

Students - MANAGEMENT PLAN AND GUIDELINES FOR STUDENTS WITH FOOD ALLERGIES AND/OR GLYCOGEN STORAGE DISEASE

The Orange Public Schools recognize that food allergies and glycogen storage disease 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 is also committed to appropriately managing and supporting students with glycogen storage disease. 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 and/or glycogen storage disease, as developmentally appropriate. To this end, the Orange Public Schools adopt the following guidelines related to the management of life threatening food allergies and glycogen storage disease for students enrolled in district schools.

The guidelines provide:

- Information concerning state and federal laws
- Guidelines for school districts to use in developing policies and procedures regarding
- allergies and anaphylaxis
- Suggested roles and responsibilities of school staff
- Sample forms and tools to use in schools and communities
- Resources
- References

I. Identifying Students with Life-Threatening Food Allergies and/or Glycogen Storage Disease

Early identification of students with life-threatening food allergies and/or glycogen storage disease (GSD) 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 medical documentation about the extent and nature of the food allergy as is known, as well as any known effective treatment for the allergy. The district also encourages parents/guardians of children with GSD to notify the school of the disease, providing as much medical documentation about the type of GSD, nature of the disease, and current treatment of the student. Parents of children with known food allergies and/or GSD must provide the school with the Emergency Health Care

form prepared by the student's physician. A current photo of child should accompany EHC form (see form: EMERGENCY HEALTH CARE FORM).

II. Individualized Health Care Plans and Emergency Care Plans

1. If the district obtains medical documentation that a child has a life-threatening food allergy or GSD, 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 allergic student's risk for exposure. For the student with GSD, the IHCP may include strategies designed to ameliorate risks associated with such disease and support the student's participation in the classroom. IHCPs for such students may include such considerations:
 - a. classroom environment, including allergen aware considerations, or allowing the student with GSD to have food/dietary supplements when needed;
 - b. cafeteria safety;
 - c. participation in school nutrition programs;
 - d. snacks, birthdays and other celebrations;
 - e. hand-washing;
 - f. location of emergency medication;
 - g. who will provide emergency and routine care in school;
 - h. risk management during lunch and recess times;
 - i. special events;

- j. field trips, fire drills and lockdowns;
 - k. extracurricular activities;
 - l. school transportation;
 - m. the provision of food or dietary supplements by the school nurse, or any school employee approved by the school nurse;
 - n. staff notification, including substitutes, and training; and
 - o. 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. For a student with GSD, the IHCP shall not prohibit a parent or guardian, or a person designated by such parent or guardian, to provide food or dietary supplements to a student with GSD on school grounds during the school day.
6. 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. For the student with a life-threatening food allergy, the ECP must 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.
7. In addition to the IHCP, the district shall also develop an ECP for each child identified as having GSD. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. For the student with GSD, 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. Information about the disease or disease specific information (i.e. type of GSD);
 - c. The child's signs and symptoms of an adverse reaction (such as hypoglycemia);
 - d. The medication, if any, or other treatment to be administered in the event of an adverse reaction or emergency (i.e. Glycogen)
 - 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.
8. In developing the ECP, the school nurse should obtain current medical documentation from the parents/family and the student's health care provider, including the student's emergency plan and proper 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.
9. A student identified as having a life-threatening food allergy or GSD 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 Section 504 of the Rehabilitation Act of 1973 ("Section 504"), or the Individuals with Disabilities Education Act ("IDEA").
10. 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, and that any procedures in the IHCP and/or ECP comply with the district's policies and procedures regarding the administration of medications to students.

11. Whenever appropriate, a student with a life-threatening food allergy and/or GSD should be referred to a Section 504 Team for consideration if/when there is reason to believe that the student has a physical or mental impairment that substantially limits one or more major life activities, as defined by Section 504. Whenever appropriate, students with life-threatening food allergies and/or GSD should be referred to a PPT for consideration of eligibility for special education and related services under the IDEA, if there is reason to suspect that the student has a qualifying disability and requires specialized instruction.

12. 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 and GSD. Such training may include an overview of life-threatening food allergies and GSD; prevention strategies; IHCPs and ECPs; and food safety and sanitation. Training shall also 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 the specific preventative strategies to minimize the risk of exposure to life-threatening allergens and prevent adverse reactions in students with GSD (such as the provision of food or dietary supplements for students). School personnel will be also be educated on how to recognize symptoms of allergic reactions and/or symptoms of low blood sugar, as seen with GSD, and what to do in the event of an emergency. Staff training and education will be coordinated by the school nurse in consultation with the district's supervising nurse. Any such training regarding the administration of medication shall be done accordance with state law and Board policy.

