



Guidelines for
Managing Life-Threatening Food Allergies
in Connecticut Schools



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Division of Teaching and Learning Programs and Services

George A. Coleman
Associate Commissioner

Deborah Koval
Publications and Web Content Coordinator

Bureau of Health and Nutrition Services and Child/Family/School Partnerships

Charlene Russell-Tucker
Bureau Chief

School Health Services

Cheryl Ann Carotenuti
Project Manager
Bonnie Edmondson
Susan Fiore
Jo Ann Frieberg
Bob Lichtenstein
Jean Mee
Scott Newgass

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Cheryl R. Carotenuti, RN, MSN Health Promotion Consultant Connecticut State Department of Education	Rob Nolfo MD, FAAP Pediatrician, Guilford Pediatrics Medical Advisor, Guilford Public Schools
John D. Frassinelli, MS, RD Nutrition Supervisor Connecticut Department of Public Health	Nadine Schwab, BSN, MPH, PNP Supervisor of Health Services Westport Public Schools
Pat Krin, MSN, APRN, BC FNP Association of School Nurses of Connecticut	Martin W. Sklaire MD FAAP Chairman, Committee on School Health Connecticut Chapter of American Academy of Pediatrics
Kathy Larew, MBA Food Allergy and Anaphylaxis Network, Parent	Clinical Professor of Pediatrics Yale University School of Medicine
Louis Mendelson, MD Connecticut Asthma and Allergy Center Clinical Professor of Pediatrics, University of Connecticut School of Medicine	Rhonda Riggott Stevens, MA Professional educator and parent
	Nancy A. Wheeler, RS Food Protection Program Connecticut Department of Public Health

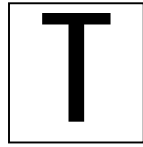
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Introduction



The Connecticut State Department of Education in collaboration with the State Department of Public Health has developed *Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools* to assist Connecticut public school districts and nonpublic schools (that are served pursuant to Connecticut General Statute [CGS] 10-217a) in effectively managing the health and safety needs of children with life-threatening allergic conditions.

Food allergy is a growing food safety concern in the United States and creates a challenge for our schools. Approximately 6 percent of school-aged children have a significant food allergy and may be at risk for anaphylaxis, a potentially life-threatening allergic reaction. Currently, there are no medications that cure food allergy. Therefore, strict avoidance of the food allergen is the only way to prevent allergic reactions. Deaths have occurred in schools because of delays in recognizing symptoms and not responding promptly or effectively. Plans that focus on food allergy education, awareness, avoidance and immediate treatment of allergic reactions are critical to saving lives.

All school districts can expect, at some time, to have students with life-threatening food allergies enrolled in their schools. Therefore, each district shall develop and implement a Food Allergy Management Plan that focuses on prevention and an appropriate response should an emergency occur. This plan may be adopted into policy and procedures at the district level. Using the districtwide plan as a guide, each school must develop processes to identify all students with food allergies and develop and implement an Individualized Health Care Plan (IHCP) and Emergency Care Plan (ECP) for each student.

The guidelines include:

- ✧ Overview of food allergies and anaphylaxis;
- ✧ State and federal legislation;
- ✧ Districtwide food allergy management plan;
- ✧ Individualized health care plans;
- ✧ Suggested roles of school personnel;
- ✧ Frequently asked questions;
- ✧ Sample policies, forms, letters, and care plans;
- ✧ Additional resources; and
- ✧ References

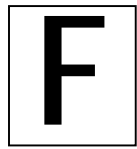
While this document focuses on life-threatening food allergies, treatment of serious allergic reactions and anaphylaxis is the same whether caused by food, insect sting, latex or is exercise induced.

Note: Epinephrine auto-injector is used throughout this document when describing the administration of epinephrine. It is commonly known in schools as EpiPen®

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

Section One

Overview of Food Allergies and Anaphylaxis in School-Aged Children



Food allergy is an exaggerated response by the immune system to a food that the body mistakenly identifies as being harmful. Once the immune system decides that a particular food is harmful, it produces specific antibodies to that particular food.

The next time the individual eats that food, the immune system releases moderate to massive amounts of chemicals, including histamine, to protect the body. These chemicals trigger a cascade of allergic symptoms that can affect the respiratory system, gastrointestinal tract, skin, and cardiovascular system.

In some people symptoms appear in only one body system, while in others symptoms appear in several systems. These symptoms can range from mild to severe and may be life-threatening depending on the individual and type of exposure.

Scientists estimate that approximately 11 million Americans suffer from potentially life-threatening food allergies. Of these 11 million, 2 million are school-aged children. At the present time, there is no cure for food allergy and avoidance is the only way to prevent an allergic reaction.

Although an individual can have a life-threatening allergic to any food, including fruits, vegetables, and meats, over 90 percent of allergic reactions are caused by the following eight foods:

- ◇ Peanut
- ◇ Tree nut (walnut, cashew, pecan, hazelnut, almond, etc.)
- ◇ Milk
- ◇ Egg
- ◇ Fish
- ◇ Shellfish
- ◇ Soy
- ◇ Wheat

Although eight foods are responsible for the most reactions, it is important to remember that ANY food can cause a serious allergic reaction.

Most, *but not all*, childhood allergies to milk, egg, soy and wheat, are outgrown by age 5. Peanut and tree nuts typically cause the most severe allergic reactions, and approximately 90 percent of fatal and near-fatal reactions are due to these foods. Allergies to peanut, tree nuts, fish and shellfish are often considered to be life long.

Ingestion of the food allergen is the principal route of exposure that leads to allergic reactions. For sensitized individuals, ingestion of even very minute amounts of foods can, in certain instances, result in fatal reactions without rapid intervention. While, it is also possible for a child to have an allergic reaction to tactile (touch) exposure or inhalation exposure, research has shown that they are extremely unlikely to result in severe or life-threatening reactions. Nevertheless, if children with life-threatening food allergies touch the allergens and then put their fingers to their eyes, nose or mouth, the exposure becomes an ingestion and may cause anaphylaxis. The quantity of food necessary to trigger an allergic reaction may depend upon multiple variables. Each individual's level of sensitivity may fluctuate over time. The type and severity of symptoms can vary for a specific food in an

individual and for different foods in someone with multiple food allergies. A food allergy fact sheet is available at <http://www.foodallergy.org/Presentations/EventDownload/FABasics.pdf>

What is Anaphylaxis?

Anaphylaxis (pronounced anna–fill–axis) is a potentially life-threatening medical condition occurring in allergic individuals after exposure to an allergen. People with allergies have over-reactive immune systems that target otherwise harmless elements in our diet and environment. During an allergic reaction to food, the immune system identifies a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators trigger inflammatory reactions in the tissues of the skin, the respiratory system, the gastrointestinal tract, and the cardiovascular system. When the inflammatory symptoms are widespread and systemic, the reaction is termed “anaphylaxis,” a potentially life-threatening event. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. These symptoms may include:

Organ	Symptoms
Skin	Swelling of any body part Hives, rash on any part of body Itching of any body part Itchy lips
Respiratory	Runny nose Cough, wheezing, difficulty breathing, shortness of breath Throat tightness or closing Difficulty swallowing Difficulty breathing, shortness of breath Change in voice
Gastrointestinal (GI)	Itchy tongue, mouth and/or throat Vomiting Stomach cramps Abdominal pain Nausea Diarrhea
Cardiovascular	Heartbeat irregularities Flushed, pale skin Coughing, cyanotic (bluish) lips and mouth area Decrease in blood pressure Fainting or loss of consciousness Dizziness, change in mental status Shock
Other	Sense of impending doom Anxiety Itchy, red, watery eyes

Anaphylaxis may occur in the absence of any skin symptoms such as itching and hives. Fatal anaphylaxis is more common in children who present with respiratory symptoms, or GI symptoms such as abdominal pain, nausea or vomiting. In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma or mild GI illness, which resulted in delayed treatment with epinephrine auto-injector.

