

Lisbon School District

15 Newent Road
Lisbon, CT 06351

5141.25

Students

Students with Special Health Care Needs

Managing Life-Threatening Food Allergies in the School

The focus of a District wide 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 of all students. Food allergy is an exaggerated response by the immune system to a food that the body mistakenly identifies as being harmful. Students with life-threatening food allergies are at risk for anaphylaxis, a severe reaction that can lead to death in a matter of minutes requiring immediate emergency medical treatment. At present time, there is no cure for food allergy and avoidance is the only way to prevent an allergic reaction. It is recognized however that the school district can not guarantee the elimination of allergens from the school environment. In order to provide a safe learning environment for students with life-threatening food allergies, the Lisbon Central School Board of Education establishes the following administrative regulations:

Identification of Students with Life-Threatening Food Allergies

1. The school nurse shall develop and implement strategies for the early identification of students with life-threatening food allergies. Parents are encouraged to notify the school and provide as much medical documentation as possible regarding the nature and severity of the allergy, and recommended treatment. (see Procedure for Identifying Students with Life-Threatening Food Allergies).
2. A student identified as having a life-threatening food allergy is entitled to an IHCP and an ECP, regardless of his/her status as a child with a disability, as defined under Section 504.
3. When making eligibility determinations under Section 504 and /or the IDEA, the school must consider the student's needs on an individual, case-by-case basis.

Process for Annual Development of Individualized Health Care Plan

This process will include methods for developing individualized health care plans (IHCP) and emergency care plans (ECP). Every student with an identified life-threatening food allergy shall have an IHCP and an ECP developed to meet his or her individual health care needs. Medications are to be kept in easily accessible secure location central to designated school personnel. Students should be allowed to carry their own epinephrine, if age appropriate and after written approval from the student's physician, parent and school nurse as per state and local regulations.

Individual Health Care Plans

1. Identification of a core team to establish each individual 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(s) and the student (if appropriate). Other possible team members include the school medical advisor, school-based

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health clinics, student's health care provider, special teachers, school psychologist, and other school staff such as the food service manager.

2. The core team will develop an IHCP to meet the individual health-care and learning needs of students with life-threatening food allergies based upon developmentally and age-appropriate considerations.
3. The IHCP will address functional health issues (nursing diagnoses), student objectives (expected outcomes) for promoting self-care and age-appropriate independence, and responsibilities of parents, school nurse, teacher, student, and administration, as appropriate.
4. IHCPs shall address student needs both during the normal school day and situations outside of the normal school routine. This information shall be distributed to all school staff that have responsibility for the student with life-threatening food allergies. Considerations to be included in the IHCP 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, birthdays, and other celebrations; alternatives to food rewards and incentives; hand-washing; location(s) of emergency medications; 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 art and physical education; 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); school transportation; transitions to after-school programs; athletic and extra-curricular activities; individualized adaptations of district parental notification letter (if necessary); PTO sponsored events; and transitions to new grades.
5. In the development of the IHCP the school nurse needs to consider access to medication during fire drills, lockdowns, field trips, etc. The classroom teacher and/or aide must be sure communication systems within the school (i.e. walkie-talkie) and during off-site activities (i.e. cell phones or radios on school transportation and field trips) are available.
6. Review of the IHCP shall occur at least annually with the core team, more frequently if there are changes in the student's ECP, 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 epinephrine to determine the effectiveness of the process, why the incident occurred, what worked and did not work and person(s) involved.

Emergency Care Plans

1. ECP provides specific directions about what to do in a medical emergency, such as an accidental exposure to the allergen. The ECP is often part of the IHCP.
2. The ECP includes the child's name and other identifying information such as date of birth, grade, and photo; the child's specific allergy; signs and symptoms of exposure to the allergen; medication to be administered in the event of exposure; the location and storage of medications; who will administer

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the medication; follow-up plan (i.e. calling 911); and emergency contacts for parents/family and medical provider.

3. In order to develop the ECP, the school nurse shall obtain current health information from the family and the student's health care provider(s), including student's emergency plan and all medication orders, as well as written consent to allow the school nurse, or other appropriate school staff to communicate directly with the child's physician. It is the responsibility of the parent/guardian to provide, to the nurse, consent to speak directly to the physician, written medical documentation, instructions, and medications as directed by the physician. The school nurse shall also consult with the health care provider as indicated to clarify emergency medical protocol and medication orders.
4. The school nurse shall review all instances of medication administration with the Food Allergy Team.

Provisions for Initial and Ongoing Education for School Community

1. The district shall provide appropriate education and training for school personnel regarding the management of students with life-threatening food allergies. Such training shall include training in the administration of medication with cartridge injectors (i.e. epi-pens) and/or preventative strategies to minimize a child's risk of exposure to life-threatening allergens. School personnel will also be educated on how to recognize symptoms of allergic reactions, and what to do in the event of an emergency. Staff training and education will be coordinated by the school nurse. Any such training regarding the administration of medication shall be done annually and in accordance with state law and Board policy.
2. The district shall also provide age-appropriate information to students (and parents) 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.

School Responsibilities

The District and its school personnel shall not be responsible for determining food allergens and/or those foods or ingredients in foods that are safe to consume for a student with an identified food allergy. For all life-threatening food allergens relative to identified students in the school, the Board of Education will make every attempt to:

1. Designate allergen-free zones as determined by the Food Allergy Team, to decrease exposure to allergens, such as the student's desk in the classroom, and allergy free table(s) in the lunchroom or cafeteria. This may also include designating certain classrooms as "allergen free", specific to the allergy present within that classroom. There shall be clear signage to indicate these areas.
2. Provide signage throughout the school to promote awareness of life threatening allergies.
3. Establish effective sanitation and cleaning measures, such as cleaning of lunch table and classroom surfaces with disposable paper towel/cleaning cloths and cleaning products known to effectively remove allergens.