General training content should include the following:

- a. School policy and practices
- b. Definitions of key terms, including food allergy, major allergens, epinephrine, anaphylaxis, Glycogen Storage Disease (GSD), glycogen, glucose, various types of GSD.
- c. The difference between potentially life-threatening food allergy and other food-related problems.
- d. Signs/symptoms and treatments of food allergy reactions, anaphylaxis, glycogen storage disease, common emergency medications.
- e. General strategies for reducing and preventing exposure to allergens (in food and non-food items).
- f. Policies on bullying and harassment and how they apply to children with food allergies/GSD.

g. School's programs, emergency plans (including who will be contacted in the case of an emergency, how staff will communicate during a medical emergency, and what essential information they will communicate.

h. How to administer epinephrine with an auto-injector

i. Strategies to fully integrate children with food allergies/GSD into school and class activities while reducing the risk of exposure to allergens in the classroom, during meals, during non-academic outings, on field trips, during official activities before and after school programs and during events sponsored by schools that are held outside of regular hours.

2. Each school within the district shall also provide age-appropriate information to students about food allergies and GSD, how to recognize symptoms of an allergic reaction and/or low blood sugar emergency and the importance of adhering to the school's policies regarding food and/or snacks.

IV. RISK REDUCTION

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

1. Encouraging handwashing where permitted;
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.
4. Training staff in recognizing symptoms of anaphylaxis and hypoglycemia.
5. Planning for school emergencies, to include consideration of the need to access medication, food and/or dietary supplements.
6. Encouraging at-risk students to have some means of identification, such as a medical alert bracelet.
7. Provide parents with online access to food service menus so that parents may select foods to avoid in advance.
8. Avoid use of peanuts, peanut products, tree nuts and tree nut products for instructional purposes.
9. Notifying parents/guardians of identified allergic children in grades PK-6 when classroom activities may include food.

10. Providing the school nurse with a list of participants in advance of a field trip so that the school nurse may identify those students with identified food allergies and/or GSD.

11. Having a School Medical Advisor supply a standard order for the use of emergency epinephrine and Benadryl.

12. Substitute Staff/Volunteers: Substitute, playground or lunchroom monitors, volunteers.

Districts should develop and implement strategies to make sure, when possible, that these students are with staff, guest teachers, or volunteers who know how to respond in an anaphylactic emergency.

13. Emergency Preparedness: Plan for fire drills, lockdowns, or shelter in place, which may include considerations for access to medications or allergy-free foods, etc.

V. Prevention guidelines Specific to Food Service/Cafeteria

1. Food service personnel will be instructed by the Director of Food Services (or Cafeteria Manager) about necessary measures to prevent cross-contamination during food handling, preparation and serving of food.

2. All tables will be washed with an appropriate cleaning solution prior to the first lunch and after each following lunch period.

3. Allergy aware tables will be provided.

VI. Communication

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 and/or GSD. 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/or alterations in blood sugar levels and how to respond in the event of such 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.

5. The district shall make the Management Plan and Guidelines for Students with Food Allergies and/or Glycogen Storage Disease available on the Board's website.
6. The district shall provide annual notice to parents and guardians regarding the Management Plan and Guidelines for Students with Food Allergies and/or Glycogen Storage Disease. Such notice shall be provided in conjunction with the annual written statement provided to parents and guardians regarding pesticide applications in the schools.
7. The nurse or appropriate designated staff will inform parent/guardian if any student experiences an allergic reaction.

VII. Roles and Responsibilities

Student Responsibilities

- a. Know what your allergens are.
- b. The student should learn to recognize symptoms of allergic reactions.
- c. Promptly inform an adult as soon as accidental exposure occurs or symptoms appear. Ask a friend to help if adult is not near.
- d. Follow safety measures established by parent/guardian(s) and school team at all times.
- e. Do not trade or share food with anyone.
- f. Do not eat any food item that has not come from home or been approved by parent/guardian.
- g. Wash hands before and after eating.
- h. Get to know the school nurse and other trusted staff members in the school who can assist in successful management of the allergy in school.
- i. If approved by parent/guardian and Authorized Prescriber, and school team made aware, carry your epinephrine auto-injector at all times (age and developmentally appropriate). (Note: Appropriate medication authorization forms need to be completed and submitted to the School Nurse annually).
- j. Notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

Parents/Guardians

- a. Notify the school of the child's allergies before the student attends classes.