Fatal anaphylaxis is more common in children with food allergies who are asthmatic, even if the asthma is mild and well controlled. Children with a history of anaphylaxis or those whose prior food reactions have included respiratory symptoms such as difficulty breathing, throat swelling or tightness are also at an increased risk for severe or fatal anaphylaxis.

Anaphylaxis characteristically is an immediate reaction, occurring within minutes of exposure, although onset may occur one to two hours after ingestion. In up to 30 percent of anaphylactic reactions, the initial symptoms may be followed by a second wave of symptoms two to four hours later and possibly longer. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as *biphasic reaction*. While the initial symptoms usually respond to epinephrine auto-injector, the delayed response may not respond as well to epinephrine auto-injector or other forms of therapy used in anaphylaxis.

All symptoms, no matter how minor, need to be recognized and treated promptly.

It is imperative that following the administration of epinephrine auto-injector, the child be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to be resolved.

Children experiencing anaphylaxis should be observed in a hospital emergency department for a minimum of four to six hours or longer after initial symptoms subside, to monitor for signs or symptoms of a biphasic reaction. In the event a biphasic reaction occurs, intensive medical care can immediately be provided.

For those children at risk for food-induced anaphylaxis, the most important management strategy in the school is **prevention**. In the event of an anaphylactic reaction, epinephrine auto-injector is the treatment of choice and should be given immediately. Sometimes, if symptoms do not subside, a second epinephrine auto-injector is necessary. Reports indicate that as many as one-third of individuals experiencing anaphylaxis may require a second (epinephrine) injection to control their reaction until they can get to a hospital (<http://www.EpiPen.com/user.aspx>, 2005).

Studies (Sampson, 1992 and Bock, 2001) show that fatal and near-fatal anaphylactic reactions are sometimes associated with not using epinephrine auto-injector or delaying the use of epinephrine treatment. **When in doubt, it is better to give the epinephrine auto-injector and call the Emergency Medical System for an ambulance. Fatalities are more likely to occur when epinephrine administration is withheld.**

Summary of Anaphylaxis

Food allergies are more prevalent in younger children. Every food allergy reaction has the potential of developing into a life-threatening event. Several factors may increase the risk of a severe or fatal anaphylactic reaction: asthma or a history of asthma; a previous history of anaphylaxis; peanut, tree nut, and/or shellfish allergies; presentation with gastrointestinal or respiratory symptoms, and delay in the administration of or failure to administer epinephrine auto-injector.

The severity and rapid onset of food induced anaphylaxis emphasizes the need for an effective emergency plan that includes early recognition of the symptoms of anaphylaxis, immediate administration of epinephrine auto-injector and prompt transfer of the child by the emergency medical system to the closest hospital.

This section was based in part from the following resources, websites and documents:

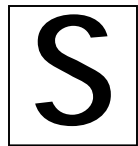
The Food Allergy & Anaphylaxis Network at <http://www.foodallergy.org>. Excerpts were adapted and printed with permission.

Managing Life Threatening Food Allergies in Schools, 2002. Massachusetts Department of Education.

Excerpts from the Managing Life Threatening Food Allergies in Schools are included by permission of the Massachusetts Department of Education. The Massachusetts Guidelines may be revised periodically. The complete and current version of the Massachusetts Managing Life Threatening Food Allergies in Schools is available on the Internet at <http://www.doe.mass.edu/cnp/news02/allergy.pdf>.

Section Two

Legislation



Schools have a responsibility to be knowledgeable about all relevant state and federal laws, and how they impact school policies on life-threatening food allergies. Brief descriptions of the most relevant state and federal laws follow. It is important to note that the Connecticut Public Act 05-104 created an entitlement to an individualized health care plan for children with life-threatening food allergies regardless of the child's status as a child with a disability under Section 504 of the 1973 Rehabilitation Act or Individuals with Disabilities Educational Act (IDEA), or the Americans with Disabilities Act of 1990.

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.

CGS 52-557b – Good Samaritan Law. Immunity from liability 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.

Note: See Appendix F for each statute and public act listed above.

Federal Legislation

Certain federal laws may also be relevant to school districts' responsibilities for meeting the needs of students with severe food allergies. It is important to note, however, that there is considerable variation in interpretation of these laws with respect to students with severe food allergies, as there is variability among the practices of school districts in addressing the needs of these students in school. Additionally, Connecticut has created an entitlement to an individualized health care plan for a child with life-threatening food allergies without reference to a child's status as disabled under either Section 504 of the Rehabilitation Act of 1973 (Section 504) or Individuals with Disabilities Education Act (IDEA).

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 Americans 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.).

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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.).

District personnel should familiarize themselves with these three federal laws and the regulations enacted thereunder to determine a child's eligibility. Relevant court and agency decisions in Section 504, IDEA and ADA may provide additional guidance regarding the eligibility of students with severe food allergy for the federal laws noted above. When making eligibility determination for children with life-threatening food allergies, schools must look at the student's needs on a case-by-case basis.

School personnel have a responsibility to be knowledgeable about all relevant state and federal laws, and about how they impact school policies.

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 regards 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 blood-borne 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.

Section Three

Food Allergy Management Plan

The focus of a districtwide food allergy management plan should be prevention, education, awareness, communication and emergency response. The management plan should 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. This Food Allergy Management Plan should 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 through Grade 12).

Note: Some school boards may choose to adopt this food allergy management plan as policy, although it is not required by law.

Process for Development of District Food Allergy Management Plan

The process of developing a food allergy management plan is just as important, if not more so, than the final product – the plan. Individuals could work independently to write a plan, but it will be ineffective if it is not supported and implemented districtwide. This requires a team with appropriate representation from the school and community to come to consensus regarding best practices based on local needs and the special health care needs of children with life-threatening food allergies.

Before developing the plan, the district team should assess the district's current and other relevant policies and/or protocols regarding the care of students with life-threatening allergies (if one exists), school and student needs, then identify areas that need development or improvement. The Food Allergy Network's sample school policy may also be useful starting point and can be found at <http://www.foodallergy.org/school.html>. The Centers for Disease Control (CDC) has published a Food-Safe School Needs-Assessment and Planning Guide at <http://www.foodsafeschools.org/assessment.php> that may also provide guidance to districts.

Plan Components

An effective plan should be brief and provide the overarching goals for the district regarding the care of students with life-threatening allergies. This district plan should address the school district's philosophical beliefs around life-threatening food allergies and should include:

- (a) the rationale for the plan;
- (b) a commitment to planning and prevention;
- (c) a collaborative process;
- (d) a formal process for identifying and developing individualized care plans for students at risk for anaphylaxis;
- (e) the provisions for education and training;
- (f) a balance between individual, school and community needs; and
- (g) fostering normal development.

