

## **Students**

### **Students with Special Health Care Needs**

East Lyme Public Schools is committed to providing a safe and nurturing environment for students. East Lyme Public Schools understands the increasing prevalence of life threatening allergies among school populations.

Although schools cannot guarantee an allergy free environment, we recognize that the risk of accidental exposure to allergens can be reduced in the school setting. The district is committed to working with parents, students, and physicians to minimize risks and provide a safe educational environment for all students. The focus on allergy management shall be on prevention, education, awareness communication and emergency response.

The goal of East Lyme Public Schools Food Allergy Management Plan is to maintain the health and safety of students with life threatening allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care, and provide educational opportunities.

### **Food Allergy Management Plan Guidelines Including the Management of Glycogen Storage Disease**

#### **School Nurse's Responsibility in Management and Emergency Planning**

1. The child with a severe food allergy may be identified in a variety of ways. It may be noted at Kindergarten registration, on the HAR form, or by notification from the parent. The nurse will make every effort to carefully review the medical records of all new students entering their school or the district. Nurses with students with severe allergies moving to a new school within the district shall notify the new school nurse of the child and of the presence of an IHCP and/or EHCP.
2. The nurse should meet with the parent to obtain a medical history. This should include a list of foods the child is allergic to and how he/she reacts after ingesting these foods. It should be ascertained whether the child can be near the offending food. Included in this history should be an account of past reactions and how they were managed.
3. An Individualized Health Care Plan and Emergency Plan should be established for all children with a known severe food allergy. The plan should be individualized to meet the specific needs of the student with input from the family, classroom teacher, school nurse and specialty teachers. The plan should include the following information;
  - Name, identifying information, photo
  - Specific allergy
  - Signs and symptoms of an accidental exposure

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#### School Nurse's Responsibility in Management and Emergency Planning (continued)

- Medication to be administered in the event of an exposure
  - Location and storage of epi-pen auto injector
  - Who will administer (including self administration options)
  - Follow up plan (calling 911)
  - Emergency contacts
  - Risk management during lunch and recess
4. The child's parents will be asked for permission to share important food allergy information with school staff. A picture of the child should be submitted by the parents and attached to the emergency health plan. The Emergency Health Plan will be distributed to all staff with daily interaction with the child including the classroom teacher, special area teachers, and lunchroom personnel. Consideration of extra-curricular activities and field trips should be part of the plan. Review will occur at least annually with the school team, including the parents and guardians, and the student if appropriate. A review should occur more frequently if there are changes in the student's self monitoring and self care abilities.
  5. Before the start of school, the parent will be asked to have the child's doctor provide the school with written information regarding the child's allergies and what restrictions will be provided. Medication administration forms will need to be completed by the physician and signed by the parent. The medication must be properly labeled and delivered to the school by the parent.
  6. School nurses shall be responsible for the storage of emergency medication in the health office. In the health office the epi-pen should be easily accessible to school staff during the school day. The safety of the student and the safety of other students shall be taken into account when deciding the location of emergency medication. In addition to an accessible location in the health office, the emergency medication may be kept on the child in the event that self administration is authorized; or in the hands of a teacher. As part of the IHCP it may be decided that the epi-pen accompanies the child to recess or other activities.
  7. Additional personnel including but not limited to the school principal, classroom teacher, occupational therapist, physical therapist or paraprofessional directly in contact with the student may be trained by the school nurse in signs and symptoms of an allergic reaction and the use of the epi pen. If a paraprofessional is delegated the task, it must be for the purpose of administration to a select student. In addition, the school nurse shall provide annual instruction in recognition, prevention and treatment of food allergies for school personnel as required as part of a written plan. This training must also include the medication, the desired effects, when and how to administer the medication, the potential side effects and the emergency response

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#### **School Nurse's Responsibility in Management and Emergency Planning (continued)**

plan. Teachers of elementary food allergic children shall receive student-specific instruction. Qualified personnel must be epi-pen trained even if a student will be self-administering their epi-pen. All training must be documented on the medication training log and done at least yearly. The school nurse maintains responsibility for supervision of the delegated task.

