

Students

STUDENTS WITH SPECIAL HEALTH CARE NEEDS – LIFE THREATENING ALLERGIES AND GLYCOGEN STORAGE DISEASE MANAGEMENT **5141.25(a)**

The Fairfield Public Schools recognize that 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 allergens, to assist in the management of glycogen storage disease, 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 life threatening allergy(ies), or glycogen storage disease as developmentally appropriate. There is currently no cure for life-threatening allergies; there is only medication available for emergency response. The only way to prevent the symptoms of an allergic response is to prevent exposure to allergens, which will require understanding and effort on the part of the entire school community.

Best practice asks us to reduce students' exposure to known allergens in the learning environment, reinforcing a safe and inclusive environment for all students. When a student with life-threatening allergies is present in a school environment, cooperation and compliance is necessary at all levels: District, School, Classroom, Home. Each level has its role and responsibilities:

District:

- Shall clearly communicate district policy to all school leaders and parents and provide for training on food allergy awareness and the administration of medication to all applicable personnel.
- Shall monitor and evaluate all schools for compliance with district policy and follow up with all individuals for instances of policy violations.

School:

- Each school shall clearly communicate the needs of students with life-threatening food allergies to their school community through letters to classroom communities and their families and of district and school expectations of compliance.
- Schools leaders shall inform PTA leaders of the need for safety and inclusion in all school sponsored events.

Classroom:

- Peers shall be educated as to the individualized safety and inclusion needs of fellow students.
- Expectations of compliance shall be clearly communicated to staff, students and their families.

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Home:

- Families should be educated on food allergy awareness and how to comply with safety requests for students with life-threatening allergies.
- Families should make every effort possible to ensure the safety of students with life-threatening food allergies when sending a snack into the learning environment.
- Students with life-threatening food allergies should know to never accept food from others and how to communicate their needs to staff and peers.
- Parents of students with life-threatening allergies shall help their student access developmentally appropriate self-advocacy skills. Parents may choose to collaborate with schools on these skills.

To this end, the Fairfield Public Schools adopt the following protocols related to the management of life threatening allergies for students enrolled in district schools.

I. Identifying Students with Life-Threatening Allergies

- A. Early identification of students with life-threatening allergies is vital to the effective implementation of this policy. The district therefore requests parents/guardians of children with life-threatening allergy(ies) to promptly notify the school in writing of the allergy(ies).
- B. Upon receipt of parent written notification that their child has been diagnosed with food allergy(ies) and/or other life threatening allergy(ies), the school shall request the parent/guardian to provide the following:
 1. Written authorization to obtain detailed written medical information on the child's condition from the physician;
 2. Written consent to administer or self-administer medications during the school day, as applicable in accordance with the District's Administration of Medication Policy;
 3. An Emergency Care Plan and Treatment Authorization ("Emergency Care Plan") completed and signed by their child's licensed health care provider and signed by the parent;
 4. Any medications necessary to treat allergic reactions along with relevant prescription and dosage information. Replace medications after use or expiration;
 5. A description of the student's past allergic reactions, including triggers and warning signs;
 6. Current emergency contact information and prompt notice of any updates;
 7. A description of the student's emotional response to the condition and the need for intervention; and
 8. Recommendations on age-appropriate ways to include the student in planning or care.

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- C. **Suspected Allergies:** In the event the School Nurse suspects that a student has a food allergy or other life threatening allergy(ies), the school shall provide the parent/guardian written notification and request for the student to be evaluated by a physician.
- D. **Non-Cooperation:** If the parent/guardian of a student with known or suspected food allergy(ies) or other life threatening allergy(ies) fails or refuses to cooperate with the school for an evaluation or implementation of an appropriate Individualized Health Care Plan (IHCP) and Emergency Care Plan (ECP), the school shall implement an Emergency Care Plan stating to call 911 immediately upon recognition of symptoms along with sending written notification to the parent/guardian of the student's ECP.

