

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

The focus of a Districtwide 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 needs of all students. The District Food Allergy Management Plan shall be the basis for the development of the procedural guidelines that will be implemented at the school level and provide for consistency across all schools within the district.

The goals for the Districtwide Plan include:

1. To maintain the health and protect the safety of children who have life-threatening food allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
2. To ensure that interventions and individual health care plans for students with life-threatening food allergies are based on medically accurate information and evidence-based practices.
3. To define a formal process for identifying, managing, and ensuring continuity of care for students with life-threatening food allergies across all transitions. (Pre-K-Grade 12)

It is the policy of the Board of Education to follow the guidelines developed and promulgated by the Connecticut Department of Public Health and Department of Education for students within the District with life-threatening food allergies. Such guidelines include (1) education and training for school personnel on the management of students with life-threatening food allergies, including training related to the administration of medication with a cartridge injector, (2) procedures for responding to life threatening allergic reactions to food, (3) a process for the development of individualized health care and food allergy action plans for every student with a life-threatening food allergy, and (4) protocols to prevent exposure to food allergens.

It is the Board's expectation that specific building-based guidelines/actions will take into account the health needs and well-being of all children without discrimination or isolation of any child. It is the Board's belief that education and open and informative communication are vital for the creation of an environment with reduced risks for all students and their families. In order to assist children with life-threatening allergies to assume more individual responsibility for maintaining their safety as they grow, it is the policy of the Board that guidelines shift as children advance through the primary grades and through secondary school.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management) (continued)

(cf. 5141 - Student Health Services)
(cf. 5141.21 - Administering Medication)
(cf. 5141.23 - 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
10-220i 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
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 et seq.)
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 et seq.); 34 C.F.R. § 300 et seq.
FCS Instruction 783-2, Revision 2, Meal substitution for medical or other special dietary reasons.

Policy adopted: December 10, 2006

THOMASTON PUBLIC SCHOOLS
Thomaston, Connecticut

Thomaston School District Food Allergy Protocol

The Thomaston School District strives to provide a safe learning environment for all students. As such, the following food allergy guidelines have been devised.

Students with food allergies have a potentially life-threatening medical condition. For these children accidental exposure could result in a serious allergic reaction, which could prove to be fatal. Eight foods (peanut, tree nut, milk, egg, soy, wheat, fish and shellfish) account for 90% of total food allergies, although any food has the potential to cause an allergic reaction. Those affected may be allergic to more than one food. For some, reactions can occur simply by touching or inhaling an allergen; others will react after ingesting the allergen.

The school and families of allergic children acknowledge that despite our best efforts, we cannot guarantee an absolutely allergen-free environment. The goal of these guidelines is to create food allergy awareness that will serve to reduce the risks to students with life threatening allergies. We encourage families of students with any life-threatening food allergies to work with staff to develop an individualized safety protocol to meet their child's needs.

1. It is the responsibility of parents to notify the school of students with medically documented food allergies prior to school entry.
2. In collaboration with parents, school nurse and health care provider(s), an individualized health care plan will be developed to ensure the child's safety and continuity of care. This plan, in turn, will be shared with all those individuals directly involved in the child's school day and extracurricular school sponsored activities.
3. Food allergy training will be provided for staff that interacts directly with students diagnosed with food allergies so that they understand food allergy basics, can recognize the signs and symptoms of an allergic reaction, and are prepared to take emergency action in the event of an accidental exposure.
4. It is the family's responsibility to educate the student in the self-management of their food allergy to include: safe and unsafe foods, strategies for avoiding exposure to unsafe foods, symptoms of allergic reactions, and how and when to tell an adult that they may be having a reaction. It is the school nurses' responsibility to reinforce the family's teaching and strengthen the student's understanding in the self-management of his/her allergy.
5. The use of food allergens as educational tools, in arts and crafts projects, or as incentives is prohibited. It is the teachers' responsibility to check product labels prior to introducing them into the classroom. If ingredients are unknown, use of such products will be avoided.

6. Emergency medications will be stored in a secure location that is easily accessible. All those who may administer medications in accordance with State laws shall have access to these medications. In the absence of the school nurse, a teacher, principal, OT or PT who has been properly trained may administer an epinephrine auto-injector to a specific student diagnosed with life threatening allergies. A paraprofessional who is approved by the school nurse may administer the epinephrine auto-injector to a specific student with life threatening food allergies. (CGS, Section 10-212a and Sections 10-212a-1 through 10-212-7).
7. The Thomaston School District does not have district-wide food bans. However, special accommodations may be made for students who have food allergies in coordination with teacher, parents, health care providers and school nurse. Written documentation from health care provider is essential in the planning and implementation of appropriate individualized strategies (i.e. peanut/nut-free table or classroom food restrictions).
8. Food restrictions may be put in place to insure the safety of students with food allergies in the classroom setting. No foods should be offered to students with life-threatening allergies without the approval of the parent. If food is brought into an allergen-free classroom unexpectedly and it is unclear as to the ingredients, the food should not be distributed. If the classroom is not designated allergen free, the snack may be distributed in the classroom. However, a safe snack must be given to the student with the severe food allergy. It is the responsibility of the parent to provide safe snacks for use in the classroom.
9. Hand washing will be promoted following lunch to reduce the presence of food residue on their hands.
10. Students should not share or trade foods during lunch.
11. Eating on buses to and from schools is prohibited. With consent from the parents, school nurses will notify the appropriate bus drivers of students who have life threatening food allergies.
12. Students with food allergies should not be excluded from school activities solely based on their food allergy. Appropriate strategies for managing the child's food allergy on field trips must be devised. Parents of that student should be encouraged to participate in field trips as chaperone.

