procedures that ensure the appropriate people (such as all teachers, paraprofessionals, custodian, bus driver and substitute staff) are familiar with the IHCP and emergency plan.

Provisions for Initial and Ongoing Education for School Community (including clinical updating to school nurses and school medical advisors)

The District will need to answer questions based upon their local needs, such as:

- Why are we doing this education and who will conduct it?
- Will this education be offered on a school or districtwide basis?
- Who will attend these educational opportunities?
- What are the key messages that need to be delivered?
- How often will this education occur?

Education and professional development opportunities: The school nurse may need to update clinical knowledge and skills related to severe food allergy in school settings. This would include information pertaining to: allergies; individualized health care plans; emergency care plans; transportation plans and issues; accommodations within regular education; requirements of Section 504, appropriate school district policies and procedures; collaborating with families; and implications of normal development in drafting care plans.

The school nurse in collaboration with the parent(s) of students with life-threatening food allergies and School Medical Advisor shall provide education to relevant school staff such as classroom teacher/specialist, substitutes, students, school administrators, school food service staff, custodians, bus drivers, coaches and other on-site persons in charge of conducting after school activities. This education may include: overview of life-threatening food allergies; prevention strategies; emergency care plans; medication training; food safety; sanitation; and specific accommodations, such as field trips.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

Education and professional development opportunities: (continued)

The school nurse in collaboration with school administration may provide education to parents of students with life-threatening food allergies. This education may include: general information (anaphylaxis, epinephrine, etc); school medication policies and procedures; and school policies and procedures related to the development of school plans to manage life-threatening food allergies.

The school nurse in collaboration with school administration, the School Medical Advisor and parent(s) of students with life-threatening food allergies should provide education to the school and community partners (including parents of children without life-threatening food allergies, health care providers and parent volunteers). This education may include: general terms (anaphylaxis, epinephrine etc.); prevention strategies; and school policies and procedures.

The school nurse in collaboration with school administration and food allergy educators may provide education to peers of students with life-threatening food allergies. Peer education is a critical component of food allergy management at school. As students with life-threatening food allergies and their peers mature, it is often the children themselves that first recognize a reaction and summon help. This education may include general terms (anaphylaxis, epinephrine, etc); school policies on prevention strategies, such as prohibiting food swapping and allergen free zones; and school policies on bullying and teasing.

In addition to education of the school community, education efforts should also include education for the individual student to promote self-advocacy and competence in self-care. Strategies may include:

- Collaborating to help families and school staff define reasonable (and unreasonable risks) for children at each developmental stage. These risks may include self-carrying and self-administration of medication, making food choices in the school cafeteria, educating peers about life-threatening food allergies, etc.
- Determining appropriate steps for safety in the context of children's needs to take risks in order to learn and develop.

Prevention Measures

Prevention measures shall include:

- Effective sanitation and cleaning measures, such as cleaning of lunch table and classroom surfaces with disposable paper towels and cleaning products known to effectively remove food proteins.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

Prevention Measures (continued)

- Promotion of hand-washing practices following eating to prevent cross-contact using recommended procedures of soap and water or hand wipes when soap and water are not available. Hand sanitizers are not effective for removing food allergens or dirt.
- Enforcement of safe practices among students, such as prohibiting meal/snack swapping, utensil swapping among students, and prohibiting eating on school transportation.
- Consideration of allergen-free zones such as the classroom, lunch tables, or cafeteria zone to decrease exposure to allergen.
- Consider options for food-free common areas (such as libraries, music and art rooms, etc.)
- Development of common practices for alerting and assigning substitute staff for school nurses and teachers.
- Provide supervision in the cafeteria and on the playground by trained and knowledgeable staff in recognition of symptoms of anaphylaxis and emergency plans.
- Plan for celebrations (birthdays, school parties, holidays, and other school events) which may include alternatives to food for celebrations, provisions for allergy-free foods for celebrations, etc.)
- Plan for fire drills, lockdowns, or shelter in place which may include considerations for access to medications, allergy free foods, etc.
- Plan for PTO/PTA sponsored events for students including those with life-threatening food allergies.
- Discuss use of classrooms and other school facilities by outside groups and safety considerations necessary.
- Adhere to OSHA and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.

