

Phillips, Jeanie

From: greer902923@yahoo.com
Sent: Friday, October 21, 2016 11:43 AM
To: Phillips, Jeanie
Subject: Public Comment - Food Allergy Task Force
Attachments: ShermanSchoolCelebrationsProceduralGuidelines2014.pdf;
Food_Allergy_Policy_&_Guidelines_for_Food_Allergy_management2014 (1).pdf; Gina
Mennett Lee Letter and CV.pdf; BOE June 4 (1).pdf

Dear Food Allergy Task Force,

<< I would like to preface this long letter by stating that today, we are in a good place with our school, we have a 504 plan, and due to the 504 provisions and the teachers and school nurse, our food allergic child has largely been included and safe at school. But the journey to get to this point? Three-plus years of unaffordable legal fees, 504 meetings, medical expert fees, school board meetings, online bullying by other parents, verbal harassment at Board of Education meetings, and countless powerpoint presentations and research. We can do better as a state and I believe this task force can help protect parents and students at little to no cost to taxpayers. In talking to other allergy parents this dance happens over and over again in every district, and not even close to all parents are able to take it to the finish line and end up with a satisfactory result. Other parents are understandably afraid to effect meaningful change and cave to the majority opinion due to a fear of being shunned. >>

No one ever imagines that they will have a special needs child. When you first find out your child has a food allergy, it's denial combined with optimism "...well, it could be worse" or "it's not that severe". As the reactions occur, and the severity increases, and ancillary health problems appear (More types of nuts! Traces of nuts from cross contamination causing anaphylaxis! Asthma! Ezcema!) the visits to specialists increase and it gradually becomes clear that life will, for the foreseeable future, be forever marked by an uneasy détente with food.

As our older child entered our town's only school, we aimed to use the experiences as "lessons learned" and discussion points with the school administration to ensure that our three-years-younger child would be able to attend school safely. We were appalled at the sheer amount of "reward candy", cookies from the PTO for boxtops, unplanned and planned store-bought and homemade party food that crossed a kindergartener's path (and in the grades above as well, which I learned about through collaboration with other parents).

At the end of the first year in spring 2013, another (non-allergy) parent and I sat down with the administration and presented them with a powerpoint about how the deluge of food was not only endangering and excluding children dealing with medical conditions (allergies, diabetes) but it was setting a poor example for wellness and healthy living for all students. We included copies of procedures from other area schools with strong wellness practices and food-free celebrations. The school administration took this to heart, perhaps because one of the administrator's children was recently affected by diabetes, and instituted a food-free celebration and birthday procedure for the following 2013-2014 school year. This was met with an angry uproar by the town community. A member of the Board of Education actually started a petition against the school, which garnered 110

angry comments against the school and children with allergies (link provided upon request). This later led to her resignation. The Board of Education (BoE) meetings had never been so packed that fall - angry parents shouting that it was their 'right to feed other people's kids!' And 'the kids needed food or it wasn't fun!' And 'couldn't they just ban kids with allergies from the campus?' (these are all real quotes, not captured in the sparse transcripts, but available on official recordings). The BoE simply said that the procedures around food were for the administration to decide upon. The community uproar died down, and food-free celebrations became the norm and the children had fun and stayed included and safe for two school years. (Note: the 2014-2015 procedures are attached because unfortunately the school link that had the 2013-2014 procedure has been disabled by the school.)

Sadly, in May 2015 after much back-door politicking and lobbying by a few dedicated members of the community, the BoE quietly overrode the administration's pleas during a spring BoE meeting (this was not announced as an agenda item - the only parents present were in favor of this removal of restriction and had been given a heads up by members of the BoE to attend) and stated that the administration was not permitted to make any rule limiting any celebration or incentive food via the wellness policy or any procedure because it conflicted with the new Allergy Policy, which said that the school could not restrict food. Such a clause in an allergy policy has no purpose other than to ensure that the community's wishes to bake and bring in food for everyone else's children be preserved. It certainly does not increase student safety. Hence, the shared celebration food almost immediately returned for the last month of school, and into the following year, and the "opt-out form" was brought into prominence. This form, created by the BoE as part of the Allergy Policy in 2014 (attached), is required to be checked as "opt-out" for students with allergies. This is discriminatory. The students who sign it can't eat shared food, but the shared food will still happen. So parents are forced into "opting out" and excluding their child rather than the school making accommodations such as providing safe prepackaged food approved by the allergy parent(s), or being food-free. The Wellness policy which had been a strong draft form developed in an open committee headed by the principal was neutered and truncated to remove all references to food being restricted, then finalized. The deed was done, the school now had two policies - one Allergy, one Wellness. Neither of which contained content helping anyone but those who want to bring in shared food.

The principal who had championed the food-free celebrations and developed a wellness procedure and committee to formally accomplish this (and who had been groomed to be the combined principal/superintendent in 2016) understandably resigned shortly before the 2015-16 school year started and took a new job. The principal position stayed open for a year until the BoE found a candidate this past summer for the 2016 school year, who to no one's surprise, supports the BoE's view on food not being limited - 'it is for the teachers to decide'. There is no guidance given by the administration to teachers such as: if one student has signed the "opt-out form" that a best (inclusive) practice would be to have food-free celebrations or curriculum activities, or at the very least safe food possibilities (some food this is impossible with, such as Chinese). Rather, it is up to parents to coordinate with each teacher how food will be handled. In the upper grades, this could be 4-6 teachers, which takes teacher time away from their core responsibilities as parents meet with them about food issues, and requires that parents take time off of work because these meetings can only occur right before school starts or right after school ends.

Our school's Allergy Policy, which conforms to the state's mandate in terms of its format and how it is recorded, does not include ANY meaningful content that would protect a child with allergies. None of the recommended practices outlined in the CDC Guidelines for Allergy Management are included, nor is the state checking on this so they appear to be "all set" on paper. During the formation of the Allergy Policy, I offered the school expert opinions and benchmarks from other area schools with

strong allergy policies (attached) along with a letter from a local allergy expert (attached). All of our suggestions were ignored and not included in the final policy.

At a bare minimum, a strong allergy policy will contain the following provisions (none of which are included in our school's allergy policy – our child's safety and inclusion is addressed in our 504 plan):

- Cleaning of surfaces properly (types, separate rags, etc) (FREE, just initial training of staff)
- Non-food incentives for prizes, gifts, etc. (FREE).
- Provide for allergen-free communal areas and classrooms (FREE), include provisions for instructing the food service provider on disclosing "shared facility" information on the cafeteria food served (FREE). Please note that this disclosure is not legally required of manufacturers so the manufacturer must be contacted directly. Whole Foods 365 brand labels for shared facility 100% of the time, but most manufacturers choose not to share this information on their label, so it is impossible to tell if a food is safe from reading the label alone)
- Limit celebratory food to store-sealed purchased nurse-and-parent approved brands or eliminate food for celebrations entirely (our school and other schools did this very successfully) (FREE).
- Instruct that a set of the stock epinephrine accompany classes on field trips because 25% of students have their first anaphylactic reaction while in the care of their school (Minimal cost for multiple sets of stock epinephrine).
- Address access to epinephrine and food guidelines after school or at on-campus PTO activities (FREE).
- Address inclusion vs. segregation in classrooms with children with dietary restrictions (ie if one child was in a wheelchair, the school would not plan a hike on a mountain trail and instruct him to go wheel around the parking lot until they finished. Instead, they would easily find a suitable activity that all can enjoy and they would not talk endlessly about how fun it would have been go to on a hike (FREE).
- Handwashing or wiping after eating by all students (FREE or minimal cost)
- Curriculum food. There are teachers who believe that food is a necessary part of the curriculum – ie. to learn about the states, the best and most fun way is to have the students make food from each state, bring it in, and share it with the whole class. This might be fun for the students who don't have dietary restrictions. Not so fun for the 8 year old left looking on from the sidelines whose parents signed the opt-out form. There are also instances where students with allergies who signed the opt-out form who were fed shared food last year. The norm is now shared food, and the abnormal state is "opting-out" so mistakes are bound to happen. Fortunately, the child was ok as the food did not contain the allergen and the parents, who did not have a 504 plan, did not pursue the matter. I'm not sure how you address that, except that any exercise which teaches that "chocolate chip cookies come from xxx state" is not an educational exercise I find compelling in its value (FREE).
- Access to epinephrine on the bus. We didn't even touch this. The current district procedure is to pull over and call 911, the driver will not administer. We live in a rural area at least 20

minutes from a country hospital and 30+ minutes from a major hospital. We drive to and from school but not every parent has the ability to arrange for this.