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Food Allergy Protocol

13. Evaluation of policies following a reaction should be conducted with school staff, parent, medical advisor and student's health care provider.
14. Guidelines will be reviewed and evaluated as necessary with the district nurses and medical advisor.

Revised 5/17/06

Approved by: Dr. Paul Broomhead
Medical Advisor
Thomaston School District

**Medical Statement for Children *with* Disabilities
Requiring Special Meals in Child Nutrition Programs**

Part I (To be filled out by School)

Date: _____ Name of Child: _____
School Attended by Child: _____

Part II (To be filled out by Physician)

Patient's Name: _____ Age: _____

Diagnosis: _____

Describe the patient's disability and the major life activity affected by the disability:

Does the disability restrict the individual's diet? Yes No

If yes, list food(s) to be **omitted** from the diet and food(s) to be **substituted** (Diet Plan):

List foods that require a change in texture:

Cut up or chopped to bite-size pieces: _____

Finely ground: _____

Pureed: _____

Special Equipment Needed:

Date _____ Signature of Physician _____

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Emergency Response Protocol 2005-2006 Severe Food Allergy to Peanuts

Student Name: (Child's First and Last Name)
Teachers: (Mr/s. Teacher's Name)
Parent Contact: (Mother Full Name, Home phone: xxx-xxx-xxxx)
 (Mother's Cell: xxx-xxx-xxx Father's Cell: xxx-xxx-xxx)
Doctor Contact: (Dr. Full Name, Allergy Specialist: xxx-xxx-xxxx)



Key safety rules of the classroom & outside play area:

- The regular and specials classrooms and play-areas are peanut- and tree nut-free environments.
- (Child's name) travel EpiPen® medicine kit and a walkie-talkie will remain with (child's name) at all times during the day and be managed by a trained adult.
- (Child's Name) eats only foods provided and labeled by parent/guardian. Adult will assist (child) daily in washing his/her hands thoroughly with soap and water for 15 seconds before eating. Adult in charge will approve daily snacks and other foods consumed by students.
- Students and adults should wipe their hands with wipes upon entering the classroom and practice good hand-washing techniques after eating.
- If (child's name) asks to see the nurse, allow him/her to do so immediately with an adult for any reason.

Asthmatic and at increased risk for severe reaction Yes No

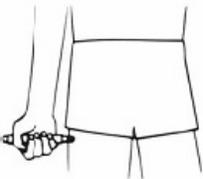
SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems	Symptoms
Mouth*	Itching and swelling of the lips, tongue or mouth.
Skin*	Hives, itchy rash, and/or swelling about the face or extremities.
Gut*	Hives, itchy rash, and/or swelling about the face or extremities.
Throat*	Itching and/or sense of tightness in the throat, hoarseness, hacking cough.
Lung*	Shortness of breath, repetitive coughing, and/or wheezing.
Heart*	"Thready" pulse, "passing-out."



EpiPen® Directions

Pull off gray safety cap.
 Place black top on thigh, at right angle to leg (Always apply to thigh.)
 Using a quick motion, press hard into thigh until auto-injector mechanism functions and hold in place for 10 seconds.
 The EpiPen Jr. unit should then be removed and discarded.
 Massage the injection area for 10 seconds.



MEDICINE KIT LOCATION: Kit #1: Classroom Med Kit located in classroom, Kit #2: Travel Med Kit to be with adult with (child's name) at all times, Kit #3: Nurses' Med Kit located in nurses' office with albuterol and nebulizer. Kit #4 located in front pouch of child's backpack. The medicine in the EpiPen Jr. cannot hurt (child's name) under any circumstances; it will save his/her life.

WHAT TO DO: If you suspect or know (child's name) has come into SKIN CONTACT with peanuts but not ingested them, contact the nurse. If nurse cannot respond immediately: wash point(s) of contact where the welt is located with warm soapy water, rinse and dry. Apply small amount of topical Benadryl cream. If he/she is uncomfortable, administer 2 teaspoons of Children's Benadryl. Symptoms should stop progressing within five minutes.

If other welts are appearing quickly or you notice any other *symptoms: ALL of the above symptoms can progress to a life-threatening situation. If you suspect or know peanuts have **entered his/her mouth** or he/she has **ingested** them, **stay calm, call the nurse.**

**If the nurse cannot respond immediately, administer the EpiPen Jr. in thigh.
Once needle is in, count to 10; then call 911 and transport to hospital!**