Food Service and Food Safety Considerations

School Meals: Generally, children with food allergies or intolerances that are not life-threatening do not have a disability as defined under either Section 504 of the Rehabilitation Act or IDEA. Therefore, school food services may, but are not required to, make food substitutions. Any substitutions made would require a completed “Medical Statement for Children *without* Disabilities” to be on file.

However, if a licensed physician determines the food allergy is severe enough to result in a life-threatening (anaphylactic) reaction, the school food service program must make the substitutions prescribed by the physician, even if the child is not considered disabled under Section 504 or IDEA. In this case, the “Medical Statement for Children *with* Disabilities” form must be completed and on file.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

Food Service and Food Safety Considerations (continued)

The school nurse has the lead in obtaining appropriate documentation such as medical statements. It is essential that this information is communicated to the School Food Service Director.

Collaboration with food service staff is essential to assist the student with life-threatening food allergies to participate in the school meal program. With documentation from the student's health care provider, meal substitutions can be made to ensure that students are provided with food choices that avoid certain foods. To the extent possible, school food service staff should provide parents with food labels so that they can identify and approve which foods that their child may select for meals in school.

Food Safety: The School Food Service Director has the responsibility to insure school food service facilities are operated in compliance with state and local regulations. School food service employees are to be provided annual training on the issues and concerns in regards to food allergies in the school environment.

School food service allergy awareness training may include: identifying the major allergens; label reading; cleaning and separating to avoid cross contact with allergens; personal hygiene to avoid cross contact with allergens; and developing standard operating procedures to document and monitor allergen free measures and preparation areas within the kitchen.

(Note: The Food Allergy & Anaphylaxis Network, in cooperation with the National Restaurant Association, has developed training program guidelines for food service employees that may be obtained through the Food Allergy & Anaphylaxis Network at (800-929-4040). Special procedures for handling meal accommodations for children with life-threatening food allergies and other special dietary needs can be obtained by contacting the Connecticut State Department of Education. Information regarding the U.S. Department of Agriculture's requirements can be found in *Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff* at:

http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management) (continued)

Monitoring Effectiveness of District Plan and Procedures

Ensure periodic assessments of the effectiveness of the District plan and procedure. Assessments should occur:

- At least annually with the school district team;
- After each emergency event involving the administration of medication to determine the effectiveness of the process, why the incident occurred, what worked and did not work in the District plan and procedures; and
- Include new research and practices in the annual review of the plan and procedures.

Development of Individualized Health Care Plans (IHCP) for Students

Children with life-threatening food allergies should have an Individualized Health Care Plan (IHCP) and an Emergency Care Plan (ECP) to address how that child's health and safety needs will be met while in school.

Emergency Care Plans (ECP): The written Emergency Care Plan (ECP) for students with life-threatening food allergies may sometimes be called an Allergy Action Plan (AAP). An ECP provides specific directions about what to do in a medical emergency such as an accidental exposure to the allergen or safety emergency such as a fire drill or lockdown. The ECP is often part of the IHCP. This written plan helps the school nurse, school personnel and emergency responders react to an emergency situation in a prompt, safe and individualized manner. The ECP includes:

1. The child's name and other identifying information, such as date of birth and grade and photo;
2. The child's specific allergy;
3. The child's signs and symptoms of an accidental exposure to the allergen;
4. The medication to be administered in the event of an accidental exposure to the allergen;
5. The location and storage of epinephrine auto-injector(s);
6. Who will administer the medication (including self-administration options);
7. Follow-up plan (i.e., calling 911);

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

Emergency Care Plans (ECP) (continued)

8. Recommendation that if the child continues to experience symptoms after the administration of epinephrine auto-injector, especially if drop in blood pressure (BP), dizziness or lightheadedness occurs, then place the student lying on his/her back (supine position) with their legs elevated above their head; and
9. Emergency contacts for parents/family and medical provider.

In order to develop the ECP, the school nurse should obtain current health information from the family and the student's health care provider(s), including student's emergency plan and all medication orders and consult with the health care provider as indicated to clarify emergency medical protocol and medication orders.