So in a nutshell, in the State of Connecticut, unless a parent has a high level of professional skill, a medical team on standby who is willing to spend time on non-office visit work, ample resources, and adequate networking abilities, their child's safety and inclusion at school is subject to the political whims of the town they live in, majority opinion of the community backed by taxpayer dollars "for legal fees" set aside to fight change, and malleable policies and procedures that appear to be compliant with Connecticut's rules, but in reality, they are mostly merely compliant with a rule that requires no content of any sort be included in the policy.

Hopefully you can help by putting the above CDC best practices into a "minimum content for allergy policies" requirement for all Connecticut schools. Backed by real consequences if schools do not comply. Otherwise, it will not happen, as evidenced by the parents who are having the same discussions and battles in nearly every Connecticut school district to secure free and appropriate public educations in the least restrictive environments for their LTFA children.

It should not be the case that the only children who are protected are those whose parents devote years and funds towards affecting change.

Sincerely,

A Connecticut Public School Parent

Sherman School Celebrations Procedural Guidelines

The following procedural guidelines were developed over the course of last school year by the Sherman School's Wellness Advisory Team. These guidelines will be in place for the 2014-2015 school year as they pertain to school-based celebrations. During this school year a School Wellness Committee will convene to continue working toward an approved overarching Wellness Policy and further applicable procedural guidelines in related areas.

A. Celebrations:

The Sherman School Wellness Committee understands the importance of celebrating students and various holidays. Celebrations should be activity based and any food item or snack should be brought in for individual consumption. The following guidelines have been developed by the Wellness Committee as a pilot for the 2014-2015 school year.

Birthday Celebrations:

Birthdays will be celebrated once a month on a date determined by the grade level teachers (PreK and K may choose alternate celebration schedules). Celebrations will recognize all students who celebrate a birthday that month and will be activity based (non-food related). The activity will be determined by the grade level teachers with input from the students who are celebrating their birthday that month. Teachers may also elect to recognize the student on their actual birthday in an appropriate manner (i.e. singing happy birthday, wrapping the student's desk, birthday crowns, pencils...)

Holiday Celebrations/Class Parties (3-5 per year)

Holiday Celebrations/Class Parties will also be activity based and determined by grade level. Any food items consumed will be individually brought in by students as they would for their traditional snack time. School staff will be encouraged to promote the list of Suggested Healthy Food Choices. These snacks should meet the guidelines set forth for food consumption under The Sherman School's Allergy Policy based on the protocols for each classroom.

End of the Year Class Party

The end of the school year is an exciting time for students and is often celebrated with a class party. During this party food items may be brought in as part of the celebration. Planning for these items will be coordinated between the homeroom parent and the classroom teacher. Food items must meet the guidelines set forth under The Sherman School's Allergy Policy. At this celebration other items not on the suggested list may be provided based on a 3 to 1 ratio. Other items include such treat type food as:

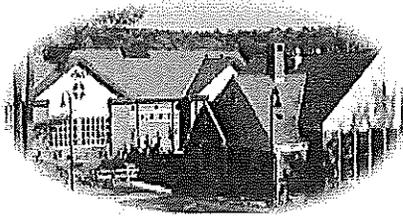
Cookies	Brownies
Cupcakes	Donuts
Ice Cream	Frozen Treats

B. Food as a Reward or Punishment

Foods or beverages shall not be used as rewards for academic performance or good behavior, unless this practice is allowed by a student's Individualized Education Plan (IEP). Schools shall not withhold food or beverages as a punishment. Alternate rewards shall be developed and promoted.

C. Food Related to the Curriculum

Teachers may choose to utilize food in the classroom if and when it enhances the curriculum. Any food items utilized must be provided by the teacher/district/Aramark, with prior approval from the administration. Food items must meet the guidelines of the Allergy Policy.



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Dr. Michael A. Pascento, Principal
Mr. Andrew E. Schoefer, Administrative Dean

August 2014

Dear Parents/Guardians:

In an effort to keep all students healthy and safe at school, the Sherman School Board of Education has adopted a Food Allergy Policy, 5141.25(a) and Guidelines for Food Allergy Management. A copy of the policy and guidelines is available on the school website. We also are emailing it as part of our back-to-school information. We ask that you read the policy and guidelines closely and note the items under "Family's Responsibility" and "Student's Responsibility" with your child.

We recognize that there will be curriculum based activities and celebrations that will include food at various times throughout the school year. In order to respect that some parents will not want to consent to allow their child to consume food that is purchased or prepared by someone else, we ask that those parents sign the below non-consent form. If a form is not signed and returned, your child will be offered food that has been provided for communal consumption.

You only need to complete, sign and return the bottom portion of this letter to your child's teacher, if you do not consent to allowing your child to consume foods brought into the school for communal consumption for this school year. If your child cannot consume food brought into the school for communal consumption, please supply your child with a nutritious snack she/he can eat. If you permit your child to consume communal food, you do not need to respond.