8. In the event that the student's own epi- pen is not available, stock epinephrine will be available immediately at each school to be administered according to the emergency medication protocol prescribed by the School Medical Advisor. Emergency medications shall be kept readily accessible in a secure location. A standing order from the District's Medical Advisor is in place for the administration of epinephrine to a student with no prior history of food allergies, who presents with signs and symptoms of anaphylaxis.
9. The nurse is responsible to assure that substitute school nurses are fully oriented to students with life threatening food allergies and their care plans. Substitute nurse plans should be kept updated and in the appropriate place in the medication book.
10. In the event that an allergic child takes the school bus, the school nurse must make school bus drivers aware of specific children with life threatening allergies.

#### **Parents/Guardians Responsibility in Management and Emergency Planning**

1. To notify the school of the child's allergy by providing as much information about the extent and nature of the food allergy as is known. Such information is to be updated at least annually.
2. To work with the school nurse and school team to develop a plan that accommodates the child's needs throughout the school including the classroom, cafeteria, after-school activities, and the school bus.
3. To provide written medical documentation, instructions and medication as directed by a physician. This may include proper authorizations for medications and emergency response protocols.
4. To provide written permission for the nurse to communicate with the health care provider.

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#### **Parents/Guardians Responsibility in Management and Emergency Planning (continued)**

5. To provide written permission for the nurse to communicate with the health care provider.
6. To replace medication after use or upon expiration.
7. To provide to the school all available phone numbers to reach you, home, cell phone, work, and preferably two emergency contact names and phone numbers in the event a parent/guardian cannot be reached.
8. To accompany the child on field trips if possible and requested.
9. To educate the child in the self management of their food allergy including safe and unsafe foods, strategies for avoiding exposure to unsafe foods; symptoms of allergic reactions; how and when to tell adults they may have an allergy related problem: how to read food labels (age – appropriate). Education efforts should promote self advocacy and competence in self care.

#### **School's Responsibility in Management and Emergency Planning**

1. To be knowledgeable about and follow applicable state and federal laws including ADA, IDEA, Section 504, and FERPA as well as district policies that apply.
2. To include food allergic students in school activities.
3. To designate school personnel who are properly trained to administer medications in accordance with laws governing the administration of emergency medication. If there is no nurse available, have a plan in place where there are additional staff that are trained in the recognition of early symptoms of anaphylaxis and in medication administration.
4. To determine methods of effective communication between essential personnel in the event of a medical emergency. This may include walkie talkies, intercom systems or other methods to decrease the response time of the school nurse or emergency response team in the event of an emergency. Communication systems should also be established during off-site activities such as field trips.

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### Students with Special Health Care Needs

#### School Responsibility in Management and Emergency Planning (continued)

5. To discuss field trips with the family to decide appropriate strategies for managing the food allergy. The classroom teacher should give the child's parents sufficient notice and invite a parent/guardian trained in epi-pen administration to accompany the child on the field trip. If this is not possible the teacher will keep the student with him/her and review foods to be avoided and precautions to be taken. Notify the parent/legal guardian prior to the trip if any food will be served to that student and confirm the safety of any food served to that student. Consider having students bring their own snacks and lunches on the trip.
6. Classroom celebrations are at the discretion of the building principal. No outside food, other than a student's own personal snack is permitted. Children with life threatening food allergies shall only eat food provided by his/her parent/guardian or deemed safe by his/her parent/guardian. No foods should be offered to students with life-threatening food allergies without the approval of the parent. School personnel will not attempt to determine whether foods brought in to school are safe for an allergic child to consume.
7. To provide opportunities for professional development for nurses to update clinical knowledge and skills related to severe food allergy in school settings.

#### Student Responsibility in Management and Emergency Planning

1. To be proactive in the care and management of their food allergies and reactions based on their developmental level by learning to recognize symptoms of an allergic reaction.
2. To not trade or share food with others.
3. To not eat anything with unknown ingredients or known to contain any allergen.
4. To notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
5. The child may be allowed to carry his own epi-pen on his person at all times. He/she must agree to keep the emergency medications on their person or immediately under their control and supervision at all times. In addition, students must be responsible for keeping control of their medications so that other students cannot have access to them and inadvertently harm themselves.

