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 and 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 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.
	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 PA 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

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Legal Reference:	Connecticut General Statutes (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 <u>et seq</u> .)
	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 <u>et seq</u> .); 34 C.F.R. § 300 <u>et seq</u> .
	FCS Instruction783-2, Revision 2, Meal substitution for medical or other special dietary reasons.
	Land v. Baptist Medical Center, 164F3d423 (8th Cir. 1999)

Policy adopted: Policy revised:

Emergency Situation With No Nurse in School

If a school nurse or School Medical Advisor is not readily available and the rendering of emergency first aid is necessary, other public school personnel who have completed a course in first aid offered by the American Red Cross, the American Heart Association, or the Connecticut Department of Health Services may render such emergency first aid to a child. In accordance with state law, any person providing such aid is not liable for civil damages for any personal injuries which result from acts or omissions by such person rendering the emergency first aid. The immunity does not apply to acts or omissions constituting gross, willful or wanton negligence which constitute ordinary negligence.