Sincerely,

Dr. Michael A. Pascento
Principal

Mr. Andrew E. Schoefer
Administrative Dean

Shared Food Consumption Denial of Permission Slip

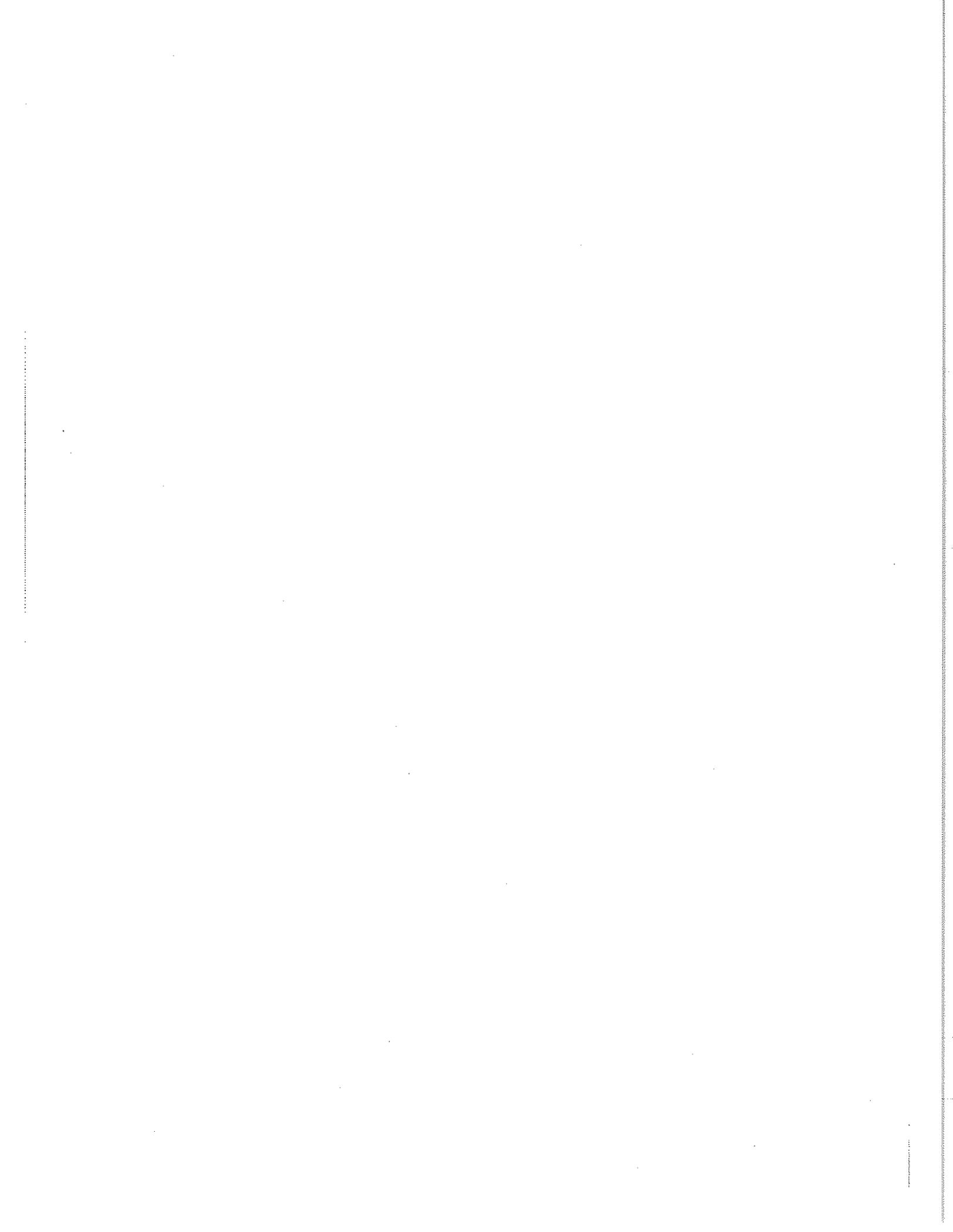
Name of Student

Grade/Teacher

I do not give permission for my child to eat any of the food that is purchased or prepared by someone else.

Parent/Guardian Signature

Date



The Sherman School

Guidelines for Food Allergy Management

Introduction

Reference to Board of Education Policy 5141.25

The Sherman School is committed to maintaining a healthy environment for all of our students, including students with life-threatening food allergies. This Food Allergy Management Plan is an outgrowth of Board of Education Policy 5141.25, which stipulates that the Board of Education “. . . delegates responsibility for developing, implementing, monitoring, reviewing, and revising the school district’s Guidelines for Food Allergy Management (the “Guidelines”) to a multidisciplinary food allergy team . . .” Prior to the creation of this document and accompanying Guidelines, the district’s approach to food allergy management had been communicated through administrative directives. This document is meant to be the focal point for a more comprehensive set of guidelines than have heretofore existed. These Guidelines will address the following areas as outlined in Board Policy 5141.25.

1. The process for identifying students with life-threatening food allergies including provisions for parents/guardians to provide adequate medical documentation.
2. The process for developing individual health care plans for students with life-threatening allergies consistent with applicable state and federal law.
3. Strategies to reduce the risk of exposure to life-threatening food allergens in school buildings.
4. Provisions for the ongoing education of school personnel and the school community regarding the management of life-threatening food allergies.
5. Emergency medical response plan including communication strategies between individual schools and local providers of emergency services.
6. A method for monitoring and assessing of the food allergy management plan on at least an annual basis prior to the start of the school year.

Although Sherman School maintains protocols for other allergy issues (i.e. bee stings, latex, etc.), the sole focus of this document is the management of food allergies, and its purpose is to reduce the risk of accidental exposure to allergens in the school setting through the collaborative efforts of all students, staff, parents, and physicians.

Background on Food Allergies

A food allergy is a heightened response by the body's immune system to food that the body identifies mistakenly as being harmful. In response, the body produces antibodies to that food. Then, the next time the individual eats that food the immune system releases moderate to massive amounts of chemicals, including histamine, to protect the body. These chemicals trigger a cascade of allergic symptoms that can affect the skin, gastrointestinal tract, respiratory system, and cardiovascular system. In some people, symptoms may appear in only one body system, while in others, symptoms appear in several systems. These symptoms can range from mild to severe (called anaphylaxis) and even can be life-threatening, depending upon the individual and the type of exposure. There are 8 food categories that produce the vast majority of allergic reactions and they are: peanuts, tree nuts (like almonds and walnuts), wheat, milk, eggs, fish, shellfish, and soy. The particular focus of this plan is in relation to individuals for whom severe food allergies can result in life-threatening reactions.

Identification of Students

Identification of Students with Life-threatening Food Allergies

One of the most important aspects of food allergy awareness is to identify a child with severe food allergies, and this can be done in a variety of ways . . . such as notification by the parent with written confirmation of the allergy by a licensed physician, review of the health assessment records maintained by the school nurse, notification from the nurse at a prior school, or when the child first registers at our school. In particular, our school nurse will make every effort to carefully review medical records of all new students entering our school. Further, it is incumbent on a parent to promptly inform the school of identified severe food allergies and provide written documentation diagnosing the allergy from a licensed physician. Naturally, the role of the licensed physician who treats the child is essential in communicating to the school all elements of the child's allergy status. The identification of severe food allergy in a child will generate the development of an Individualized Health Care Plan (IHCP) which will be updated yearly or sooner, if needed, by the school. A 504 plan, if applicable, will also be considered an extension of the IHCP.

Development of Individual Health Care Plans

Development of Individual Health Care Plans

The Sherman School nurse uses a formal process to develop an individual health care plan (IHCP) for each student with known life-threatening food allergies. Standard template forms are used to record medical information, to note accommodations within the IHCP, and to obtain proper authorization from

the student's licensed physician. (See Appendix A for IHCP Form) Each plan is individualized with the specific needs of the child with input from the licensed physician, the family, the school nurse, and teachers, where appropriate. The IHCP should include: name, identifying information, a photo if available, diagnosis and any accommodations deemed medically necessary by a licensed physician, name of the specific allergen(s), signs and symptoms of accidental exposure, medication to be administered in the event of an exposure, location and storage details of epinephrine auto injectors, who will administer, follow-up steps (including calling 911), emergency contacts, and special notes regarding risk management during lunch, recess, and field trips. Also, since life threatening food allergies may qualify a child for protection under Section 504, a 504 Team Meeting will be convened for each child with an identified life-threatening food allergy to determine if the child qualifies for Section 504 accommodations. Finally, the individual health care plans are only as good as they are supported by effective communications. It is important to remember that communication must be multi-dimensional. Thus, the responsibility for communication is a shared responsibility that includes an entire school community. The partnership for communication includes the parent, the affected student, the licensed physician, the school nurse, the teachers, and the school-community in general.

Strategies for Reducing Risk of Exposure

Food Allergy Management Plan's Recommendation regarding outright food bans.

A central question for guidelines regards whether or not to impose outright bans of any foods. The Food Allergy Management Team does not recommend an outright ban of foods in schools. The Connecticut State Department of Education Guidelines point out that school wide bans of specific foods may not render a school environment safe, because there is no realistic method for assuring that an allergenic food does not inadvertently enter school grounds. Bans can create a false sense of security, which can lead to less responsive approaches to effective management strategies, education, and emergency responses. Banning offending foods can detract from the school's responsibility to plan properly for children with life-threatening food allergies and to educate all school personnel accordingly. It may also limit the opportunity to teach children with allergies to take care of themselves in environments where they may be exposed to allergens at any time.