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### Students with Special Health Care Needs

#### Classroom Teacher Guidelines and Responsibilities

1. Classroom teachers should participate in the development of the student's IHCP and ECP
2. Student's who are suspected of having an allergic reaction should never be allowed to walk to the school nurse alone
3. Classroom teachers should leave information for substitute teachers in an organized, prominent and accessible format. This information shall also be communicated to classroom volunteers, student teachers, tutors and para professionals.
4. Classroom teachers should consider coordinating with the school nurse on a lesson plan about food allergies and anaphylaxis in age appropriate terms for the class.
5. To be aware of how the student with food allergies is being treated; use this opportunity to teach community caring; and enforce school rules/policies about bullying.
6. Parents of other children in the classroom should receive written information that there is a child in the classroom with an allergy. A list of foods to be avoided should be distributed to the parents.
7. Food used for class projects should be limited. No known food allergens or candy shall be used for classroom projects/activities, e.g. arts and crafts supplies, counting, science projects. The teacher will be responsible for obtaining parent approval from food allergic students for food used for class projects. (See Appendix B for Food Allergy Permission Form). Alternatives to food should be considered.
8. Appropriate hand washing procedures shall be implemented for students and staff in contact with an allergic child, especially after eating snack, lunch, or other meals. The use of hand sanitizer is not effective in removing the residue of food allergens.
9. If age appropriate anaphylaxis should be discussed with the class.
10. To encourage students not to share foods or utensils
11. Food and/or candy shall not be used as a reward, incentive, or for classroom celebrations. Consider using stickers, colored pencils or other non – food items to reward good work. See Appendix A for recommendations and resources for non-food celebrations. This is also part of the school Wellness Policy.

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#### **Classroom Teacher Guidelines and Responsibilities (continued)**

12. To collaborate with the nurse prior to planning a field trip to plan ahead for risk avoidance at the destination and during transportation to and from the destination. Ensure that the child with a food allergy is assigned to staff who are trained in early recognition of anaphylaxis and use of an epi-pen and that the auto injector is with the student or with the trained adult.

#### **Lunch Room Guidelines**

1. Parents may be given advance copies of the cafeteria's lunch menu in the event that the child wishes to purchase lunch. Parents may be provided, upon request, food labels so they can identify and approve which foods their child may select.
2. An "allergen free" table can be designated in the cafeteria for the child and for friends who wish to eat at the table as long as their food contains no known allergens. If possible, that table should be used exclusively as an allergen free table throughout the day.
3. The table should be cleansed with a wash cloth that is used exclusively for that table or with disposable paper towels and cleaning products known to effectively remove food proteins.
4. If a licensed physician determines that a food allergy is severe enough to result in a life threatening reaction, the food service program must make the substitutions prescribed by the physician.
5. Review and follow food handling guidelines to avoid cross contamination with potential food allergens.

#### **School Bus Company Guidelines**

1. School Bus Drivers will be provided with information regarding life threatening allergies and how to recognize a child in distress from an allergen.
2. In the event of an emergency, drivers will immediately pull over and radio in to the dispatcher who will call 911 as per their company policy.

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#### School Bus Company Guidelines (continued)

3. No food or beverages are to be consumed on school buses
4. Plan ahead for informing substitute bus drivers of students with life-threatening food allergies.

## State Legislation

**PA 05-104 An Act Concerning Food Allergies and the Prevention of Life Threatening Incidents in School.** This public act requires the State Department of Education to develop guidelines for the management of students with life-threatening food allergies and have these guidelines available by January 1, 2006. In addition, not later than July 1, 2006, each local and regional board of education shall implement a plan based on these guidelines for the management of students with life-threatening food allergies enrolled in the schools under its jurisdiction which includes the development of an individualized health care plan for every student with life-threatening food allergies.

**CGS 10-212a Administration of Medications in Schools.** This statute pertains to the administration of medications in the school setting. This statute addresses who may prescribe medications and who may administer medications in the school setting.

**Section (d) of CGS 10-212a Administration of Medications in Schools by a paraprofessional.** This section of the statute provides for a paraprofessional to administer medication to a specific student with a life-threatening food allergy if there is written permission from the parent; written medication order by a legally qualified prescriber; and that the school nurse and school medical advisor have approved the plan and provide general supervision to the paraprofessional.

**The Regulations of Connecticut State Agencies Section 10-212a-1 through 10-212a-7.** These regulations provide the procedural aspects of medication administration in the school setting. The regulations include definitions within the regulations; the components of a district policy on medication administration; the training of school personnel; self-administration of medications; handling, storage and disposal of medications; and supervision of medication administration.

**CGS 10-220i – Transportation of Students carrying cartridge injectors.** This statute states that students with life-threatening allergies cannot be denied access to school transportation solely due to the need to carry a cartridge injector while traveling on a vehicle used for school transportation.