II. Individualized Health Care Plans and Emergency Care Plans

- A. If the District is notified pursuant to Section I of this policy that child has life-threatening allergy(ies), the district shall develop an individualized health care plan (IHCP) for the child.
- B. The IHCP shall be developed by the parents/guardians, student, if appropriate, school nurse, and appropriate school personnel. Such personnel may include, but are not limited to, school or food service administrator(s) and classroom teacher(s). The school may also consult with the town medical advisor, as needed.
- C. 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:
 - 1. Classroom environment, including allergy free considerations;
 - 2. Cafeteria safety;
 - 3. Participation in school nutrition programs;
 - 4. Snacks;
 - 5. Alternatives to food rewards or incentives;
 - 6. Hand-washing;
 - 7. Location of emergency medication;
 - 8. Risk management during lunch and recess times;
 - 9. Special events;

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10. Field trips.
 11. Extracurricular activities;
 12. School transportation;
 13. Staff notification; and
 14. Transitions to new classrooms, grades and/or buildings.
- D. As part of 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 describes the specific directions about what to do in a medical emergency. The ECP should include the following information, as appropriate:
1. The child's name and other identifying information, such as date of birth, grade and photo;
 2. The child's specific allergy(ies);
 3. The child's signs and symptoms of an allergic reaction;
 4. The medication, if any, or other treatment to be administered in the event of exposure;
 5. The location and storage of the medication;
 6. Who will administer the medication (including self-administration options, as appropriate);
 7. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
 8. Recommendations for what to do if the child continues to experience symptoms after the administration of medication; and
 9. Emergency contact information for the parents/family and medical provider.
- E. The IHCP shall be reviewed annually, or upon receipt of new medical information, and/or in the event of an anaphylactic reaction in school.
- F. An individualized health care plan and glycogen storage disease action plan shall also be developed for any student with glycogen storage disease. Such plan shall include, but is not limited to, the provision of food or dietary supplements by the school nurse or by an employee approved by the school nurse to a student with glycogen storage disease. Such plan may not prohibit a parent/guardian, or a person they so designate, from providing food or dietary supplements to the affected student on school grounds during the school day.
- G. The IHCP and ECP shall be disseminated to all school staff who supervise the student during the school day and at school sponsored activities or are responsible for the provision of food to the student. Plan distribution includes, but is not limited to, the students' teachers, classroom assistants, food service staff, coaches, transportation staff, school health professionals, school case managers, custodial staff, student aides and the parents/guardians of the student.

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III. Referral to Section 504 and IDEA

In addition to having an IHCP, a student with a life-threatening allergy or glycogen storage disease (GSD) may also be eligible under Section 504 of the Rehabilitation Act if the student has a disability that substantially limits a major life activity or under the Individuals with Disabilities Education Act (IDEA) if the student has a qualifying disability that adversely impacts the student's education and causes the student to need specialized instruction. The team responsible for the IHCP shall refer the student under Section 504 or the IDEA as appropriate. Eligibility under either Section 504 or IDEA must be considered on a case-by-case basis given each student's unique situation.

IV. Training/Education

- A. All school personnel will be educated on how to recognize symptoms of allergic reactions, preventative strategies to minimize a child's risk of exposure to life-threatening allergies, and what to do in the event of an emergency. Staff education will be coordinated by the principal and school nurse, utilizing a consistent District training module supported by the town Director of Health. Any such training regarding the administration of medication shall be done in accordance with District Policy and State Law.
- B. The District shall offer training consistent with District Policy #5141.21 Protocol for Administration of Emergency Medications by Non-nursing Personnel.
- C. The District shall provide each school with consistent and age-appropriate information for 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, as well as the development of empathy, understanding, and tolerance for individuals with life-threatening allergies and glycogen storage disease. The principal shall coordinate the delivery of this educational information with building staff.

V. Prevention

- A. A District-wide, multi-disciplinary team will develop a Pre-K-12 Management Plan for the management of life-threatening allergies, including food allergies, aligned to the CSDE Guidelines for Managing Life-threatening Food Allergies and Glycogen Storage Disease. The District-wide team shall factor into the plan the developmental and psychological needs of all students.
- B. The District-wide, multi-disciplinary team will annually review the Management Plan, Procedures, and Guidelines.