Food Allergy Management Plan position on the consumption and sharing of food

In classrooms which have a student(s) with identified life-threatening food allergies, where a licensed physician has deemed it medically necessary to do so, there shall be a monitoring of foods to ensure that no allergens are present in both the foods provided for communal consumption (i.e., food that is provided for consumption by a class or grade or group of students in connection with a curriculum based activity or celebration) as well as the food sent in for individual consumption (i.e., food sent in from home for consumption by a student at snack time). In order to minimize the risk of exposure to the identified allergen, no student will be allowed to share his or her individual snacks with another student. Further,

since it is difficult to ensure that any and all food is safe from allergen contamination, it shall be our practice to require a denial of permission form from any parent(s) for their child to consume food provided for communal consumption. (See Appendix C for sample letter.)

By way of example, in classrooms that have students with identified food allergies, foods containing such allergens must not be present in the classroom if so deemed by a licensed physician. Upon written orders from the licensed physician and as reflected in the child's IHCP, the teacher will inform classroom parents that the class has a student (name is confidentially protected, unless the parent provides signed consent for disclosure) with life-threatening food allergies and what the specific allergies are. In turn, we respectfully request the full support and cooperation of all parents to not send in food products that could threaten the wellbeing of the severely allergic student(s). The teacher will maintain classroom routines whereby everyone helps to protect allergic students from being exposed to such foods. Identified allergens should not be used in class projects, parties, celebrations, or events. These include arts, crafts, science experiments, cooking, snacks, and rewards.

Other strategies are promoted in this plan

As is age appropriate, all children, and especially those with severe allergies, should be educated in reading food labels. Parents of children with food allergies should feel welcomed to provide some safe snack options for their child in the event of unexpected circumstances, such as when the students forget to bring in their snacks. Parents of all children need to lend their cooperation to support the school's need to achieve a minimized allergen environment. Teachers will take the lead in educating students on the topic of food allergies, while the school nurse and administration will take the lead for educating staff on the subject.

Children should be encouraged to wash hands before and after handling or consuming food, and to maintain a practice of employing reasonable methods of preventing cross-contact of food allergens among lunch and snack products in the classroom and the cafeteria. In the cafeteria, we will provide allergen-free zones (such as a peanut-free table) so that the needs of our highly allergic children are addressed. In addition, classrooms which during the school day have students with life threatening food allergies should not be used before school or after school for activities that involve food.

Education and Training Provisions

Effective education regarding the Food Allergy Management Plan needs to be a collaborative effort by all of us in the Sherman School . . . staff, parents, and students. It is the Sherman School's belief that all of

us share a common commitment to the safety of our children and a willingness to promote a healthy food consumption environment, especially when it comes to the dangers posed by food allergies.

In general, the school staff, as directed by the administration, will educate all students in maintaining a culture of caring, serious awareness, and positive responsiveness to those fellow-students who have life threatening food allergies. We seek to promote a school culture whereby any students with special needs are regarded and accepted as part of the social normalcy of our school. Staff will seek to intervene whenever they observe students are teased, including those with life threatening food allergies.

Training will be provided to the school staff by the school nurse, as directed by the administration, regarding background on food management related to life-threatening food allergies, in recognizing the early signs/symptoms of allergic reactions including anaphylaxis, in the steps involved in our emergency response plan for allergic reactions, and in the use of the epinephrine auto-injectors by specific staff members.

The administration or school nurse will provide training for the staff on applicable school policies and state and federal laws and regulations governing life-threatening food allergies.

Emergency Response

Responding to a Suspected Episode of Severe Anaphylactic Reaction

Ideally, an emergency response plan begins even before a food allergy episode takes place by noting the initial signs and symptoms that an episode may be taking place. This means that staff and students should stay alert to the risk factors that may precede a severe or life-threatening anaphylactic reaction. First of all, if a child has an IHCP and a history of asthma or previous anaphylactic reaction . . . these are important indicators. In addition, immediately note any symptoms of swelling, rashes, respiratory distress, gastrointestinal distress, or heartbeat irregularities that can signal an anaphylactic reaction.

Observation of reaction symptoms should trigger an immediate call for help to the school nurse (first) and then the main office. The school nurse will determine if an epinephrine auto-injector is to be administered, but if the school nurse is not available, administration of an epinephrine auto injector by a trained staff member is authorized.

In addition to being in the office of the school nurse, epinephrine auto-injectors will be securely maintained in additional locations in the school to be determined through a review by the school nurse and in consultation with the school attorney.

When in doubt, it is better to administer the epinephrine auto-injector and Call the EMS (911) system for an ambulance. In the event an epinephrine auto-injector is used at any time for a student, 911 will be called immediately. Fatalities are more likely to occur when epinephrine administration is withheld.

Sometimes, if symptoms do not subside, a second epinephrine administration is necessary. Parents should be notified as soon as possible, but not before administration of the epinephrine.

The Sherman Ambulance Association is the Sherman School's first-responder partner in any matters of health emergencies. They are reached by calling 911.

Monitoring the Plan

Food Allergy Management Team

This plan will be monitored annually by the Sherman School Food Allergy Management Team and will take into consideration medically accurate, research-based practices in the annual review, as well as feedback from parent and teacher surveys which may be conducted during the school year. Further, the plan will be monitored after each emergency event involving administration of medication to determine why the incident occurred, what did and/or did not work, and what was the overall effectiveness of the process.

Implementation

The Food Allergy Management Team has compiled accompanying Guidelines for Food Allergy Management. The Guidelines, together with its Appendices, shall be used to implement the Sherman School's Food Allergy Management Plan.

Sherman School

Guidelines for Food Allergy Management

1. **Process of identifying students with life-threatening food allergies**
 - a. Notification by the parent
 - i. Prior to the start of school or immediately upon the diagnosis of an allergy by a licensed physician, parent shall provide written medical documentation, instructions, and medications as directed by a licensed physician. The Food Allergy & Anaphylaxis Emergency Care Plan form shall be completed by the parent and the child's licensed physician and returned to the school prior to the first day of school or immediately upon the diagnosis of a life-threatening food allergy, including a photo of the child to be attached to the form.
 - b. Review by the school nurse of the health assessment records maintained by the school.
 - i. If a life-threatening allergy is noted, parent shall provide written medical documentation, instructions, and medications as directed by a licensed physician. The Food Allergy & Anaphylaxis Emergency Care Plan form shall be completed by the parent and the child's licensed physician and returned to the school prior to the first day of school or immediately upon the diagnosis of a life-threatening food allergy, including a photo of the child to be attached to the form.
 - c. Documentation of allergic reaction by previously undiagnosed student by the school nurse. Documentation shall be provided by the parent from a licensed physician confirming or denying the diagnosis of an allergy(ies) subsequent to a suspected reaction.
 - i. If a life-threatening food allergy is diagnosed, parent shall provide written medical documentation, instructions, and medications as directed by a licensed physician. The Food Allergy & Anaphylaxis Emergency Care Plan form (Appendix A) shall be completed by the parent and the child's licensed physician and returned to the school prior to the first day of school or immediately upon the diagnosis of a life-threatening food allergy, including a photo of the child to be attached to the form.
2. **Process for developing Individual Healthcare Plan for students diagnosed by a licensed physician with a life-threatening allergy(ies)**
 - a. Upon receipt of a completed The Sherman School Severe Allergy Emergency Health Care Plan form, a written Individual Healthcare Plan will be created by an Individual Healthcare Plan planning team, led by the school nurse. The team shall consist of the school nurse, the parent(s) of the child diagnosed with the life-threatening food allergy, the treating licensed physician and the classroom teacher. All parties must sign the Individual Healthcare Plan.