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#### State Legislation (continued)

**CGS 52-557b – Good Samaritan Law. Immunity for emergency medical assistance, first aid or medication by injection.** This statute provides immunity from civil damages to individuals who have been properly trained and who provide emergency assistance, voluntarily and gratuitously and other than in the course of their employment or practice to another person in need of assistance.

**PA 05-144 and 05-272 – An Act Concerning the Emergency Use of Cartridge Injectors.**

This public act amends the Good Samaritan Law and extends immunity to certain trained individuals, including before-and after-school program staff. This statute specifies the conditions in which this may occur. Additionally, it specifies that these before-and after-school programs are those administered by a local board of education or other municipal agency.

**Section 504 of the Rehabilitation Act of 1973** prohibits all programs and activities receiving federal financial assistance, including public schools, from discriminating against students with disabilities, as defined in the law. A student with a disability under Section 504 is defined as one who has a physical or mental health impairment (in this case, life-threatening food allergy) that “substantially limits a major life activity,” such as walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.). “Substantially limited” is not defined in the law or Section 504 regulations. It is the responsibility of the Section 504 team to determine eligibility criteria and placement as outlined in the regulations. In order to determine a child’s qualification, an individualized assessment of the child is required. If qualified, the child is entitled to receive a free, appropriate public education, including related services. These services should occur within the child’s usual school setting with as little disruption as possible to the school’s and the child’s routines, in a way that ensures that the child with a disability is educated to the maximum extent possible with his non-disabled peers.

**The American with Disabilities Act (ADA) of 1990** also prohibits discrimination against any individual with a disability, and extends the Section 504 requirements into the private sector. The ADA contains a definition of “individual with a disability” that is almost identical to the Section 504 definition. The ADA also provides a definition of substantially limits (42 U.S.C. § 12101 et seq.; 29 C.F.R. § 1630 et seq.).

**The Individuals with Disabilities Education Act of 1976 (IDEA)** provides financial assistance to state and local agencies for educating students with disabilities that significantly interfere with learning. Children are eligible if they fit into one or more of the 13 categories of disability defined in the law and if, because of the disability, they require specialized instruction (20 U.S.C. § 1400 et seq.; 34 C.F.R. § 300 et seq.).

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### Students with Special Health Care Needs State Legislation (continued)

**An Act concerning the use of asthmatic inhalers and epinephrine auto injectors while at school (public act 09-155)** Requires the state department of education to adopt regulations to permit children diagnosed with either asthma or an allergic reaction to retain possession of asthmatic inhalers and automatic prefilled cartridges at all times

**The Family Education Rights and Privacy Act of 1974 (FERPA)** protects the privacy of students and their parents by restricting access to school records in which individual student information is kept. This act sets the standard for the confidentiality of student information. FERPA also sets the standards for notification of parents and eligible students of their rights with regard to access to records, and stipulates what may or may not be released outside the school without specific parental consent. Within schools, FERPA requires that information be shared among school personnel only when there is a legitimate educational interest.

**Occupational Safety and Health Administration (OSHA)**, a regulatory agency within the U.S. Department of Labor, requires schools in Connecticut to meet safety standards set forth by this agency. These standards include the need for procedures to address possible exposure to bloodborne pathogens. Under OSHA regulations, schools are required to maintain a clean and healthy school environment. Schools must adhere to *Universal Precautions* designed to reduce the risk of transmission of blood-borne pathogens, which include the use of barriers such as surgical gloves and other protective measures, such as needle disposal, when dealing with blood and other body fluids or tissues.

**Connecticut General Statutes 10-212e** - Immunity from actions relating to the provision of food or dietary supplements on school grounds by a parent, guardian or designee to a student with glycogen storage disease. No claim for damages shall be made against a town, local or regional board of education or school employee, as defined in section 10-222d, for any injury or damage resulting from the provision of food or dietary supplements by a parent or guardian, or a person designated by such parent or guardian on school grounds to a student with glycogen storage disease on school grounds under an individualized health care and glycogen storage disease action plan, pursuant to section 10-212c.

### Additional Reference

**Connecticut State Department of Education, *Guidelines for Managing Life-Threatening Food Allergies in Schools, (Includes Guidelines for Managing Glycogen Storage Disease)*, 2012**

Regulation adopted ???

East Lyme Public Schools  
East Lyme, Connecticut