Team Members

The district plan team works to develop, implement, monitor, review, and revise the plan to manage life-threatening food allergies effectively. The districtwide team may include:

- ✧ school superintendent or designee
- ✧ building principal or designee
- ✧ school nurse supervisor (or coordinator)
- ✧ teacher representative
- ✧ parent representative
- ✧ student representative (middle or high school)
- ✧ other school staff (e.g., school psychologist or counselor)
- ✧ school medical advisor
- ✧ school food service director or representative
- ✧ coach
- ✧ transportation coordinator
- ✧ supervisor of custodial staff
- ✧ community health care provider(s), e.g., pediatrician, APRN, dietitian, nutrition or health consultant, local EMS representative
- ✧ national and local experts (e.g., Food, Allergy and Anaphylaxis Network (FAAN))

Current Issues in the Development of Food Allergy Management Plan

The following issues related to planning for students with life-threatening food allergies have districtwide implications and have often been controversial in school districts in Connecticut and nationally. The purpose of this section is to explain the issues, suggest ways to address them based on successful practices in school districts, current scientific literature, where applicable, and provide resources for further information.

1. Banning of Specific Foods

As stated, school districts should establish a Food Allergy Management Plan to address the needs of students with life-threatening food allergies which should focus on prevention, education and emergency response plans. Schoolwide bans may not render the environment absolutely safe

because there is no method for ensuring that the allergenic food does not inadvertently come into the schools. Bans can create a false sense of security, which can lead to less responsible approaches to effective management strategies, education and emergency responses. Banning offending foods detracts from the schools' responsibility to properly plan for children with life-threatening food allergies and to educate all school personnel accordingly. It may also limit the opportunity to teach children with allergies to take care of themselves in environments where they may be exposed to allergens at any time. Additionally, banning can be problematic in terms of defining the limits. While it may mean the banning of peanuts for some students, will it also mean the banning of all nuts, milk or another food item for other students? School districts need to consider how to develop a plan that over time will best meet the needs of all students and prepare them for self-management and advocacy as they move into the worlds of the community, college, work and beyond. School options may include establishing allergen free zones, such as a child's individual classroom, allergen free lunch table(s) or areas in the cafeteria and food-free zones, such as libraries and music rooms, as well as enforcing relevant school policies, such as those that prohibit eating on the school buses. Individual student and family privacy needs and preferences should be considered in determining appropriate plans and not all students will need or want to use an allergen-free zone during the school day.

2. Medications

The following medication issues are important for all students with life-threatening medical conditions, including life-threatening food allergies. While these issues may best be addressed within each school district's policy and administrative procedures regulating medication practices, they should be reviewed and, as indicated, revised during the development and on-going evaluation of the district's Food Allergy Management Plan.

a. Storage of emergency medications

Connecticut regulations, Section 10-212a-5 (b), require that all medications, except those approved for self administration, "shall be kept in a locked container, cabinet or closet used exclusively for the storage of medication." Sometimes school districts interpret this to mean that all medications must be locked up at all times. This interpretation is at odds with the evidence that rapid access to and administration of emergency drugs is critical to saving lives in episodes of anaphylaxis and other medical emergencies. It is also at odds with the general practice of most school nurses who unlock their cabinets with non-controlled medications while they or other staff members trained in medication administration are supervising the health office. These factors, and Connecticut regulations Section 10-212a-5 (c), which limits access to all stored medications "to persons authorized to administer medications," support the interpretation that medications must be securely locked whenever they are not under the direct supervision of a nurse or other authorized and trained staff member (for example, a classroom teacher) in preparation for potential use. To promote rapid, life-saving steps in an emergency, therefore, emergency medications should not be locked during the school day. While they must not be accessible to any student or unauthorized staff member, they should be kept in a safe, accessible and reasonably secure location that can be properly supervised by a nurse or other authorized and trained staff member.

As a matter of safe practice, it is generally reasonable for schools to require that parents supply an extra set of emergency medications for availability during extra-curricular activities that occur outside the regular school day. This allows the "school-day" medications to be

properly stored and locked after regular school hours to ensure that they will be available – without fail – the next morning when the student arrives at school. Plans for sharing medications between regular school programs and before- or after-school programs generally leave more opportunity for unintended error and unexpected events than is safe. In some instances, families may need assistance from the school district to find financing for a second set of emergency medications.

b. Location of emergency medications

Sometimes school districts and parents have different views about where emergency medications should be stored during the school day: in the health office; on the person of the child; in the classroom out of reach of other children; or in the hands of the teacher who passes the medication on to the child's next teacher, and so on. Differences of opinion aside, the major focus in coming to an agreement about location of an individual's emergency medication must be the safety of the student, and the safety of other students. Determining the best option also requires consideration of the potential for error among options under discussion. Many considerations should be reviewed before coming to a reasonable decision about safety, for example, general safety standards for handling and storage of medications, developmental stage and competence of the student, size of the building, availability of a full time school nurse in the building, availability of communication devices between teachers and paraprofessionals who are inside the building or on the playground and the school nurse, school nurse response time from the health office to the classroom, preferences and other responsibilities of the teacher, preferences of the parent, preferences of the student (as applicable), movement of the student within the building, and so on.

Based on some of these items, school districts may determine as a districtwide matter which options will be available for teams to choose from when developing individualized health care plans (IHCP) for individual students. For example, a district may determine that, with full time school nurses and availability of communication devices, it is reasonable to offer that emergency medications will either be kept in the health office under the supervision of the school nurse or at all times secure on the person of the student (which may or may not be part of a self-administration plan). In another district where school nurses may be part time in a school building or communication devices are not available, the health office may not be as appropriate a location as a student's classroom, under supervision of the classroom teacher, on the person of the child, or the main office under the supervision of the assistant principal. Sometimes, several locations may be appropriate, especially in very large buildings; at other times, using several locations or doing something different from the norm may create a greater potential for error. Choices for location of emergency medications should be sufficiently flexible to allow teams to choose the best option for individual students within the context of the school district, staffing and other building characteristics. Location of emergency medications when students have a self-administration plan is discussed in 'c.' below.

c. Self-administration of medication

Connecticut regulations, Section 10-212a-4, permits boards of education to authorize students to self administer medication provided (1) they have the written order of an authorized prescriber, (2) authorization of a parent or guardian, (3) the school nurse has deemed self-administration safe and appropriate, (4) the medication is transported to school and maintained under the student's control in accordance with the Board of Education's policy on self administration by students, and (5) the principal and appropriate teachers are

informed of a student's self administration plan. Sometimes school districts and families disagree about when self administration is appropriate and sometimes districts limit this option to students in high school while others include middle school students as well. When medication is required by students who have chronic health conditions, especially when medication may be life saving, it is best practice to encourage and assist students to become educated and competent in their own care. Medication policies that provide school nurses with some flexibility for decision making about self administration of medication by students based on normal developmental principles and on the personal characteristics, competencies, maturity, and preferences of the student will best serve both students and schools. Some older elementary students, for example a fifth grader, may be ready and competent to transport, securely maintain, and self administer emergency medications (at least in practice demonstrations), while a high school adolescent who is acting out, not behaving responsibly, or not demonstrating proper supervision of the medication may not be appropriate for a self administration plan until these behaviors change. School nurses may need guidance about normal developmental expectations, teaching students self care and assessing student readiness for self administration. They may also need support when, based on an appropriate assessment, they deny a self administration plan for a student despite authorization of the parent and an authorized prescriber. In this event, the student's IHCP may appropriately address the student's need for continuing support, education, skills practice or behavioral change, as indicated by the situation, and timing of the next readiness assessment.