Sherman School

Guidelines for Food Allergy Management

1. Individual Healthcare Plan shall address the need for the any medically necessary accommodations as prescribed by treating licensed physician, .
 - b. The Individual Healthcare Plan shall indicate if an epinephrine auto-injectors need to be located in the classroom or on the person of the student with the life-threatening food allergy.
 - c. The Individual Healthcare Plan shall be updated at least once annually or sooner if requested by any member of the Individual Healthcare Plan planning team.
 - d. Since life threatening food allergies may qualify a child for protection under Section 504, a 504 Team Meeting will be convened for each child with an identified life-threatening food allergy to determine if the child qualifies for Section 504 accommodations.
- 3. Strategies to reduce the risk of exposure to life-threatening food allergens in school buildings**
- a. Responsibilities of Sherman School
 - i. Responsibilities of the School Nurse
 1. To identify students with severe food allergies and obtain the proper medical documentation and authorizations.
 2. To obtain medical history, including the specific food(s) the child is allergic to and the reactions to monitor for. Accounts of any past reactions and how they were managed should be included.
 3. To obtain permission from the parent to share the Individual Healthcare Plan with any school staff on a need to know basis, alerting them to the contents of the Individual Healthcare Plan, the child's food allergy management plan and the emergency action plan.
 4. To have the parent provide the school with doctor-prescribed, properly labeled medication(s) and the written information on the uses and restrictions of the medication, as well as the medication administration form(s). Nurse will periodically check medications for expiration dates.
 5. To store emergency medications in the health office or other authorized locations, so as to be easily accessible to school staff during the school day yet also remain secure. The Individual Healthcare Plan should specify acceptable location(s).
 6. To assure that substitute nurses are fully oriented to students with life-threatening food allergies and their care plans.
 7. To train appropriate school staff in recognizing the signs of allergic reactions and in the use of the epinephrine auto-injector. The nurse will provide and document annual

Sherman School

Guidelines for Food Allergy Management

instruction in the recognition, prevention, and treatment of food allergies, including the medication, side effects, and the emergency response plan. School staff should receive student-specific instruction.

8. To use a self-medication assessment form to determine a student's readiness and ability to self-administer an epinephrine auto-injector.
9. To obtain from the school's medical advisor standing orders for the administration of epinephrine auto injector(s) for students who do not have an IHCP but who experience an episode of apparent systemic anaphylaxis. (*See Appendix C*)

ii. Responsibilities of Food Service Providers

1. To provide food substitutions as prescribed by licensed physicians, even if the child is not considered disabled under Section 504 or IDEA. The food service department should receive a copy of the licensed physician's note once it has been received by the school nurse.
2. To learn, through the school nurse, who the students are who have life-threatening food allergies.
3. To welcome parent information about cooking methods and food preparation routines for students with life-threatening food allergies.
4. To follow food-handling guidelines to avoid cross-contamination with potential food allergens.

iii. Responsibilities of Cafeteria Monitors

1. To monitor children, both allergic and non-allergic, who sit at the peanut/treenut free table so that they do not have food products containing allergens.
2. To know the signs and symptoms of allergic reactions and to follow the school's emergency response plan in such cases.

iv. Responsibilities of Custodians

1. To make provision for cafeteria tables to be cleaned using accepted procedures between lunches by the custodial staff, with particular attention to the peanut-free table(s).

v. Responsibilities of School Transportation Providers

1. In the event of an emergency, the bus driver will pull over and radio in to the dispatcher who will call 911.
2. Students are not permitted to consume food during the regular before school or after dismissal bus routes.
3. For field trips or school activity trips where snacks may be permitted, and where school staff are present to monitor students, the guidelines will be in effect as if the bus were a school classroom.

Sherman School

Guidelines for Food Allergy Management

vi. Responsibilities of the Sherman School Staff and Administration

1. To know and follow the applicable school policies, and state and/or federal laws and regulations applicable to the management of life-threatening food allergies. In addition to local policies and regulations, these include ADA, Section 504, IDEA, and FERPA. Students with life-threatening food allergies should be considered for 504 Plans.
2. To include food-allergic students in school activities and to facilitate making them feel as welcomed and included as all other students in our school.
3. To provide training for staff in recognizing the early symptoms of food allergy reactions, including anaphylaxis.
4. To provide for the proper training of appropriate school personnel in the administration of medication in accordance with laws governing the administration of emergency medication.
5. To create an emergency response plan for school crisis and emergencies and to identify the methods of communication among essential personnel in the event of a medical emergency.
6. To include planning arrangements for students with life-threatening food allergies to be included on field trips and in after school activities.
7. To identify locations in the school, in addition to the nurse's office, where epinephrine auto-injector(s) will be securely located but readily accessible to appropriate school staff. These shall include the school cafeteria, the multi-purpose room, the classrooms in which students with life-threatening food allergies are assigned, and other areas determined by the school nurse.
8. To obtain annually from the school medical advisor a standing order for the school nurse 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 symptoms of an anaphylactic reaction have not subsided within a specified number of minutes from the first dose.
9. To maintain a Food Allergy Management Team, either separately from or as part of the school's Wellness Committee, in order to develop, implement, monitor, review and revise the plan to manage life-threatening food allergies.

Sherman School

Guidelines for Food Allergy Management

10. To inform and educate the general school population of students, staff, and parents regarding life-threatening food allergies, and to foster an environment whereby this issue is seen as an aspect of social normalcy.
 11. To assure that privacy issues among relevant school staff, families, and health care providers will comply with local, state, and federal standards.
 12. To assure teachers will facilitate the implementation of the Individual Healthcare Plan in classrooms and that all classroom parents are made aware when a child with a life-threatening food allergy is a member of a class, when parents of the allergic child have permitted disclosure.
 13. Require written affirmative denial of permission form from any parent(s) for their child to consume food provided for communal consumption (*See Appendix B*).
- vii. Responsibilities of the General School Community Population
1. To support a school environment where health and safety are valued highly and in which every student, staff member, and parent honors the need to be caring toward and supportive of individuals who are at-risk with severe or life-threatening food allergies.
 2. To be knowledgeable about life-threatening food allergies and to support the school's responsibility as a whole to implement strategies to help protect children who are at-risk.
- b. Responsibilities of the Family
- i. To notify the school of the child's allergy and to update information at least annually.
 - ii. To provide written medical documentation, instructions, and authorizations as directed by a licensed physician, including permission for the school nurse to communicate with the health care provider.
 - iii. To provide prescribed medication(s) to the school and to replace medication after use or upon expiration.
 - iv. To provide information as to how the parent(s) can be reached in the event of an emergency.
 - v. To provide safe snacks for the teacher to store for their child in the event of unexpected circumstances, such as if the allergic child forgets to bring a snack on a particular day.
 - vi. To collaborate with the school nurse and other appropriate staff to facilitate the development and implementation of an IHCP that addresses the child's needs in many school settings, such as on the school bus, in the classroom, in the cafeteria, at recess, and during after school activities.