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4. Promote hand-washing practices prior to and following eating to prevent cross-contact using recommended soap and water or hand wipes when soap and water are not available. Hand sanitizers are not effective for removing food allergens.
5. Develop common practices for alerting and assigning substitute staff for nurse and teachers.
6. Plan for celebrations (birthdays, holidays, school parties, school events) which may include alternatives to food and provisions for allergy-free foods.
7. Encourage safe practices among students, such as discouraging meal/snack swapping, utensil swapping at school, and discourage eating on school transportation.
8. Provide supervision in the cafeteria and playground by trained and knowledgeable staff in recognition of symptoms of anaphylaxis and emergency plans.
9. Plan for all school-sponsored activities to include students with life-threatening allergies. This will include awareness of the dangers of allergic reactions, and the steps involved to minimize the exposure to allergens within the school setting.
10. A letter to Staff/Parents will be distributed at least once yearly regarding all food allergies and procedures.
11. Prior to the start of the school year, the school health office will have an adequate supply of epinephrine for unidentified as well as identified allergic reactions. The school medical advisor authorizes yearly standing orders for epinephrine administration,

Parent/Guardian Responsibilities

1. Parents are expected to inform the school nurse of their child's allergies prior to the opening of school or as soon as a diagnosis is made by a physician.
2. Parents are expected to provide consent, as needed to allow the school to consult directly with the physician regarding the nature and extent of the allergy, treatment and recommended protocols for the individual student.–This document shall be signed by the physician and parent.
3. Parents are expected to provide a recent photograph of the student to help provide easier recognition of the student by staff.
4. Parents are expected to review the list of student responsibilities with their child and be sure he/she understands their role.
5. Parents are expected to be responsible for determining food allergens and/or those foods or ingredients in foods that are safe to consume for a student with an identified food allergy.
6. At risk students are recommended to have some means of identification such as a medic alert bracelet.
7. Parents are expected to provide the school nurse with at least two up-to-date epinephrine auto-injectors.
8. Parents are encouraged to provide, for their child, non-allergy snacks for daily classroom and special classroom events (i.e birthday parties) and lunches for field trips.

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Student Responsibilities

The role that students with life-threatening food allergies play in staying safe at school will increase as they become older. Younger children cannot be expected to assume the same responsibility for their safety as older children can.

1. Students will be taught to recognize symptoms of an allergic reaction and how to inform someone as soon as accidental ingestion or symptoms appear.
2. Students will be expected to follow safety measures established by their parents/guardians and the district.
3. Students will be expected not to eat any food item that has not come from home or been approved by their parent or guardian.
4. Students shall not share food or utensils.
5. Students are expected to wash hands with soap and water before and after eating to prevent cross contamination. Hand wipes may be used when soap and water is unavailable. Hand sanitizers are not effective for removing allergens.
6. Students will be expected to report any instances of teasing or bullying to an adult immediately.
7. Students with life-threatening food allergies will be encouraged to use the “buddy system” whenever possible.

Food Safety Considerations

1. Guidelines established by the USDA Child Nutrition Division in charge of school lunches requires school staff to provide substitute meals to allergic students if the physician of the student sends in written instructions certifying the student’s allergy, what foods are to be avoided, and safe substitutions. Parents of children with allergies will be encouraged to provide their children with allergen-free snacks and lunches and/or consult with food service workers for safe school lunch choices.
2. Trained food service workers will be updated with known allergies. Annual training of staff will include label reading, identifying allergens, personal hygiene, and cleaning to limit cross-contamination. Provide an allergen-free table (relative to identified allergens among the school staff and students) in the cafeteria.
3. Upon request, parents may review menus and ingredients used in school lunches in order to select safe foods for their child.
4. The food service staff shall not be responsible for determining food allergens and/or those foods or ingredients in foods that are safe to consume for a student with an identified food allergy. This determination will be made by the student(s) parent or the student if age appropriate.

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Monitoring the District's Plan and Procedures

The district should conduct periodic assessments of its Food Allergy Management Plan and Procedures. Such assessments should be done by the Food Allergy Team and administration in conjunction with the Board of Education and 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
- PA 05-104 An Act Concerning Food Allergies and the Prevention of Life Threatening Incidents at School
- CGS 10-212a Administration of Medication in Schools
- Section (d) of CGS 10-212a Administration of Medications in Schools by a paraprofessional
- The Regulations of Connecticut State Agencies Section 10-212a-1 through 10-212a-7
- CGS 10-220i Transportation of Students carrying cartridge injectors
- CGS 52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid, or medication by injection.
- CGS 10-15b Access of parents or guardians to student's record
- CGS 10-154c Professional communication between teachers or nurse and student
- PA 05-144 and 05-272 An Act Concerning the Emergency Use of Cartridge Injectors
- Federal Legislation
- Section 504 of the Rehabilitation Act of 1973
- The Americans with Disabilities Act (ADA) of 1990
- The Individuals with Disabilities Education Act of 1976 (IDEA)
- The Family Education Rights and Privacy Act of 1974 (FERPA)
- Occupational Safety and Health Administration (OSHA)

Adopted: 01/26/04 – Lisbon Board of Education

Revised: 04/25/05

08/21/06

11/17/08