When self-administration is allowed, students should agree to keep their emergency medications on their person or immediately under their control and supervision at all times. This is both for the safety and the self-care education of the students. Emergency medications that are locked away in a locker or left in a back pack are not sufficiently accessible when the student is in another part of the building or outside on the playing grounds and may cause considerable delay in medication administration in a true emergency. For their own protection, students need to learn always to keep their medication immediately at hand. In addition, students must be responsible for keeping control of their medication so that other students cannot access to them and inadvertently harm themselves.

d. Auto Injectors

School nurses are responsible for the training and supervision of unlicensed personnel in the administration of medications, school staff trained to administer epinephrine auto-injector in an emergency, and students learning to self-administer epinephrine have successfully, for several years now, used the auto-injector cartridge known as EpiPen® for epinephrine delivery, in large part due to its ease of use and safety in terms of OSHA requirements. Currently, new types of auto-injector cartridges are coming on the market and practitioners (physicians and nurses) are reviewing them for ease of use and safety protections. It is important for school nurses and parents to review orders for new types of auto-injectors to ensure that they meet the criteria for "auto-injector cartridge," for employee safety under OSHA standards, and for ease of use when a true emergency occurs. Needle handling by unlicensed personnel, except as provided in an auto-injector cartridge, may be unwise both from clinical and risk management perspectives.

3. Eligibility of Section 504

There are substantial differences across the country in legal interpretations and school district practices regarding Section 504, its definition of a qualified person with a disability, and the eligibility of students with life-threatening food allergies. Since the law provides that a team of knowledgeable persons must make eligibility determinations on a case-by-case basis, these guidelines cannot provide specific guidance on the eligibility question. Nevertheless, school districts have an obligation to provide reasonably safe environments for all students. Whether students with life-threatening food allergies are identified under Section 504 as disabled individuals or not, school districts must provide these students with individualized health care plans to address their health and safety needs.

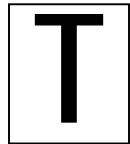
Note: See Appendix H for more information and resources on Section 504.

4. Current Literature and Research on Life-Threatening Food Allergies

New information and research regarding life threatening food allergies is increasingly available on a regular basis, helping to increase our knowledge base and providing support for evidence-based practices. Such information and research is invaluable to school districts and to families as they collaborate to make informed and reasonable decisions to best meet the safety needs of students with life threatening food allergies in balance with their normal developmental needs for growing independence and self care in school and community settings. While new research and literature are extremely useful, they should always be scrutinized in terms of the actual quality of research and data, results of the research, and implications for school settings.

Section Four

Procedural Guidelines



The following procedural guidelines address considerations that have districtwide implications and may be adopted into district procedures. When these considerations are not addressed in the *district* Food Allergy Management Plan or *district* procedures, they will need to be considered by school teams when they are developing *individualized* health care plans.

1. Process for the Identification of Students with Life-Threatening Food Allergies

School district should develop and implement strategies for the early identification of students with life-threatening food allergies. Strategies may include using school newsletters, kindergarten registration, school nurse communications with families (i.e., new student health history form), and communication with community nursery schools and preschools. These strategies for identification of students with life-threatening food allergies facilitate proper planning prior to the beginning of the school year.

2. Process for Annual Development of Individualized Health Care Plan

The district procedures should include a formalized process for the development of an individualized health care plan for students with life-threatening food allergies. This process should include a standardized template for the development of both the individualized health care plan (IHCP) and the emergency care plan (ECP), recommendations of team members who should be involved in the development of the IHCP, a process to obtain medical information and proper authorizations to administer medication from the student's health care provider, and a process to develop other accommodations within the IHCP such as allergen-free zones in the classroom or cafeteria.

3. Administration of Medications

Medication administration for students with life-threatening food allergies must follow your school district's policy and procedures regarding medication administration. Medication administration at schools and at school activities must be in compliance with CGS, Section 10-212a and Sections 10-212a -1 through 10-212a -7 of the Regulations of the Connecticut State Agencies.

Who May Administer Medications during the school day:

In the absence of a school nurse, administration of an epinephrine cartridge auto-injector may be administered by a principal, teacher, Occupational Therapy (OT) or Physical Therapy (PT) with proper training by the school nurse. An individual paraprofessional who has been properly trained in medication administration may administer an epinephrine auto-injector to a specific child with life-threatening food allergies if approved by the school nurse and the school medical advisor with proper authorization from the parent and health care provider.

Training for Medication Administration:

The school nurse provides the training on administration of medication to all school personnel to whom they delegate the administration of medications. This training must include the medication, the desired effects, when and how to administer the medication, the potential side effects, and the emergency response plan.

Supervision:

The school nurse is responsible for the supervision of the other school personnel who are delegated responsibility for administering medications.

Note: Specific information on the CGS and regulations can be found in Appendix F

Other Considerations:

- ✧ Obtaining proper medication authorizations from the student's health care provider [licensed physician, APRN or Physician's Assistant (PA)];
- ✧ Parental permission to administer medication at school;
- ✧ Ensuring medication is provided by the parent for use in the school setting;
- ✧ Determination of where medications will be stored (i.e., in the health room, in the classroom, carried by the student on their person);
- ✧ Safety considerations including storage during and beyond the school day; and
- ✧ Determination of competence of an individual student's ability to self-administer their own medication by the authorized health care provider, the parent, and the school nurse.

Standing Orders:

School procedures should include a standing order from the school medical advisor for the school nurses to administer epinephrine to students who are not known to have a life-threatening food allergy, do not have their own medication order and have their first anaphylactic reaction in school. This standing order should also include an order to administer a second dose of epinephrine if the symptoms of an anaphylactic reaction have not subsided within a specified number of minutes with the first dose of epinephrine. These orders need to be reviewed and signed by the school medical advisor on an annual basis.

4. Communication Plans

Communication is essential for the implementation of an effective district plan. Defining expectations for communication and privacy issues between relevant school staff (such as school nurses, teachers, administrators, etc), families and the student's health care providers (such as physicians, nurses, and EMS) includes:

- ✧ Obtaining documentation by the student's health care provider (licensed physician or Advanced Practice Registered Nurse [APRN]) of the life threatening allergies, which may be included the proper authorizations for medications and emergency response protocols.
- ✧ Developing a communication process with the student's health care providers and parents regarding individual student's prevention and management plans.
- ✧ Establishing communication systems within the school (i.e., walkie-talkies) and during off-site activities (i.e., cell phones or radios on school transportation and field trips).

- ✧ Determining communication processes between school and parents of children without life-threatening food allergies including standard parental notification letters regarding allergen classrooms.
- ✧ Establishing procedures that ensure the appropriate people (such as all teachers, paraprofessionals, custodian, bus driver and substitute staff) are familiar with the IHCP and emergency plan.

5. Provisions for Initial and Ongoing Education for School Community (including clinical updating to school nurses and school medical advisors)

Each district will need to answer questions based upon their local needs, such as:

- ✧ Why are we doing this education and who will conduct it?
- ✧ Will this education be offered on a school or districtwide basis?
- ✧ Who will attend these educational opportunities?
- ✧ What are the key messages that need to be delivered?
- ✧ How often will this education occur?

Education and professional development opportunities should include:

School Nurses

The school nurse may need to update clinical knowledge and skills related to severe food allergy in school settings. This would include information pertaining to:

- ✧ allergies;
- ✧ individualized health care plans;
- ✧ emergency care plans;
- ✧ transportation plans and issues;
- ✧ accommodations within regular education;
- ✧ requirements of Section 504, appropriate school district policies and procedures;
- ✧ collaborating with families; and
- ✧ implications of normal development in drafting care plans.