Sherman School

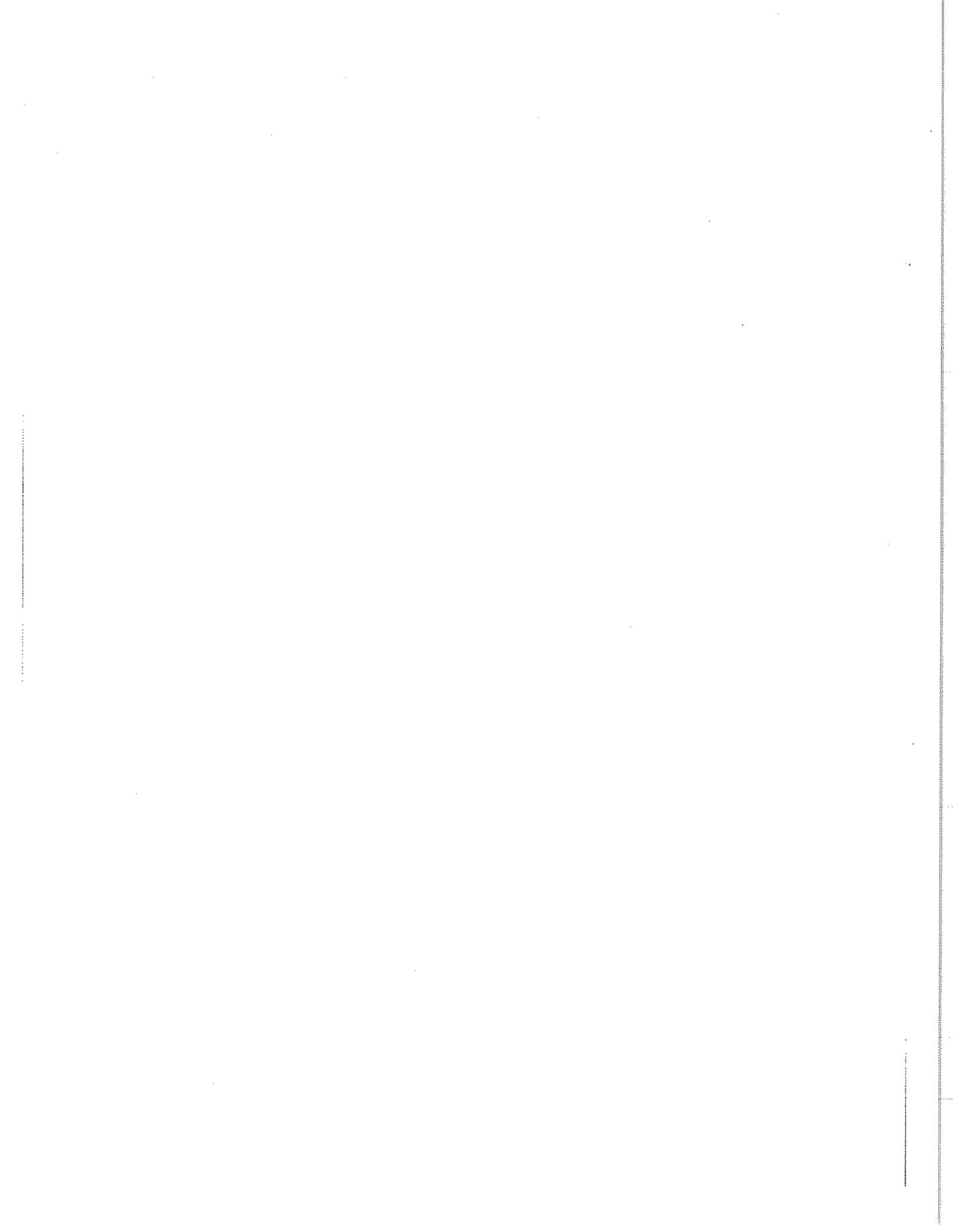
Guidelines for Food Allergy Management

- vii. To take special steps regarding after school activities or field trips, to include reminding the person in charge of the activity of the child's life-threatening allergy, to confirm that emergency medication is available.
 - viii. To educate their child in self-management of their food allergy and to promote the child's self-advocacy and capabilities to care for himself/herself. Age-appropriate skills such as reading food labels, knowing safe and unsafe foods, avoiding unsafe foods, recognizing symptoms of allergic reactions, and reporting information to adults should be part of the parent's education plan for their child.
- c. Responsibilities of the Student
- i. To be self-aware and proactive in managing their own food allergies as appropriate to his or her developmental competence.
 - ii. To consume only foods specifically provided and to not trade or share foods with others.
 - iii. To comply with the school's precautionary strategies for reducing the risks for life-threatening allergies, such as eating at the peanut-free table in the cafeteria.
 - iv. To not eat anything with unknown ingredients or anything known to contain an allergen.
 - v. To notify an adult immediately if the student eats something he/she believes may have contained an allergen or if they detect allergy reaction symptoms.
 - vi. Depending upon the maturity level of the child, he or she may be allowed to carry an epinephren auto-injector at all times. The student must be responsible for maintaining absolute control of their medication.
- 4. Provisions for the ongoing education of school personnel and the school community regarding the management of life-threatening food allergies.**
- a. In general, the school staff, as directed by the administration, will educate all students in maintaining a culture of caring, serious awareness, and positive responsiveness to those fellow-students who have life threatening food allergies. We seek to promote a school culture whereby any students with special needs are regarded and accepted as part of the social normalcy of our school. Staff will seek to intervene whenever they observe students are teased, including those with life threatening food allergies.
 - b. Training will be provided to the school staff by the school nurse, as directed by the administration, regarding background on food management related to life-threatening food allergies, in recognizing the early signs/symptoms of allergic reactions including anaphylaxis, in the steps involved in our emergency response plan for allergic reactions, and in the use of the epinephren auto-injectors by specific staff members .

Sherman School

Guidelines for Food Allergy Management

- c. The administration or school nurse will provide training for the staff on applicable school policies and state and federal laws and regulations governing the management of life-threatening food allergies.
- 5. Emergency medical response plan including communication strategies between individual schools and local providers of emergency services.**
- a. In addition to being in the office of the school nurse, epinephrine auto-injectors will be securely maintained in additional locations in the school to be determined through a review by the school nurse and in consultation with the school attorney.
 - b. Stay alert to the risk factors that may precede a severe or life-threatening anaphylactic reaction. A history of asthma or previous anaphylactic reaction is an important possible indicator. Symptoms of swelling, rashes, respiratory distress, gastrointestinal distress, or heartbeat irregularities can signal an anaphylactic reaction.
 - c. Observation of reaction symptoms should trigger an immediate call for help to the school nurse (first) and then the main office. The school nurse will determine if and epinephrine auto-injector is to be administered, but if the school nurse is not available, administration of an epinephrine auto injector by a trained staff member is authorized.
 - d. When in doubt, it is better to administer the epinephrine auto-injector and Call the EMS (911) system for an ambulance to contact the Sherman Ambulance. In the event an epinephrine auto-injector is used at any time for a student, 911 will be called immediately. Fatalities are more likely to occur when epinephrine administration is withheld.
 - e. Sometimes, if symptoms do not subside, a second epinephrine administration is necessary. Parents should be notified as soon as possible, but not before administration of the epinephrine.
- 6. A method for monitoring and assessing of the food management plan on at least an annual basis prior to the start of the school year.**
- a. This plan will be monitored annually by the Sherman School Food Allergy Management Team and will take into consideration medically accurate, research-based practices in the annual review. Further, the plan will be monitored after each emergency event involving administration of medication to determine why the incident occurred, what did and/or did not work, and what was the overall effectiveness of the process.





Sherman School Food Allergy Committee:

I have been asked to provide this report regarding food allergy policy and to address the specific issue of food in the classroom. I am a food allergy consultant and educator. Please see the attached CV to review my credentials and experience in this field.