- b. Provide current written medical documentation, instructions, and medications as directed by the child's health care provider. Include a photo of the child for identification safety.
- c. Sign release of information forms to allow communication between the school district and the child's health care provider to ensure the best possible care for the child.
- d. Provide properly labelled medication for the child and backup medication in the school office if the child self-administers their medication. Replace medication after use or upon expiration.
- e. Provide emergency contact information and keep this up to date when changes occur.
- f. Debrief with school staff, the student's health care provider, and the student (age appropriate) after a reaction has occurred.
- g. Parents will be encouraged to provide a safe classroom treat alternative to ensure student will not be excluded from any classroom or school sponsored activity involving food.

Administrator

- a. Outline emergency procedures for managing life-threatening allergic reactions in the school district's emergency plan. Develop procedures to assist schools to adapt or modify the plan to meet special needs of individual students. Consider risk reduction for life-threatening allergies.
- b. Support faculty, staff, and parents in implementing all aspects of the life-threatening allergy management plan. Provide time for training and education for faculty and staff regarding:
 - i. Anaphylaxis and anaphylactic reactions to foods, insect stings, medications, latex
 - ii. Risk reduction procedures
 - iii. Emergency procedures
 - iv. How to administer an epinephrine auto-injector in an emergency
 - v. Cafeteria management and food preparation for food service personnel
- c. On-campus Provide emergency communication devices for all school activities, including transportation that involves a student with a life-threatening allergy.
- d. Have a plan in place when there is no school nurse available, including at least three staff members that are trained in the recognition of early symptoms of anaphylaxis and in medication administration.

- e. Ensure all substitute folders include notification of student health concerns.
- f. Ensure that the students with life-threatening allergies are placed in classrooms where teachers are trained to administer an epinephrine auto-injector, if needed.
- g. Along with the nurse provide education for school bus drivers on specific children, when appropriate.
- h. Provide (or work with school nurse/supervisor to provide) education for all school drivers regarding life-threatening allergies and what to do if they suspect a student is having a reaction.

School Nurse

- a. Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), meet with the student's parent/guardian to develop a draft of an Individual Health Care Plan (IHCP).
- b. Inform parent/guardian if any student experiences an allergic reaction.
- c. Inform principal if any student experiences a life-threatening allergic reaction.
- d. Assure that the Emergency Care Plan (ECP) includes the student's name, photo, allergen, and symptoms of allergic reactions, risk reduction procedures, emergency procedures and that it is distributed to all appropriate staff.
- e. Arrange and convene a team meeting, if possible before the opening of school to finalize the IHCP.
- f. After the team meeting, review the plan with parent and student.
- g. Familiarize teachers with the ECPs and IHCPs of their students by the opening of school, or as soon as the plans are written. Other staff members who have contact with students with life-threatening allergies should be familiar with their IHCPs and ECPs on a need-to-know basis including principal, school medical advisor, specialists, food service personnel, aides, physical education teacher, art and music teachers, custodians), bus driver, local EMS.
- h. Provide information about students with life-threatening allergies and their photos (if consent given by parent/guardian) to all staff on a need-to-know basis.
- i. Conduct education for appropriate staff regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector.
- j. Implement a periodic anaphylaxis drill similar to a fire drill as part of periodic refresher courses/training.

- k. Track and document the education of all involved parties to ensure that they have been properly trained and updated.
- l. Introduce yourself to the student and show him/her how to get to the nurse's office.
- m. Post individualized plans as appropriate and have available all IHCPs and ECPs in an easily accessible place in the nurse's office. Post locations of epinephrine auto-injector.
- n. Periodically check medications for expiration dates and arrange for them to be current.
- o. Arrange periodic follow-up to review effectiveness of IHCP, at least on an annual basis, or as often as necessary.
- p. Make sure that substitute school nurses are fully oriented to students with life-threatening food allergies and their care plans.
- q. Communicate with parent/guardian on a regular basis.
- r. Nurse will compile confidential list of students who will need medication administered and students with other health care concerns.
- s. Nurse if a student experiences an allergic reaction while on a field trip, parent/guardians will be notified as soon as possible.
- t. In consultation with the school principal, inform classroom teachers regarding health concerns including life-threatening allergies.

Classroom Teacher/Specialist

- a. Participate in the development of the student's IHCP and ECP (as a core team member).
- b. Review and follow the ECP and IHCP of any student(s) in your classroom with life-threatening allergies.
- c. Keep accessible the student's ECP and IHCP with photo (if consent is given by parent/guardian) in classroom or with the lesson plan.
- d. Always act immediately and follow the ECP if a student reports signs of an allergic reaction.
- e. Never allow a child you suspect of having an allergic reaction to walk alone to the school nurse.
- f. Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies and necessary safeguards.