School Personnel

The school nurse in collaboration with the parent(s) of students with life-threatening food allergies and school medical advisor should provide education to relevant school staff such as classroom teacher/specialist, substitutes, students, school administrators, school food service staff, custodians, bus drivers, coaches and other on-site persons in charge of conducting after school activities. This education may include:

- ✧ overview of life-threatening food allergies;
- ✧ prevention strategies;
- ✧ emergency care plans;
- ✧ medication training;
- ✧ food safety;
- ✧ sanitation; and
- ✧ specific accommodations, such as field trips.

Parents

The school nurse in collaboration with school administration may provide education to parents of students with life-threatening food allergies. This education may include:

- ✧ general information (anaphylaxis, epinephrine, etc);
- ✧ school medication policies and procedures; and
- ✧ school policies and procedures related to the development of school plans to manage life-threatening food allergies.

School and community partners

The school nurse in collaboration with school administration, the school medical advisor and parent(s) of students with life-threatening food allergies should provide education to the school and community partners (including parents of children without life-threatening food allergies, health care providers and parent volunteers). This education may include:

- ✧ general terms;
- ✧ prevention strategies; and
- ✧ school policies and procedures.

Students (peers)

The school nurse in collaboration with school administration and food allergy educators may provide education to peers of students with life-threatening food allergies. Peer education is a critical component of food allergy management at school. As students with life-threatening food allergies and their peers mature, it is often the children themselves that first recognize a reaction and summon help. Investing time in peer education at an early age has a great payoff in later years. This education may include:

- ✧ general terms (anaphylaxis, epinephrine, etc);
- ✧ school policies on prevention strategies, such as prohibiting food swapping and allergen free zones; and
- ✧ school policies on bullying and teasing.

In addition to education of the school community, education efforts should also include education for the individual student to promote self-advocacy and competence in self-care. Strategies may include:

- ✧ Collaborating to help families and school staff define reasonable (and unreasonable risks) for children at each developmental stage. These risks may include self carrying and self-administration of medication, making food choices in the school cafeteria, educating peers about life-threatening food allergies, etc.
- ✧ Determining appropriate steps for safety in the context of children's needs to take risks in order to learn and develop.

These strategies are often incorporated into the student's individualized health care plan.

Note: See Appendix E for a list of educational resources including developmentally appropriate peer and student education materials.

6. Prevention Measures

Each school district should consider districtwide preventive measures. If these issues are not addressed districtwide, consideration of these measures may be incorporated into the individual student's health care plan, if appropriate. These measures include:

- ✧ Establish effective sanitation and cleaning measures, such as cleaning of lunch table and classroom surfaces with disposable paper towels and cleaning products known to effectively remove food proteins.
- ✧ Promote hand-washing practices following eating to prevent cross-contact using recommended procedures of soap and water or hand wipes when soap and water are not available. Hand sanitizers are not effective for removing food allergens or dirt.
- ✧ Enforce safe practices among students, such as prohibiting meal/snack swapping, utensil swapping among students, and prohibiting eating on school transportation.
- ✧ Consider options for allergen-free zones such as the classroom, lunch tables, or cafeteria zone to decrease exposure to allergen.
- ✧ Consider options for food-free common areas (such as libraries, music and art rooms, etc.)
- ✧ Develop common practices for alerting and assigning substitute staff for school nurses and teachers.
- ✧ Provide supervision in the cafeteria and on the playground by trained and knowledgeable staff in recognition of symptoms of anaphylaxis and emergency plans.
- ✧ Plan for celebrations (birthdays, school parties, holidays, and other school events) which may include alternatives to food for celebrations, provisions for allergy-free foods for celebrations, etc.) Resources available at: <http://www.state.ct.us/sde/deps/Student/NutritionEd/index.htm>
- ✧ Plan for fire drills, lockdowns, or shelter in place, which may include considerations for access to medications, allergy-free foods, etc.
- ✧ Plan for PTO/PTA sponsored events for students including those with life-threatening food allergies.
- ✧ Discuss use of classrooms and other school facilities by outside groups and safety considerations necessary.
- ✧ Adhere to OSHA and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.

7. Food Service and Food Safety Considerations

School Meals

Generally, children with food allergies or intolerances that are not life-threatening do not have a disability as defined under either Section 504 of the Rehabilitation Act or IDEA. Therefore, school food services may, but are not required to, make food substitutions. Any substitutions made would require a completed "Medical Statement for Children *without* Disabilities" to be on file.

However, if a licensed physician determines the food allergy is severe enough to result in a life-threatening (anaphylactic) reaction, the school food service program must make the substitutions prescribed by the physician, even if the child is not considered disabled under Section 504 or IDEA. In this case, the "Medical Statement for Children *with* Disabilities" form must be completed and on file.

Note: See Appendix C for sample forms.

Generally, the school nurse has the lead in obtaining appropriate documentation such as medical statements. It is essential that this information is communicated to the school food service director.

Collaboration with food service staff is essential to assist the student with life-threatening food allergies to participate in the school meal program. With documentation from the student's health care provider, meal substitutions can be made to ensure that students are provided with food choices that avoid certain foods. To the extent possible, school food service staff should provide parents with food labels so that they can identify and approve which foods that their child may select for meals in school.

Food Safety

The School Food Service Director has the responsibility to insure school food service facilities are operated in compliance with state and local regulations.

The State of Connecticut General Statute 19a-36 provides the statutory authority for the Commissioner of Public Health to establish a Public Health Code. The State of Connecticut Public Health Code gives the regulatory authority of food service establishments to local directors of health and their authorized agents. School food service under the jurisdiction of local directors of health must comply with section 19-13-B42 of the State of Connecticut Public Health Code (PHC). This regulation and the supporting compliance guide may be obtained at:
http://www.dph.state.ct.us/BRS/Food/food_protection.htm

Public Act No. 05-122, An Act Concerning Food Allergies, effective October 1, 2005, requires the Commissioner of Public Health to provide regulations with respect to qualified food operators that require the contents of the test administered to include elements testing the qualified food operator's knowledge of food allergies.

Currently, three testing organizations that include knowledge of food allergies are approved by the Department of Public Health, Food Protection Program:

1. ServSafe - The Educational Foundation of the National Restaurant Association (NRA)
1-800-765-2122, <http://www.nraef.org>
2. Thomson Prometric
1-800-786-3926, <http://www.experioronline.com/food.htm>
3. National Registry of Food Safety Professional/Environmental Health Testing
1-800-446-0257, 1-407-352-3830, <http://www.NRFSP.com>

In addition to complying with the requirements of PHC section 19-13-B42, it is recommended that school food service employees be provided annual training on the issues and concerns in regards to food allergies in the school environment.

School food service allergy awareness training may include:

- ✧ identifying the major allergens;
- ✧ label reading;
- ✧ cleaning and separating to avoid cross contact with allergens;
- ✧ personal hygiene to avoid cross contact with allergens; and
- ✧ developing standard operating procedures to document and monitor allergen free measures and preparation areas within the kitchen.

The Food Allergy & Anaphylaxis Network, in cooperation with the National Restaurant Association, has developed training program guidelines for food service employees that may be obtained through the Food Allergy & Anaphylaxis Network at (800-929-4040).