Food in the classroom has been widely debated in recent years as the number of students with food allergies has now increased to an estimated 1 in 13 children. This surge in food allergies indicates that approximately 2 children in every classroom are affected. That ratio is especially alarming given that children with food allergies can be at risk for having a life-threatening reaction called anaphylaxis. It is important to note that there is no way to predict the severity of the next reaction. Therefore, students who have only had "mild" reactions in the past can have a severe reaction in the future. It is also critical to understand that there are multiple routes of exposure of allergens. Students can experience anaphylaxis not only through ingestion but also by touching an allergen and then touching their eyes, nose or mouth. Some students may also have a reaction through skin contact or inhalation.

Effective food allergy management policies should provide: strategies to prevent a reaction, training on how to respond should a reaction occur, and school-wide education about food allergies. These policies need to be clearly communicated and enforced and should be consistent across the district.

When contemplating potential prevention strategies, it is instructive to look at studies regarding epinephrine use in schools. The state of Massachusetts has collected and published this data, most recently in 2010. *

Some important statistics include:

- "25% percent of those requiring epinephrine had no previous allergy history reported to the school"
- "45% of the cases had symptoms develop in the classroom (other locations included the cafeteria (14%), health office (9%), playground/outside/recess (7%) and various locations both inside and outside the school building)"

Most significantly, the greatest number of reactions began in the **classroom** rather than the cafeteria, the location many would suspect. This is an important fact to consider when creating policy or regulations regarding food in the classroom. Based on this data, one can conclude that reducing food consumption and exposure to allergens in the classroom would lead to a reduced number of allergic reactions requiring epinephrine.

Identifying foods that contain “allergens” has its challenges. Currently, manufacturers are only required to label for the top eight allergens. Therefore, allergens outside of the top eight may not be labeled at all or may be hidden in words such as “flavorings” and “spices”. Furthermore, allergens may still be present due to cross-contact during manufacturing. Manufacturers are not required to label for cross-contact. In order to ensure there has been no cross-contact, one needs to contact the manufacturer directly to find out this information. Lastly, manufacturing practices and labels can change at any time and without warning.

As a result of this information, many schools have opted to adopt a policy of “food-free celebrations, rewards, and birthdays.” This has been very effective at reducing worry and liability for the school as well as limiting accidental exposures to allergens.

This policy is also consistent with the Centers of Disease Control (CDC) “Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs,” published late in 2013. This guide is considered the gold standard to refer to when creating school policy. **

The CDC guidelines specifically state the following “recommended practices”:

- **Avoid the use of identified allergens** in class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, or rewards.
- **Use nonfood incentives** for prizes, gifts, and awards.
- Encourage children, school staff and volunteers to wash hands before and after handling or consuming food

They also highlight the following as “priorities” for food allergy management:

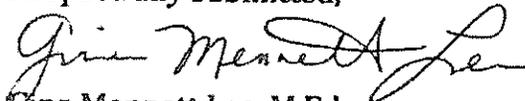
- Teaching all parents, families and children about food allergies

- Creating an environment that is as safe as possible from exposure to food allergens.
- Developing food-handling policies and procedures to prevent food allergens from unintentionally contacting food.
- Creating a positive psychosocial climate that reduces bullying and social isolation and promotes acceptance and understanding of children with food allergies.

Given this research and the recommendations from the CDC, I advise schools to create policy that eliminates the consumption of unnecessary food in the classroom. If food is consumed in the classroom, it is important to monitor the food to ensure that no allergens are present. Because of the aforementioned limitations within the labeling laws and practices, it is highly recommended that food not be shared. If your school chooses to allow shared food, it is important that this food be prepared and served by those specifically trained in the following: avoiding cross-contact in preparation and serving of food, the limitations of current labeling laws, and how to source allergen-free ingredients. It is crucial that no food be served to a child without parent/guardian knowledge and consent.

If you have any questions, please do not hesitate to contact me at gmlleeconsulting@gmail.com.

Respectfully submitted,



Gina Menett Lee, M.Ed.
Owner, Menett Lee, LLC

References:

Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs

Food Allergen Exposure in the School Setting

The Management of Life Threatening Allergies in School: Lessons Learned from Massachusetts, Epinephrine Administration in Schools Brief Summary

The Prevalence, Severity, and Distribution of Childhood Food Allergy in the United States, Pediatrics, April 2011

Gina Mennett Lee, M.Ed.

50 Brookhills Road, Branford, CT 06405

Email: gmleeconsulting@gmail.com Phone: 860-531-8091

Personal Statement:

As a food allergy educator, advocate, and consultant, my goal is to help individuals, families, schools, businesses, and organizations provide safe and inclusive environments for those with food allergies.

Education:

M.Ed. in Educational Leadership

Bridgewater State College

Graduated Summa Cum Laude

- Completed internship as Principal at a K-8 Elementary School

B.S. in Elementary Education & B.S. in Special Education

Salve Regina University

Graduated Magna Cum Laude

- Created and organized the first-ever AIDS Awareness Week at the university which included a display of the National AIDS Quilt, and multiple guest speakers
- Nominated and Elected to Sigma Phi Sigma Honor Society
- Elected to Student Life Senate
- Member of the Council for Exceptional Children
- Special Olympics Volunteer

Experience:

December 2013-present

Menett Lee, LLC, CEO

- Provide guidance to families dealing with food allergies
- Advocate/mediate for families seeking 504 plans for food allergy
- Serve as consultant to schools and businesses regarding food allergy management and making spaces safe and inclusive
- Administer educational workshops, resources, and presentations regarding food allergies
- Feature expert contributor for local, national, and international print, online, and television media outlets
- Expert witness for landmark food allergy case, Knudsen vs. Tiger Tots Community Preschool

Allergy Home, Expert Contributor/Reviewer

November 2013-present

- Write & create educational resources for the food allergy community
- Review curriculum and other resources

National Allergy & Anaphylaxis Council, Director & Co-Founder

February 2013-present

- Create online source of information and resources for the effective advocacy of people with food allergies
- Oversee the operations of NAAC
- Face of the organization for all communication with external parties

Food Allergy Education Network, Inc., Founder & President

April 2011-present

- Run the day-to-day operations of the non-profit
- Facilitate the development, assessment, and implementation of strategic plan
- Oversee all committees & positions (Communications, Food Allergy Awareness Week, Restaurant Initiative, Legislative, Educational & Community Outreach, Youth & Family Support Groups, Fundraising)
- Build an advisory board and coordinate volunteers
- Network with local and national leaders of organizations and businesses
- Serve as the "voice" of the organization for all public venues & all public speaking engagements
- Work with local media to educate the public
- Drive social media marketing and development (blog, public facebook page, closed facebook group and twitter)
- Develop educational tools, lesson plans, and presentations
- Write grants to fund our mission
- Provide educational workshops and resources for school districts, parents, caregivers, teachers, nurses and others

Elected to the Branford Early Childhood Collaborative (BECC) Advisory Board
Interviewed on FOX News CT regarding school policy and bus driver training
Awarded Grants from Community Foundation of Greater New Haven, Dey Pharma, and FARE

Food Allergy Connection of Connecticut

Food Allergy Support Group Founder and Leader

Fall 2009-Spring 2011

- Created support group
- Planned and facilitated monthly support group meetings
- Oversaw strategic planning
- Provided education to the community regarding food allergies
- Applied for and received 501(c)3, non-profit status as "Food Allergy Education Network"

Sandwich Public Schools

Grade 6 & Grade 4 Regular Education Teacher

Fall 1998-Spring 2001

- Responsible for instruction in all curriculum content areas (reading, writing, math, social studies, science)
- Provided differentiated instruction for children with various disabilities
- Developed and implemented 504 plans and Individualized Education Plans (IEPs)