Individualized Health Care Plans and the Essential Components

In addition to the development of the ECP, students with life-threatening food allergies should also have an Individualized Health Care Plan (IHCP). In order for this to happen, it is necessary to determine a process for developing and implementing an individualized plan for the student. This process should include:

- Identification of a core team to establish the plan. The school nurse should have the lead role on this team. In addition to the school nurse, this team should include, at a minimum, parent(s), guardian(s) or other family members; school administrator(s); classroom teacher and the student (if appropriate). Other possible members include the School Medical Advisor, school-based health clinics, student's health care provider, special teachers such as culinary arts, and other school staff such as the school food service manager.
- Collaboration between the school nurse and parent to consider developmentally and age appropriate accommodations and draft language for consideration at the core team meeting.
- Meeting of team members to finalize IHCP. While the health care providers can offer recommendations for the types of accommodations needed in the school setting, it is the core team's responsibility for the development of these recommendations based on the student's needs and the school environment for the student (e.g., IHCP or Section 504 plan). If the team determines that a student does meet the eligibility requirements for Section 504, the IHCP may be considered one and the same as the Section 504 plan.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

Individualized Health Care Plans and the Essential Components (continued)

- Based on the student's health status, determine the minimum frequency with which health information will be reviewed and the plan updated accordingly.
- Clarify the roles and responsibilities of each member of the core team. Ensure that all team members' opinions are considered equally.

Note: See CSDE's *Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools, Appendix A* for suggested roles and responsibilities of team members.

IHCP's are usually developed for students with special health needs or whose health needs require daily intervention. These plans describe how to meet an individual child's daily health and safety needs in the school setting. An individual health care plan includes functional health issues (nursing diagnoses), student objectives (expected outcomes) for promoting self-care and age appropriate independence, responsibilities of parents, school nurse, teacher, student and administration as appropriate.

Individualized health care plans should address student needs both during the normal school day and situations outside of the normal school routine. This information may be distributed to all school staff who have responsibility for the student with life-threatening food allergies. Considerations to be included in the individual health care plan and accommodation plans for students with life-threatening food allergies may include:

- classroom environment, including allergy free considerations;
- cafeteria safety, including allergy free tables or zones;
- participation in school nutrition programs;
- snacks, birthday and other celebrations;
- alternatives to food rewards and incentives;
- hand-washing;
- location(s) of emergency medication;
- risk management during lunch and recess times;
- classroom projects (e.g., science activities that may involve food or allergen products);
- classroom jobs (e.g., feeding fish, washing tables, etc.);
- specials, such as music and art;
- special events (e.g., cultural programs, science programs);
- field trips, fire drills, and lockdowns;
- staff education;
- substitute staff notification and training (including nurses, teachers, specials, student teachers, cafeteria staff, and others as appropriate);

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

Individualized Health Care Plans and the Essential Components (continued)

- school transportation;
- transitions to after-school programs;
- athletic and extracurricular activities;
- individualized adaptations of district parental notification letter (if necessary);
- PTO or PTA sponsored events for students; and
- transitions to new grades and school buildings in the District.

Additional considerations for middle and high school students include:

- transportation on sports team bus;
- school dances;
- biology labs;
- open campus and extended study periods;
- vending machine options; and
- culinary arts programs.

The Individualized Health Care Plan (IHCP) may also include a summary of nursing assessments. The Individual Health Care Plan is also used to document interventions and evaluate outcomes.

IHCP's should be updated at least annually, and more frequently as necessary to keep pace with changing student needs and school environment. During this update, a review of the student's competency levels, self-care plans, and changes in the school environment should be considered.

Reviews should occur:

- at least annually with the school team, including the parents or guardians, and when appropriate, the student;
- more frequently if there are changes in the student's emergency care plan, changes in the self-monitoring and self-care abilities of the student, or whenever an adjustment to the plan is appropriate; and
- after each emergency event involving the administration of an EpiPen® (summative evaluation) to determine the effectiveness of the process, why the incident occurred, what worked and did not work and person(s) involved.

Regulation approved:

Reducing the Risk of Exposure to Food Allergens Recommendations from the Centers for Disease Control and Prevention (CDC)

On October 30, 2013, the CDC published national guidelines for food allergy management in schools. The recommended practices below can be found on p.41-43 of the CDC Guidelines.