- g. Leave information in an organized, prominent and accessible format for substitute teachers.
- h. Consider coordinating with parent and school nurse a lesson plan about food allergies and anaphylaxis in age appropriate terms for the class.
- i. Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies. 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 and threats.
- j. Inform parents about the presence and needs of any child with life-threatening allergies in the classroom.
- k. Inform parents/guardians of children with life-threatening food allergies of any school events where food will be served.
- l. Plan for a student's re-entry to school after an anaphylactic reaction.
- m. Prohibit students from trading/sharing snacks.
- n. Avoid use of allergenic food for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays, and celebrations, cooking, pet foods or other projects).
- o. Welcome parental involvement in organizing class parties and special events.
- p. Collaborate with the school nurse and parents prior to a field trip to plan ahead for risk avoidance at the destination and during transportation to and from the destination.
- q. Ensure the epinephrine auto-injector and instructions are taken on field trips and remain in the care of the trained adult during the course of the trip.
- r. Ensure that the child with life-threatening allergies is assigned to staff who are trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedures.
- s. Teacher or other staff designated by the teacher if legal guardian or parent does not accompany the student, a teacher or nurse will be assigned to assume the responsibility of administering any medications needed.

School Psychologist

- a. Participate in the development of the student's IHCP and ECP (as a core team member).
- b. Monitor anxiety, stress level and social development of students with life-threatening food allergies and provide interventions as appropriate.

- c. Act as a resource to parents and students regarding anxiety, stress and normal development.

Food Service

- a. Ensure that all food service staff and their substitutes are trained to recognize the signs and symptoms of an allergic reaction and what to do in the event of a reaction.
- b. Maintain contact information for manufacturers of food products (e.g., Consumer Hotline) and make available to parents on request.
- c. Provide parents with food labels as requested.
- d. Review and follow sound food handling and food preparation practices to avoid cross-contact with potential food allergens.
- e. Establish policies and procedures in collaboration with the school administration and nurses for the cafeteria regarding students with life threatening food allergies.
- f. Create specific areas that will be allergy aware for student use.
- g. Strictly follow cleaning and sanitation protocols to avoid cross-contact.
- h. Thoroughly clean all tables, chairs and floors after each meal.
- i. Avoid the use of latex gloves by food service personnel. Use non-latex gloves instead. Know how to access epinephrine auto-injector(s) or summon school nurse immediately. Take all complaints seriously from any student with a life-threatening allergy.
- j. Be prepared to take emergency action and follow student's IHCP and ECP.

School Bus Company/Drivers

- a. Maintain policy of not allowing foods or beverages to be consumed on the school buses unless otherwise required.
- b. Review the list of students with life-threatening food allergies by bus/van number and instructions for activating EMS System.
- c. Plan ahead for informing substitute bus drivers of students with life-threatening food allergies.

VIII. Monitoring the District's Plan and Procedures

The district should conduct periodic assessments of its Management Plan and Guidelines for Students with Food Allergies and/or Glycogen Storage Disease. Such assessments should occur

at least annually and after each emergency event involving the administration of medication to a student with a life-threatening food allergy or GSD to determine the effectiveness of the process, why the incident occurred, what worked and what did not work.

The Superintendent shall annually attest to the Department of Education that the District is implementing the Management Plan and Guidelines for Students with Food Allergies and/or Glycogen Storage Disease.

Legal References:

State Law/Regulations/Guidance

Conn. Gen. Stat. § [10-212a](#) Administration of Medications in Schools

Conn. Gen. Stat. § [10-212c](#) Life-threatening food allergies: Guidelines; district plans

Conn. Gen. Stat. § [10-220i](#) Transportation of students carrying cartridge injectors

Conn. Gen. Stat. § [10-231c](#) Pesticide applications at schools without an integrated pest management plan.

Conn. Gen. Stat. § [19a-900](#) Use of cartridge injectors by staff members of before or after school program, day camp or daycare facility.

Conn. Gen. Stat. § [52-557b](#) "Good Samaritan law." Immunity from liability for emergency, medical assistance, first aid or medication by injector. School personnel not required to administer or render.

Reg. 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 (Includes Guidelines for Managing Glycogen Storage Disease), Connecticut State Department of Education (Updated 2012).

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.

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