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C. Food in Schools - Elementary

1. Peanut and tree nuts cause the most allergic reactions in elementary classrooms. Parents/guardians sending snacks from home for consumption in the classroom must be mindful of this heightened risk and those snacks must not contain peanuts and/or tree nuts. The District, in partnership with school staff, shall counsel all parents against providing children with food items containing tree nuts and peanuts to consume as classroom snacks; all stakeholders share in the responsibility of keeping children safe in the classroom by complying with this policy.
2. The multi-disciplinary team shall include in the Pre-K-12 Management Plan:
 - a. A voluntary, suggested snack list for parents who would like guidance on identifying nut-free snacks for their children
 - b. An intervention plan for students who bring nut-containing snacks to the Classroom
3. All in school celebrations shall be food free.
4. All elementary schools will designate food free zones, including the Library, Computer Lab, Music Room, Art Room, Gym, Stage, and Science Room.
5. All elementary classrooms will provide hand wipes for mandated use for students to use after snack if hand washing is not available. Students will be required to remain at their desks while eating snacks to contain the spread of allergens.
6. All desks will be cleaned with soap and water, wipes, or other approved cleaning agents after snacks are eaten in the classroom.
7. All cafeteria tables will be cleaned with soap and water or other approved cleaning agents after each use.
8. Community/PTA use of elementary school facilities:
 - a. No food is allowed in any classroom;
 - b. Any event in which food will be served or consumed must be held in the school cafeteria or outdoors;
 - c. Outside organizations are encouraged to serve only nut-free food items and consult the suggested food list referenced on the District's website when selecting food to be served in the cafeteria or outdoors.
 - d. All outside organizations shall receive notice of the Prevention Section of this policy when reserving school facilities.

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D. Food in Schools – Generally

1. Peanuts and tree nuts and substances containing peanuts and tree nuts must not be present in or used in any classroom for any purpose, including but not limited to curricular activities, class projects, arts, crafts, science experiments, food for laboratory or other classroom work.
2. Effective September 1, 2015, if a clearly noncompliant food is present in a classroom or restricted area, the noncompliant food will be removed from the classroom or restricted area.

VI. Communication

- A. The school nurse shall be responsible for coordinating the communication among 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.
- B. The school administrative staff and school nurse shall communicate annually to all school personnel the availability of training regarding Policy #5141.21, Protocol for the Administration of Emergency Medications by Non-nursing Personnel.
- C. 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.
- D. The District shall develop standardized letters to be sent home to parents introducing, explaining and enforcing the District's food allergy policy and protocols.
- E. Beginning with the school year 2015-2016, the District shall annually, not later than October 1, provide notice to parents of the Plan for the Management of Severe and Life-Threatening Allergies, Including Food Allergies, and
 1. Make the plan available on the District's Website and/or the websites of each school under the District's jurisdiction;
 2. Provide notice of such plan in conjunction with the annual written statement provided to parents and guardians as required by subsection (b) of section 10-231c of the Connecticut General Statutes.

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- F. The District shall annually update its resources for voluntary, suggested snack alternatives for families.
- G. All communication, written or verbal, shall be compliant with the Family Education Rights and Privacy Act.

VII. Monitoring the District’s Plan, Procedures, and Guidelines

The District shall conduct periodic assessments of its Food Allergy Management Plan, Procedures, and Guidelines. Such assessments shall 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.

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
- 10-212c Life threatening food allergies; Guidelines; district plans
- 10-212a(d) Administration of medications in schools by a paraprofessional.
- 10-212c Life threatening food allergies; Guidelines; district plans, as amended by P.A. 12-198)
- 10-220i Transportation of students carrying cartridge injectors
- 10-231c Pesticide application at schools
- 19a-900 Use of cartridge injectors by staff members of before or after school programs, day camp or day care facility.
- 52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection
- The Regulations of Connecticut State Agencies section 10-212a 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 Legislation

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Legal Reference: Connecticut General Statutes (continued)

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)
Land v. Baptist Medical Center, 164F3d423 (8th Cir. 1999)

The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C. § 1400 et seq.); 34 C.F.R. § 300 et seq.

FCS Instruction783-2, Revision 2, Meal substitution for medical or other special dietary reasons.

P.A. 09-155 An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto-Injectors While at School.

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