Classroom

- ✧ Avoid the use of identified allergens in class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, or rewards. Modify class materials as needed.
- ✧ Use non-food incentives for prizes, gifts and awards.
- ✧ Avoid ordering food from restaurants because food allergens may be present, but unrecognized.
- ✧ Encourage children to wash hands before and after handling or consuming food.
- ✧ Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.
- ✧ Help students with food allergies read labels of foods provided by others so they can avoid ingesting hidden food allergies.
- ✧ Consider methods (such as assigned cubicles) to prevent cross-contact of food allergens from lunches and snacks stored in the classroom.
- ✧ Consider designated allergy-friendly seating arrangements.
- ✧ Support parents of children with food allergies who wish to provide safe snack items for their child in the event of unexpected circumstances.
- ✧ Include information about children with special needs, including those with known food allergies, in instructions to substitute teachers.

Cafeteria

- ✧ Encourage children, school staff, and volunteers to wash hands before and after handling or consuming food.
- ✧ Wash all tables and chairs with soap and water or all-purpose cleaning agents before each meal period.
- ✧ Consider designated allergy-friendly seating during meals (open to any child eating foods free of identified allergens.)
- ✧ With parental cooperation, create standard procedures for identifying children with food allergies. For example, a recent picture of each child could be kept in a location that is not visible to other children or the public. Procedures must follow the requirements in FERPA. (See Section 5 for more information about FERPA.)
- ✧ Make reasonable meal accommodations after receiving approval from a doctor or allergist through dietary orders or as stated in the child's Emergency Care Plan (ECP). For more information, see the USDA website.
- ✧ Provide advanced copies of menus for parents to use in planning.
- ✧ Be prepared to share food labels, recipes, or ingredient lists used to prepare meals and snacks with others.
- ✧ Keep current contact information for vendors and suppliers so you can get food ingredient information.
- ✧ Read all food labels and re-check with each purchase for potential food allergens.
- ✧ Designate an allergen-safe food preparation area.
- ✧ Keep food labels from all foods served to children with allergies for at least 24 hours after serving the food in case the child has a reaction.
- ✧ Report mistakes such as cross-contact with an allergen or errors in the ingredient list or menu immediately to administrators and parents.
- ✧ Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.

Reducing the Risk of Exposure to Food Allergens

Transportation

- ✧ Train transportation staff in how to respond to food allergy emergencies.
- ✧ Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.
- ✧ Encourage children to wash hands before and after handling or consuming food.
- ✧ Do not allow food to be eaten on buses except by children with special needs as those with diabetes.

School of ECE Program Events (Field Trips, Activities Before or After School)

- ✧ Do not exclude children with food allergies from field trips, events, or extra-curricular activities.
- ✧ When planning a field trip, find out if the location is safe for children with food allergies.
- ✧ Identify special needs before field trips or events
- ✧ Invite, but do not require, parents of children with food allergies to accompany their child in addition to the regular chaperons.
- ✧ Make sure that events and field trips are consistent with food allergy policies.
- ✧ Package meals and snacks appropriately to prevent cross-contact.
- ✧ Encourage children to wash hands before and after handling or consuming food.
- ✧ Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.

Physical Education and Recess

- ✧ Do not exclude children with food allergies from physical education or recess activities.
- ✧ Encourage hand washing before and after handling or consuming food.
- ✧ Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.

We encourage you to learn more about food allergy management in schools by reviewing the entire CDC Guidelines document at: www.foodallergy.org/cdc

EMERGENCY HEALTH CARE PLAN

Place
Child's
Picture
Here

ALLERGY TO:		
Student's Name:		
DOB:		
Teacher		
Asthmatic	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
* Denotes HIGH RISK for severe reaction		

SIGNS OF AN ALLERGIC REACTION INCLUDE	
Systems:	Symptoms:
MOUTH	itching & swelling of the lips, tongue, or mouth
THROAT	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
SKIN	hives, itchy rash, and/or swelling about the face or extremities
GUT	nausea, abdominal cramps, vomiting, and/or diarrhea
LUNG	shortness of breath, repetitive coughing, and/or wheezing
HEART	"thready" pulse, "passing out"
The severity of symptoms can quickly change.	
*All above symptoms can potentially progress to a life-threatening situation!	