Note: Special procedures for handling meal accommodations for children with life-threatening food allergies and other special dietary needs can be obtained by contacting the Connecticut State Department of Education. Information regarding the U.S. Department of Agriculture's requirements can be found in *Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff* at http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf. For more information, contact your district's food service supervisor or the Connecticut State Department of Education.

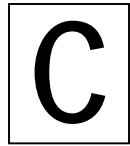
8. Monitoring Effectiveness of District Plan and Procedures

Ensure periodic assessments of the effectiveness of the district plan and procedure. Assessments should occur:

- ✧ At least annually with the school district team;
- ✧ After each emergency event involving the administration of medication to determine the effectiveness of the process, why the incident occurred, what worked and did not work in the district plan and procedures; and
- ✧ Include new research and practices in the annual review of the plan and procedures.

Section Five

Developing Individualized Health Care Plans (IHCP) for Students



Children with life-threatening food allergies should have an individualized health care plan (IHCP) and an emergency care plan (ECP) to address how that child's health and safety needs will be met while in school.

Emergency Care Plans (ECP)

The written Emergency Care Plan (ECP) for students with life-threatening food allergies may sometimes be called an Allergy Action Plan (AAP). An ECP provides specific directions about what to do in a medical emergency such as an accidental exposure to the allergen or safety emergency such as a fire drill or lockdown. The ECP is often part of the IHCP. This written plan helps the school nurse, school personnel and emergency responders react to an emergency situation in a prompt, safe and individualized manner. The ECP includes:

1. The child's name and other identifying information, such as date of birth and grade and photo;
2. The child's specific allergy;
3. The child's signs and symptoms of an accidental exposure to the allergen;
4. The medication to be administered in the event of an accidental exposure to the allergen;
5. The location and storage of epinephrine auto-injector(s);
6. Who will administer the medication (including self-administration options);
7. Follow-up plan (i.e., calling 911);
8. Recommendation that if child continues to experience symptoms after the administration of epinephrine auto-injector, especially if drop in blood pressure (BP), dizziness or lightheadedness occurs, then place the student lying on his/her back (supine position) with their legs elevated above their head; and
9. Emergency contacts for parents/family and medical provider.

See Appendix D for a sample ECP.

In order to develop the ECP, the school nurse should:

- ✧ Obtain current health information from the family and the student's health care provider(s), including student's emergency plan and all medication orders.
- ✧ Consult with the health care provider as indicated to clarify emergency medical protocol and medication orders.

Individualized Health Care Plans and the Essential Components

In addition to the development of the ECP, students with life-threatening food allergies should also have an individualized health care plan (IHCP). In order for this to happen, it is necessary to determine a process for developing and implementing an individualized plan for the student. This process should include:

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

- ✧ Identification of a core team to establish the plan. The school nurse should have the lead role on this team. In addition to the school nurse, this team should include, at a minimum, parent(s), guardian(s) or other family members; school administrator(s); classroom teacher and the student (if appropriate). Other possible members include the school medical advisor, school-based health clinics, student's health care provider, special teachers such as culinary arts, and other school staff such as the school food service manager.
- ✧ Collaboration between the school nurse and parent to consider developmentally and age-appropriate accommodations and draft language for consideration at the core team meeting.
- ✧ Meeting of team members to finalize IHCP. While the health care providers can offer recommendations for the types of accommodations needed in the school setting, it is the core team's responsibility for the development of these recommendations based on the student's needs and the school environment.
- ✧ Determination of the type of plan appropriate for the student (e.g., IHCP or Section 504 plan). If the team determines that a student does meet the eligibility requirements for Section 504, the IHCP may be considered one and the same as the Section 504 plan.
- ✧ Based on the student's health status, determine the minimum frequency with which health information will be reviewed and the plan updated accordingly.
- ✧ Clarify the roles and responsibilities of each member of the core team. Ensure that all team members' opinions are considered equally.

Note: See Appendix A for suggested roles and responsibilities of team members.

IHCPs are usually developed for students with special health needs or whose health needs require daily intervention. These plans describe how to meet an individual child's daily health and safety needs in the school setting. An individual health care plan includes:

- ✧ functional health issues (nursing diagnoses);
- ✧ student objectives (expected outcomes) for promoting self care and age appropriate independence; and
- ✧ responsibilities of parents, school nurse, teacher, student and administration, as appropriate.

Individualized health care plans should address student needs both during the normal school day and situations outside of the normal school routine. **This information may be distributed to all school staff who have responsibility for the student with life-threatening food allergies.** Considerations to be included in the individual health care plan and accommodation plans for students with life-threatening food allergies may include:

- ✧ classroom environment, including allergy free considerations;
- ✧ cafeteria safety, including allergy free tables or zones;
- ✧ participation in school nutrition programs;
- ✧ snacks, birthday and other celebrations,
- ✧ alternatives to food rewards and incentives;
- ✧ hand-washing;
- ✧ location(s) of emergency medication;
- ✧ risk management during lunch and recess times;

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

- ✧ classroom projects (e.g., science activities that may involve food or allergen products);
- ✧ classroom jobs (e.g., feeding fish, washing tables, etc.);
- ✧ specials, such as music and art;
- ✧ special events (e.g., cultural programs, science programs);
- ✧ field trips, fire drills, and lockdowns;
- ✧ staff education;
- ✧ substitute staff notification and training (including nurses, teachers, specials, student teachers, cafeteria staff, and others as appropriate);
- ✧ school transportation;
- ✧ transitions to after-school programs;
- ✧ athletic and extracurricular activities;
- ✧ individualized adaptations of district parental notification letter (if necessary);
- ✧ PTO or PTA sponsored events for students (see reference and resource list for SDE resources on healthy fundraisers and alternatives to food as reward); and
- ✧ transitions to new grades and school buildings in the district.

Additional considerations for middle and high school students include:

- ✧ transportation on sports team bus;
- ✧ school dances;
- ✧ biology labs;
- ✧ open campus and extended study periods;
- ✧ vending machine options; and
- ✧ culinary arts programs.

The individualized health care plan (IHCP) may also include a summary of nursing assessments.

The individual health care plan is also used to document interventions and evaluate outcomes. IHCPs should be updated at least annually, and more frequently as necessary to keep pace with changing student needs and school environment. During this update, a review of the student's competency levels, self-care plans, and changes in the school environment should be considered.

Reviews should occur:

- ✧ at least annually with the school team, including the parents or guardians, and when appropriate, the student;
- ✧ more frequently if there are changes in the student's emergency care plan, changes in the self-monitoring and self-care abilities of the student, or whenever an adjustment to the plan is appropriate; and
- ✧ after each emergency event involving the administration of an EpiPen® a (summative evaluation) to determine the effectiveness of the process, why the incident occurred, what worked and did not work and person(s) involved.

Note: *See Appendix D for sample plans.*

Appendix A

Suggested Roles and Responsibilities

Specific individual's roles and responsibilities in the management of students with life-threatening allergies have been determined for:

- ✧ Students with Food Allergies;
- ✧ Parent of a Student with Food Allergies;
- ✧ School Nurse;
- ✧ School Administrators;
- ✧ Classroom Teacher/Specialist;
- ✧ School Psychologist;
- ✧ Food Service Personnel;
- ✧ School Bus Company;
- ✧ School Medical Advisor; and
- ✧ Coaches and other On-Site Persons in Charge of Running School Activities.

Adapted from *Managing Life Threatening Food Allergies in Schools*, 2002,
Massachusetts Department of Education.