Principal Internship

Fall 1999- Spring 2000

- Worked directly with the Principal, Vice Principal, School Psychologist and other administrative staff to oversee the day-to-day operations of a K-8 elementary school.
- Evaluated & created new report cards as part of Report Card Committee

Grade 6 Special Education Teacher

Fall 1995-Spring 1998

- Trained other staff members in the use of IEP Computer Program
- Responsible for testing and evaluation of students with "Specific Learning Disabilities"
- Developed and implemented 504 plans and IEPs
- Created and piloted a math curriculum with flexible grouping to meet the needs of all children in the program
- Member of the school Crisis Team
- Provided and created accommodations and modifications for children with disabilities

Memorial Junior High School

Special Education Teacher

Fall 1994-Spring 1995

- Created and implemented a first of its kind inclusion program in the middle school
- Developed and implemented Individualized Education Plans for students with Specific Learning Disabilities
- Provided professional development for special education staff in the district on the implementation and creation of IEPs

Webinars & Presentations:

"Food Allergies in the Preschool Setting" (FARE Webinar Presenter-July 2014)

"Food Allergies in the Elementary School Setting"

"Food Allergies and Their Impact on Families, Schools and Communities: What You Need to Know"

"Food Allergies and Section 504"

"Food Allergies & School Policy"

Educational Resources & Publications:

"Managing Food Allergies in the Classroom: A Free Guide for Classroom Teacher"

"Milk Allergy in School" By Alisa Fleming- featured contributor, ***Allergic Living Magazine***

"You Could Save a Life..." Educational Poster, FoodAllergyEdNetwork.org

"Food Allergy Tips for Coaches & Other Leaders" AllergyHome.org

"Food Allergy Tips for PTA Leaders," Co-Author" AllergyHome.org

"Food Allergy Awareness Week Morning Announcements for Elementary School"

"Food Allergy Awareness Week Morning Announcements for Middle & High Schools"

"Food Allergy Overview for Developing School Policy"

"Best Food Allergy Resources for Schools"

Content Creator & Blog Writer for FoodAllergyEdNetwork.org and FoodAllergyConsulting.com

Awards:

Named Branford Seven Person of the Week (December 2013)

Circle of Moms Top 25 Food Allergy Mom Blog (2012)

Named The Sound Person of the Week (May 2012)

Awarded Branford Early Childhood Collaborative (BECC) Children's Champion of the Month (2011)

Sallie Mae First Class Teacher Award Nominee (1995)

Recipient of Student Life Senate Award (1994)

Recipient of the Elementary Education Award (1994)

Recipient of the University-Wide Service Award (1993)

Conferences:

Food Allergy Bloggers Conference (2014)-*Presenter*

Allergy Eats Restaurant Conference (2013)

CT Childhood Conversations Conference (2013)-*Presenter*
FAAN Food Allergy Conference (2012)
FAAN Food Allergy Conference (2011)
FAAN Food Allergy Conference (2010)

SKILLS:

Leadership, Strategic Planning, Public Speaking, Development of Educational Resources,
Advocacy, Writing, Teaching, Consulting

**References furnished upon request.

June 2014

To the BOE and more specifically, the Food Allergy Management Team:

There remain many problems with this document in its entirety, but I will focus on the most problematic section: "Strategies for Reducing Risk of Exposure". The language here does not legally match what we have been told the intent of the paragraph is. We agree with the intent as stated by Mr. Fiftal but legally the document does not accomplish what the intent is, and we request that certain changes be made to the wording to align intent and language.

First paragraph: The verbiage about food "bans" is pulled from the now-outdated *2012 Connecticut Guidelines for Managing Life Threatening Food Allergies in Schools*. The existing language should be replaced by the language from the 2013 CDC publication *Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs* and their replacement language is as follows ("or ECE Program(s)" words removed):

Schools can create a safer learning environment by reducing children's exposure to potential allergens. When a child has a documented food allergy, staff should take active steps to reduce the risk of exposure in all common areas, such as classrooms and cafeterias. Some schools have considered banning or have banned specific food across the entire school or ECE program setting in an attempt to eliminate exposing a child with a food allergy to that food. But, such an option cannot guarantee a totally safe environment because there is no reasonable or fail-safe way to prevent an allergen from inadvertently entering into a building. **Even with such a ban in place, a school still has a responsibility to properly plan for children with any life-threatening food allergies, to educate all school personnel accordingly, and ensure that school staff are trained and prepared to prevent and respond to a food allergy emergency.** Schools may choose other alternatives to banning allergens including the designation of allergen-safe zones, such as an individual classroom or eating area in the cafeteria, or designation of food-free zones, such as a library, classroom, or buses. Table 1 (page 41–43) presents recommended practices for classrooms, cafeteria and food service areas, school events, transportation, physical education, and recess. The accommodations provided for a child with food allergies can be documented in the child's IHP, Section 504 plan, or IEP, if appropriate.

It is important to note that Sherman School, for many years and up until spring 2014, provided a very age-appropriate ban on peanuts and tree nuts (the allergens responsible for 90% of food allergy deaths) in the preschool and kindergarten wing. Those protections are no longer in place as they were rolled back by the BOE, are not addressed in this document and actually seem to be prohibited. This puts the most vulnerable of our children at risk.

The next two paragraphs are even more problematic. As currently written, the second paragraph states that "monitoring of foods to ensure allergens are not present in the classrooms and the prevention of (student to student) food sharing" will only take place if **"a licensed physician deems it medically necessary to do so."** According to the CDC guidelines, the role of the student's physician is to diagnose the allergy, and to provide the student with an Emergency Care Plan (in the event of allergen ingestion). **The physician's role is NOT to outline specific accommodations that are required during the student's day to ensure that they are not exposed to their allergen(s).** The school must do this in concert with the parent of the child, whether through IHCP or 504. In addition, food sharing and communal food (they are actually not the same thing, which is not addressed in this document) during the school should be implemented school-wide, not on a classroom-by-classroom basis, unless the activity is a preapproved curriculum based activity for which there is no substitute or it is the parent-attended end of the year party, which would mirror the wellness policy guidelines. The reason for this is that 25% of anaphylactic reactions occur at school in students with NO DIAGNOSED FOOD ALLERGY. The school is cognizant of the recommendation to prevent such food sharing via feedback from the vice principal, from the public and has been personally informed in writing by a national allergy expert. To proceed with food sharing as written in this document takes on a tremendous amount of liability for no discernable educational benefit.

The third paragraph actually states, in clear violation of the Americans with Disabilities Act, that unless the child has a **diagnosed tactile allergy the allergens will not be kept out of the classroom**. A true tactile allergy is exceedingly rare and controversial and one would be hard-pressed to find a physician that would diagnose this. The actual reason that the CDC recommends that the allergen(s) not be present in the classrooms of allergic children up until middle school is that young children frequently put their hands or pencils in their mouths, and if either of those touch the allergen, then touch that to their mouth or eyes, the allergen is then ingested and a reaction occurs. A child with a life threatening food allergy is legally entitled to a safe learning environment and 79% of school reactions take place in the classroom (*Pediatrics*. 2005; 116(5) 1134-1140). This language must be fixed before moving forward.

In addition, the CDC guidelines state (*p. 42*) that schools should use nonfood incentives for prizes, gifts, and awards. I acknowledge that the wellness committee has language addressing this, but it has been stated that is only a pilot so their guidelines should not be considered a substitute for addressing it in the food allergy management plan.

Jen Freed