

South Windsor Public Schools
FOOD ALLERGY MANAGEMENT PLAN AND GUIDELINES

The South Windsor Public Schools recognize that food allergies may be life threatening. For this reason, the district is committed to developing strategies and practices to minimize the risk of accidental exposure to life threatening food allergens and to ensure prompt and effective medical response should a child suffer an allergic reaction while at school. The district further recognizes the importance of collaborating with parents and appropriate medical staff in developing such practices and encourages strategies to enable the student to become increasingly proactive in the care and management of his/her food allergy, as developmentally appropriate. To this end, the South Windsor Public Schools adopt the following guidelines related to the management of life threatening food allergies for students enrolled in district schools.

I. Identifying Students with Life-Threatening Allergies

Early identification of students with life-threatening allergies is important. The district therefore encourages parents/guardians of children with a life-threatening food allergy to notify the school of the allergy, providing as much information about the extent and nature of the allergy as is known, as well as any known effective treatment for the allergy.

II. Individualized Health Care Plans and Emergency Care Plans

1. If the district determines that a child has a life-threatening food allergy, the district shall develop an individualized health care plan (IHCP) for the child. Each IHCP should contain information relevant to the child's participation in school activities, and should attempt to strike a balance between individual, school and community needs, while fostering normal development of the child.
2. The IHCP should be developed by a group of individuals, which shall include the parents, and appropriate school personnel. Such personnel may include, but are not limited to, the school nurse, school or food service administrator(s); classroom teacher(s); and the student, if appropriate. The school may also consult with the school's medical advisor, as needed.
3. IHCPs are developed for students with special health needs or whose health needs require daily interventions. The IHCP describes how to meet the child's health and safety needs within the school environment and should address the student's needs across school settings. Information to be contained in an IHCP should include a description of the functional health issues (diagnoses); student objectives for promoting self care and age appropriate independence; and the responsibilities of parents, school nurse and other school personnel. The IHCP may also include strategies to minimize the student's risk for exposure, such as considerations regarding:
 - a. classroom environment, including allergy free considerations;
 - b. cafeteria safety;
 - c. participation in school nutrition programs;
 - d. snacks, birthdays and other celebrations;
 - e. alternatives to food rewards or incentives;
 - f. hand-washing;

- g. location of emergency medication;
 - h. risk management during lunch and recess times;
 - i. special events;
 - j. field trips;
 - k. extracurricular activities;
 - l. school transportation;
 - m. staff notification; and
 - n. transitions to new classrooms, grades and/or buildings.
4. The IHCP should be reviewed annually, or whenever there is a change in the student's emergency care plan, changes in self-monitoring and self-care abilities of the student, or following an emergency event requiring the administration of medication or the implementation of other emergency protocols.
 5. In addition to the IHCP, the district shall also develop an Emergency Care Plan (ECP) for each child identified as having a life threatening food allergy. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. The ECP should include the following information:
 - a. The child's name and other identifying information, such as date of birth, grade and photo;
 - b. The child's specific allergy;
 - c. The child's signs and symptoms of an allergic reaction;
 - d. The medication, if any, or other treatment to be administered in the event of exposure;
 - e. The location and storage of the medication;
 - f. Who will administer the medication (including self-administration options, as appropriate);
 - g. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
 - h. Recommendations for what to do if the child continues to experience symptoms after the administration of medication; and
 - i. Emergency contact information for the parents/family and medical provider.
 6. In developing the ECP, the school nurse should obtain current health information from the parents/family and the student's health care provider, including the student's emergency plan and all medication orders. If needed, the school nurse or other appropriate school personnel, should obtain consent to consult directly with the child's health care providers to clarify medical needs, emergency medical protocol and medication orders.
 7. 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 that term is understood under 504, or the IDEA.
 8. The district shall ensure that the information contained in the IHCP and ECP is distributed to any school personnel responsible for implementing any provisions of the IHCP and/or ECP.

9. Whenever appropriate, a student with a life-threatening food allergy should be referred to a Section 504 Team for consideration if/when there is reason to believe that the student has a disability that substantially limits a major life activity, as defined by Section 504. Whenever appropriate, students with life-threatening food allergies should be referred to a PPT for consideration of eligibility for special education and related services if there is reason to suspect that the student has a qualifying disability and requires specialized instruction.
10. When making eligibility determinations under Section 504 and/or the IDEA, schools must consider the student's needs on an individualized, case-by-case basis.

III. Training/Education

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, as appropriate for each school (and depending on the specific needs of the individual students at the school) 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 Susan Nadeau, Nurse Coordinator. Any such training regarding the administration of medication shall be done in accordance with state law and Board policy.
2. Each school within the district shall also provide age-appropriate information to students about food allergies, how to recognize symptoms of an allergic reaction and the importance of adhering to the school's policies regarding food and snacks.

IV. Prevention

Each school within the district will develop appropriate practices to minimize the risk of exposure to life threatening allergens. Practices which may be considered may include, but are not limited to:

1. Encouraging hand washing;
2. Discouraging students from swapping food at lunch or other snack/meal times;
3. Encouraging the use of non-food items as incentives, rewards or in connection with celebrations.

V. Communications

1. As described above, the school nurse shall be responsible for coordinating the communication between parents, a student's individual health care provider and the school regarding a student's life threatening allergic condition. School staff responsible for implementing a student's IHCP will be notified of their responsibilities and provided with appropriate information as to how to minimize risk of exposure and how to respond in the event of an emergency.
2. Each school will ensure that there are appropriate communication systems available within each school (i.e., telephones, cell phones, walkie-talkies) and for off-site activities (i.e., field trips) to ensure that school personnel are able to effectively respond in case of emergency.
3. The district shall develop standard letters to be sent home to parents, whenever appropriate, to alert them to food restrictions within their child's classroom or school.
4. All district staff are expected to follow district policy and/or federal and state law regarding the confidentiality of student information, including medical information about the student.

VI. Monitoring the District's Plan and Procedures

The district should conduct periodic assessments of its Food Allergy Management Plan and Procedures. Such assessments should 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.

Contact your School Nurse with any questions.

Legal References:

State Law/Regulations/Guidance

Conn. Gen. Stat. § 10-212a Administration of Medications in Schools
Conn. Gen. Stat. § 10-220i Transportation of students carrying cartridge injectors

Conn. Gen. Stat. § 19a-900 Use of cartridge injectors by staff members of before or after school program, day camp or day care facility.

Conn. Gen. Stat. § 52-577b “Good Samaritan law.” Immunity from liability for emergency, medical assistance, first aid or medication by injector. School personnel not required to administer or render.

Regs. Conn. State Agencies § 10-212a-1 through 10-212a-7 Administration of Medication by School Personnel

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

Federal Law:

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794
Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.
The Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12101 et seq.