Students with Life-Threatening Food Allergies

The role that students with life-threatening food allergies play in staying safe at school will increase as they become older. Younger children cannot be expected to assume the same responsibility for their safety as older children can.

Students should:

- ✧ Learn to recognize symptoms of an allergic reaction.
- ✧ Promptly inform an adult as soon as accidental exposure occurs or symptoms appear. Ask a friend to help you if you cannot get to an adult.
- ✧ Follow safety measures established by your parent(s)/guardian(s) and school team at all times.
- ✧ Do not trade or share foods with anyone.
- ✧ Do not eat any food item that has not come from home or been approved your parent or guardian
- ✧ Wash hands before and after eating.
- ✧ Develop a rapport with the school nurse and/or another trusted adult in the school to assist you the successful management of the allergy in school.
- ✧ If approved by your parent and school team, carry your epinephrine auto-injector at all times.
- ✧ Report any instances of teasing or bullying to an adult immediately.

Parents/Guardians

- ✧ Inform the school nurse of your child's allergies prior to the opening of school (or as soon as possible after a diagnosis).
- ✧ Provide the school nurse with health information from your health care provider.
- ✧ Provide the school nurse with medication orders from the licensed provider.
- ✧ Participate in developing an Individualized Health Care Plan (IHCP) with the school nurse and school team.
- ✧ Provide the school nurse with at least annual updates on your child's allergy status.
- ✧ Provide the school nurse with written permission to communicate with your health care provider.
- ✧ Provide the school with at least two up-to-date epinephrine auto-injectors.
- ✧ Provide the school nurse with the licensed provider's statement if student no longer has allergies.
- ✧ Provide the school with a way to reach you (cell phone, beeper, etc.).
- ✧ Provide a list of foods and ingredients to avoid.
- ✧ Consider providing a medical alert bracelet for your child.
- ✧ Be willing to go on your child's field trips if possible and if requested.
- ✧ Review the list of student responsibilities with your child and be sure he/she understands his role.

It is important that children take on more responsibility for their food allergies as they grow older and are developmentally ready. Consider teaching them to:

- ✧ Carry own epinephrine auto-injector.
- ✧ Communicate the seriousness of the allergy.
- ✧ Communicate symptoms as they appear.
- ✧ Read labels.
- ✧ Recognize potentially dangerous situations and make good safety decisions.
- ✧ Administer own epinephrine auto-injector and be able to train others in its use.

Remember – the ultimate goal is that our children eventually learn to keep themselves safe by making good choices and advocating for themselves.

School Administrator

- ✧ Include in the school district's emergency response plan a written plan outlining emergency procedures for managing life-threatening allergic reactions. Develop procedures to assist schools at each level (elementary, middle and high) to adapt or modify the plan to meet special needs of individual students. Consider risk reduction for life-threatening allergies.
- ✧ Support faculty, staff and parents in implementing all aspects of the life-threatening allergy management plan. Provide training and education for faculty and staff regarding:
 - Anaphylaxis and anaphylactic reactions to foods, insect stings, medications, latex
 - Risk reduction procedures
 - Emergency procedures
 - How to administer an epinephrine auto-injector in an emergency
 - Cafeteria management and food preparation for food service personnel
- ✧ Provide emergency communication devices (e.g., two-way radio, intercom, walkie-talkie, cell phone) for all school activities, including transportation, that involve a student with life-threatening allergies.
- ✧ Consider requesting a full-time nurse at your school to meet the needs of students with life-threatening allergies and other students in the school.
- ✧ Have a plan in place when there is no school nurse available including that at least three staff members that are trained in the recognition of early symptoms of anaphylaxis and in medication administration.
- ✧ Inform parent/guardian if any student experiences an allergic reaction.
- ✧ Make sure that plans include notification and training, as indicated, of substitute teachers, nurses or food service personnel.
- ✧ Ensure that the students with life-threatening food allergies are placed in classrooms where teachers are trained to administer an epinephrine auto-injector, if needed.
- ✧ Provide guidance on districtwide issues such as transportation.

School Nurse

- ✧ 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).
- ✧ Assure that the 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.
- ✧ Arrange and convene a team meeting, if possible before the opening of school to finalize the IHCP.
- ✧ After the team meeting, review the plan with the parent and student.
- ✧ 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, custodian, bus driver, local EMS..
- ✧ Provide information about students with life-threatening allergies and their photos (if consent given) to all staff on a need-to-know basis (including bus drivers, substitute teachers and other new staff members).
- ✧ 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.
- ✧ Implement a periodic anaphylaxis drill similar to a fire drill as part of periodic refresher courses.
- ✧ Track education of all involved parties to ensure that they have been properly trained and updated.
- ✧ Introduce yourself to the student and show him/her how to get to the nurse's office.
- ✧ 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.
- ✧ Periodically check medications for expiration dates and arrange for them to be current.
- ✧ Arrange periodic follow-up to review effectiveness of the IHCP, at least on an annual basis, or as often as necessary.
- ✧ Make sure that substitute school nurses are fully oriented to students with life-threatening food allergies and their care plans.
- ✧ Communicate with parents on a regular basis.

Classroom Teacher/Specialist

- ✧ Participate in the development of the student's IHCP and ECP (as core team member).
- ✧ Review and follow the ECP and IHCP of any student(s) in your classroom with life-threatening allergies.
- ✧ Keep accessible the student's ECP and IHCP with photo (if consent is given) in classroom or with the lesson plan.
- ✧ Always act immediately and follow the ECP if a student reports signs of an allergic reaction.
- ✧ Never allow a child you suspect of having an allergic reaction to walk alone to the school nurse.
- ✧ Request that the classroom has a functioning intercom, walkie-talkie or other communication device for communication with the school nurse.
- ✧ Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies and necessary safeguards.
- ✧ Leave information in an organized, prominent and accessible format for substitute teachers.
- ✧ Consider coordinating with parent and school nurse a lesson plan about food allergies and anaphylaxis in age appropriate terms for the class.
- ✧ 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.
- ✧ Work with the school nurse to educate other parents about the presence and needs of the child with life-threatening allergies in the classroom. Enlist their help in keeping allergic foods out of the classroom.
- ✧ Inform parents of children with life-threatening food allergies of any school events where food will be served.
- ✧ Participate with the planning for student's re-entry to school after an anaphylactic reaction.

A. SNACKS/LUNCHTIME

- ✧ Prohibit students from sharing or trading snacks.
- ✧ Avoid cross-contamination of foods by wiping down eating surfaces with soap and water before and after eating as applicable. Tables should also be washed with soap and water in the morning if an after-school event has been held in the classroom the day before.
- ✧ Reinforce hand-washing before and after eating.

B. CLASSROOM ACTIVITIES

- ✧ Avoid use of allergenic foods for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, pet foods or other projects).
- ✧ Welcome parental involvement in organizing class parties and special events.
- ✧ Consider non-food treats for rewards and incentives.

C. FIELD TRIPS

Collaborating with the school nurse and parents, prior to planning a field trip to:

- ✧ Plan ahead for risk avoidance at the destination and during transportation to and from the destination.