Action:

- If ingestion is suspected, give (*medication/dose/route*) _____ and _____ **immediately!**
- CALL RESCUE SQUAD: _____
- CALL: Mother _____ Father _____
or emergency contacts.
- CALL: Dr. _____ at _____

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD
EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!**

Parent Signature *Date* *Doctor's Signature* *Date*

Emergency Contacts		Trained Staff Members	
1.		1.	
<i>Name/Relation</i>	<i>Phone</i>	<i>Name</i>	<i>Room</i>
2.		2.	
<i>Name/Relation</i>	<i>Phone</i>	<i>Name</i>	<i>Room</i>
3.		3.	
<i>Name/Relation</i>	<i>Phone</i>	<i>Name</i>	<i>Room</i>

For children with multiple food allergies, use one form for each food.

SELF-MEDICATION ASSESSMENT

Student: _____ School: _____
D.O.B.: _____ Age: _____ Grade: _____
Physical/behavioral limitations: _____

Name of medication: _____

Self-Medication Criteria:

A. Student is capable of identifying individual medication. Yes No
Comments: _____

B. Student is knowledgeable of purpose of individual medication. Yes No
Comments: _____

C. Student is able to identify/associate specific symptom occurrence and need for medication administration. Yes No
Comments: _____

D. Student is capable/knowledgeable of medication dosage. Yes No
Comments: _____

E. Student is knowledgeable about method of medication administration. Yes No
Comments: _____

F. Student is able to state side effects/adverse reactions to medication. Yes No
Comments: _____

G. Student is knowledgeable of how to access assistance for self if needed in an emergency. Yes No
Comments: _____

H. An Individual Health Care Plan has been developed for the student which will monitor and evaluate the student's health status. Yes No

Based on assessment:

_____ The student is not a candidate for a self-medication program at this time.
_____ The student is a candidate for a self-medication program with supervision.
_____ The student has successfully completed self-medication training and has demonstrated appropriate self-administration.

Comments: _____

Principal/Teacher notified Yes No

Nurse's Signature _____ Date _____

**Medical Statement for Children *without* Disabilities
Requiring Special Meals in Child Nutrition Programs**

Part I (To be filled out by School)

Date: _____ Name of Child: _____
School Attended by Child: _____

Part II (To be filled out by Medical Authority)

Patient's Name: _____ Age: _____

Diagnosis: _____

Describe the medical or other special dietary needs that restrict the child's diet:

List food(s) to be omitted from the diet and food(s) to be substituted (Diet Plan):

List foods that require a change in texture:

Cut up or chopped to bite-size pieces: _____
Finely ground: _____
Pureed: _____

Special Equipment Needed:

Date _____ Signature of Medical Authority _____

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**Medical Statement for Children *with* Disabilities
Requiring Special Meals in Child Nutrition Programs**

Part I (To be filled out by School)

Date: _____ Name of Child: _____
School Attended by Child: _____

Part II (To be filled out by Physician)

Patient's Name: _____ Age: _____

Diagnosis: _____

Describe the patient's disability and the major life activity affected by the disability:

Does the disability restrict the individual's diet? Yes No
If yes, list food(s) to be **omitted** from the diet and food(s) to be **substituted** (Diet Plan):

List foods that require a change in texture:

Cut up or chopped to bite-size pieces: _____
Finely ground: _____
Pureed: _____

Special Equipment Needed:

Date _____ Signature of Physician _____

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**FOOD ALLERGY TREATMENT PLAN AND
PERMISSION FOR THE ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL**

PATIENT'S NAME: _____ DATE OF BIRTH: _____

PATIENT'S ADDRESS: _____ TELEPHONE: _____

CAAC PHYSICIAN'S NAME: _____ PATIENT'S PCP: _____

ASTHMA YES NO

SPECIFIC FOOD ALLERGY: _____

IF PATIENT INGESTS OR THINKS HE/SHE HAS INGESTED THE ABOVE NAMED FOOD:

____ Observe patient for symptoms of anaphylaxis** for 2 hours

____ Administer **adrenaline** before symptoms occur, IM EpiPen Jr. Adult

____ Administer **adrenaline** if symptoms occur, IM EpiPen Jr. Adult

____ Administer **Benadryl** _____ tsp. or Atarax _____ tsp. Swish & Swallow

____ Administer _____

____ Call 911, transport to ER if symptoms occur for evaluation, treatment and observation for 4 hours

IF REACTION OCCURS,

PLEASE NOTIFY THIS OFFICE! Physician's Signature _____ Today's Date _____

1. Is this a controlled drug? Yes No Time of administration: _____

2. Medication shall be administered from _____ to _____ (dates)

3. Relevant side effects, if any, to be observed: _____

4. Other Suggestions: Please allow child to self-administer medication if able to _____

Signature: _____ M.D. Date: _____

****SYMPTOMS OF ANAPHYLAXIS**

Chest tightness, cough, shortness of breath, wheezing

Tightness in throat, difficulty swallowing, hoarseness

Swelling of lips, tongue, throat

Itching mouth, itchy skin

Hives or swelling

Stomach cramps, vomiting, or diarrhea

Dizziness or faintness

I have received, reviewed, and understand the above information.

Patient/parent/guardian signature

Date

CAAC/DMC Food Allergy Treatment Plan 01/05

cps 3/06

INDIVIDUALIZED HEALTH CARE PLAN (Elementary)

Student Name: _____ Birth Date: _____ Grade: _____ Teacher: _____

Plan effective from 2005 to 2006

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	<p>Risk of anaphylactic reaction (life-threatening allergic response) related to the ingestion or inhalation of peanuts and/or tree nuts (protein component)</p> <p>Risk of severe allergic reaction to the ingestion or inhalation of [add other allergens here if applicable, or delete]</p> <p>Student has an Individualized Emergency Care Plan (IECP)</p>	<p>Student will cooperate with staff 100% of the time by following school, classroom and IHCP rules in order to remain free of allergic reactions while in school.</p> <p>If student suspects that he/she has ingested (fill in food allergens), student will immediately notify staff who will implement the IECP according to the allergen-specific plan.</p> <p>Student will cooperate with staff members 100% of the time if they need to implement the IECP.</p>	<p>Parents will:</p> <ul style="list-style-type: none"> ◇ inform school nurse and teacher of food allergy ◇ provide a physician's order and medication for medical intervention ◇ inform school nurse of any changes in health status as relates to food allergy and treatment ◇ educate student in the self-management of his/her food allergies appropriate for his/her age level ◇ provide emergency contact information ◇ meet with school nurse, administrator and teacher to develop a prevention plan ◇ provide safe snacks/treats for student to keep in school and, if desired, a list of appropriate foods for student to have at snack ◇ provide wipes for classmates to use entering room in am and after lunch <p>Nurse will:</p> <ul style="list-style-type: none"> ◇ meet with parents and teacher to develop a prevention plan ◇ post "peanut/nut free" sign outside of classroom ◇ work with teacher to eliminate the use of peanuts/tree nuts in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects ◇ educate school staff who interact with student regarding food allergy, allergic reaction symptoms, recognizing signs and symptoms of anaphylaxis, and prevention and treatment plans ◇ train school staff in EpiPen administration, as appropriate ◇ develop and disseminate emergency care plan for student ◇ (add use of walkie-talkie if appropriate and specific to student) ◇ review cleaning/care of nut/peanut free table in cafeteria with maintenance and cafeteria staff 	<p>[Enter documentation method or date(s) accomplished for all applicable interventions]</p>

INDIVIDUALIZED HEALTH CARE PLAN (Elementary)

Student Name: _____ **Birth Date:** _____ **Grade:** _____ **Teacher:** _____

Plan effective from 2005 to 2006

INTERVENTIONS

Teacher/classroom staff will:

- ✧ eliminate the use of nuts/peanuts in classroom snacks, educational tools, and arts and crafts projects
- ✧ be trained in the administration of EpiPen, as appropriate
- ✧ consult in advance of field trips with the school nurse and parents
- ✧ [for food allergens other than peanut/nut] notify parents in advance regarding curriculum/projects that may contain [add these food allergens]
- ✧ Follow the emergency care plan if student has a reaction

Student will:

- ✧ not eat any foods except those that come from home or have been approved by the parent
- ✧ inform teacher/staff if he/she is not feeling well, for any reason, but especially if he/she thinks he/she may be having an allergic reaction

School Nurse: _____ Date: _____

Review by: Parent: _____ Date: _____ Student: _____ Date: _____

IHCP meeting attendees: _____

INDIVIDUALIZED HEALTH CARE PLAN (Middle)

Student Name: _____ Birth Date: _____ Grade: _____ Teacher: _____

Plan effective from 2005 to 2006

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	<p>Risk for life-threatening allergic response to allergen; history of asthma</p> <p>Student has an Individualized Emergency Care Plan (IECP)</p>	<p>Student will remain free of allergic reactions to peanuts while in school 100% of the time by following the IHCP requirements, especially food refusal and advocating for himself/herself when allergens may be present in the environment.</p> <p>Student will immediately initiate self administration of emergency medications OR immediately notify an adult and cooperate with staff administration of emergency medications in the event of suspected ingestion of peanut 100 % of the time.</p>	<p>Parents will:</p> <ul style="list-style-type: none"> ✧ inform school nurse and teacher of food allergy prior to the start of school each year. ✧ provide a physician's order and medication for medical intervention, both for student to carry for self-administration and a back-up for the health office. Medication should not expire during the school year. ✧ inform school nurse of any changes in health status as it relates to food allergy and treatment. ✧ educate student in the self-management of his/her food allergies appropriate for his/her age level. ✧ provide emergency contact information. ✧ meet with school nurse and teacher to develop an IECP and IHCP. <p>Nurse will:</p> <ul style="list-style-type: none"> ✧ meet with parents and teacher to develop the IECP and IHCP. ✧ work with teacher to eliminate the use of allergen in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects. ✧ educate school staff who interact with student regarding food allergy, and recognition of symptoms of allergic reactions, including local, general and anaphylactic types, with emphasis on recognition and emergency interventions for the latter. ✧ train certified personnel in EpiPen administration, as appropriate. ✧ develop and disseminate emergency care plan and transportation plan for student. ✧ implement the IECP and direct emergency actions in the event of anaphylaxis. ✧ review with student, at least annually, his/her knowledge of the symptoms of anaphylaxis and skills needed for self-administration of an EpiPen, including practice in injecting an EpiPen into an orange. 	

INDIVIDUALIZED HEALTH CARE PLAN (Middle)

Student Name: _____ Birth Date: _____ Grade: _____ Teacher: _____

Plan effective from 2005 to 2006

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
--------------------------	------------------------------	-------------------------	---------------	------------

Teacher/classroom staff will:

- ◇ work to eliminate the use of allergen in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects.
- ◇ be trained in the administration of EpiPen, as appropriate.
- ◇ be prepared to implement the IECF if indicated.
- ◇ consult and collaborate in advance with the school nurse and parents to decide what accommodations are appropriate for each field trip. Parents' judgment will be respected.
- ◇ send to all parents the middle school notice of field trip form which shall contain a standard request that snacks and lunch be peanut/nut free.
- ◇ notify parents in advance of in-class food celebrations.

Student will:

- ◇ not eat any foods at school, on field trips or in extracurricular activities that do not come from home or have not been approved by his/her parents.
- ◇ inform teacher/staff if he/she is not feeling well for any reason, but especially if he/she thinks he/she may be having an allergic reaction.
- ◇ *[For students carrying their own medications]* Follow the medication plan for self-administration of EpiPen and Benadryl. Accordingly, student will bring to and from school, and at all times carry (e.g., in belt-carrying case or in a purse) an up-to-date EpiPen and dissolvable Benadryl tablet, according to the physician's order. If a student chooses to keep emergency medications in her purse, she will keep the purse with her at all times in school, during extracurricular activities, and on field trips.
- ◇ not self-administer Benadryl or EpiPen without immediately notifying the school nurse, or another responsible adult, in the absence of the school nurse.
- ◇ not keep any medication in his/her locker.
- ◇ participate with school nurse in review of emergency self-administration of medication plan and implementation skills.

INDIVIDUALIZED HEALTH CARE PLAN (Middle)

Student Name: _____ **Birth Date:** _____ **Grade:** _____ **Teacher:** _____

Plan effective from 2005 to 2006

School Nurse: _____ Date: _____

Review by: Parent: _____ Date: _____ Student: _____ Date: _____

IHCP meeting attendees: _____