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- ✧ Review plans when selecting field trip destinations; avoid high-risk places.
- ✧ Ensure the epinephrine auto-injectors and instructions are taken on field trips and remain with the student or in the care of the trained adult during the course of the field trip.
- ✧ Ensure that functioning two-way radio, walkie-talkie, cell phone or other communication device is taken on field trip and that there are adults present who are trained in the administration of an epinephrine auto-injector.
- ✧ Ensure that the child with life-threatening food 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.
- ✧ Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- ✧ Consider ways to wash hands before and after eating (e.g., provision of hand wipes, etc.).
- ✧ Know where the closest medical facilities are located, 911 procedures and whether the ambulance carries epinephrine and EMTs are certified to administer epinephrine.
- ✧ Invite parents of a student at risk for anaphylaxis to accompany their child on field trips, in addition to the chaperone. However, the student's safety or attendance must not be conditioned on the parent's presence.

School Mental Health Staff

- ✧ Participate in the development of the student's IHCP and ECP (as core team member).
- ✧ Assist with staff training, especially around staff anxiety in caring for students with life-threatening food allergies.
- ✧ Monitor anxiety, stress level, and social development of students with life-threatening food allergies and provide interventions as appropriate.
- ✧ Act as a resource to parents and students regarding anxiety, stress and normal development.
- ✧ 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.

School Food Service

- ✧ Participate in the team meeting with appropriate members for entry into school as appropriate.
- ✧ Post the student's ECP with consent of parent(s).
- ✧ Establish procedures to follow to ensure that students with life-threatening food allergies select only those foods identified and approved by their parent(s).
- ✧ Ensure that all food service staff and their substitutes and cafeteria monitors are trained to recognize the signs and symptoms of an allergic reaction and what to do in the event of a reaction.
- ✧ Maintain contact information for manufacturers of food products (e.g., Consumer Hotline) and make available to parents on request.
- ✧ Provide parents with food labels as requested.
- ✧ Provide advance copies of the menu to parents/guardian and notification if menu is changed.
- ✧ Review and follow sound food handling and food preparation practices to avoid cross-contact with potential food allergens.
- ✧ Establish policies in collaboration with school administration for the cafeteria regarding students with life-threatening food allergies.
- ✧ Create specific areas that will be allergen safe, as needed.
- ✧ Strictly follow cleaning and sanitation protocols to avoid cross-contact.
- ✧ Thoroughly clean all tables, chairs and floors after each meal.
- ✧ Make required food substitutions with documentation signed by licensed physician. In order to make appropriate substitutions or modifications for meals served to students with life-threatening food allergies, the physician's statement must identify the student's disability (as defined under USDA guidelines), why the disability restricts their diet, the food or foods to be omitted from the student's diet, and the food or foods to be substituted .
- ✧ Plan ahead to have safe meals for field trips.
- ✧ 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.
- ✧ Have a functioning intercom, walkie-talkie or other communication device to support emergencies.
- ✧ Take all complaints seriously from any student with a life-threatening allergy.
- ✧ Be prepared to take emergency action and follow student's ECP.

School Bus Company

- ✧ Provide education for all school bus drivers regarding life-threatening allergies (provide own training or contract with school) and what to do if they suspect a student is having a reaction.
- ✧ Provide education for school bus drivers on specific children, when appropriate.
- ✧ Provide functioning emergency communication device (e.g., cell phone, two-way radio, walkie-talkie or similar).
- ✧ Know local Emergency Medical Services procedures.
- ✧ Maintain policy of not allowing foods or beverages to be consumed on school buses.
- ✧ Provide school bus dispatcher with list of students with life-threatening food allergies by bus/van number and instructions for activating the EMS system
- ✧ Plan ahead for informing substitute bus drivers of students with life-threatening food allergies.

School Medical Advisor

- ✧ Provide consultation to and collaborate with school nurse(s) on clinical issues and protocols which may include:
 - Standing orders for emergency medication including epinephrine; and
 - Policy recommendations for emergency interventions (for known and unknown reactors) in cases of anaphylaxis.
- ✧ Guide the district in the development of procedures for prevention of anaphylaxis and emergency planning to ensure safety without undue interference with a child's normal development or right of others.
- ✧ Participate in staff training regarding life-threatening food allergies.
- ✧ Attend IHP planning meetings when requested by the school administrator.
- ✧ Assist in the development of educational programs for students to promote wellness.
- ✧ Facilitate community involvement by encouraging development of and participation in school health advisory committee or healthy school policy team.
- ✧ Communicate with other community physicians regarding school district policy, procedures and clinical protocols for managing food allergies.
- ✧ Act as a liaison, if necessary, with the media should controversies or opportunities for education occur.

Coaches and other On-Site Persons in Charge of Conducting After-School Activities

- ✧ Participate in team meetings to determine how to implement students Individual Health Care Plan.
- ✧ Conduct sports and after school activities in accordance with all school policies and procedures regarding life threatening allergies.
- ✧ With parent's consent, keep a copy of the Emergency Care Plan and photo of students (if consent is given) with life-threatening allergies.
- ✧ Make certain that emergency communication device (e.g., walkie-talkie, intercom, cell phone, etc.) is always present.
- ✧ Ensure that at least one but ideally two people during activity who have been trained to administer an epinephrine auto-injector.
- ✧ Maintain a current epinephrine auto-injector in the first aid kit.
- ✧ Know EMS procedures and how to access the EMS system from the site of the after school activity or event.
- ✧ Clearly identify who is responsible for maintaining the first aid kit, if appropriate.
- ✧ Remind the student to replace his/her medical alert identification immediately after the activity is completed if for safety reasons it needs to be removed during a specific activity.

Appendix B

Frequently Asked Questions

1. **Does the health care provider have to sign off on each and every accommodation detailed in a child's IHCP, 504 plan or ECP?**

The health care provider plays a significant role on the team by providing accurate and current medical information, providing the emergency protocol, and signing the appropriate medication administration forms. The health care provider, however, is often unfamiliar with the day to day operations of the school and may not be in the position to recommend or sign-off on each and every accommodation especially since some accommodations are more educational in nature rather than medical.

2. **Does the school team have to include all recommendations from the health care provider?**

Medical/therapeutic recommendations should be accepted by the school team unless they are outside the acceptable standard of care. Suggestions and recommendations that affect the educational program and school operations from the health care provider should be welcomed and considered carefully; however they need to be decided on by the school team. Open communication between the family, the school staff and health care provider is recommended to develop a plan that meets the individual student's need and takes into consideration each school's unique environment. However, consideration should be given to any suggestions and requests the provider has concerning the student.

3. **When a classroom is designated as "peanut-free" and a parent complains that his/her child likes peanut butter crackers for snack, how should I respond?**

All children have the right to learn in an environment that is safe. It is sometimes necessary to designate a classroom as "peanut or other allergen-free" to reduce the risk of accidental exposure for a particular student. Some children will react if they ingest the particular allergen and others will react in varying degrees by touching or inhaling it. Even a young child with an ingestion-only allergy might react if he/she touches the allergen and subsequently puts his fingers in his mouth, nose or eyes. Early elementary classrooms are busy places with many centers such as sand/water tables, puppet theaters, and toy kitchens where the risk of exposure is great. Although the peanut-free designation may be difficult for another child, it does present an opportunity for you to teach all children about understanding and cooperation in meeting the needs of their peers.

4. **Who can administer an epinephrine auto-injector in schools?**

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 student with life-threatening food allergies. Additionally, a paraprofessional who is approved by the school nurse and school medical advisor to administer medication and has been trained by the school nurse may administer an epinephrine auto-injector to a specific student with life-threatening food allergies.

5. What paperwork must be in place for a child to have medication in school?

In order to administer medication in the school setting, the school must have a signed authorization from the student's health care provider (MD, DO, APRN, or PA) indicating the name of the medication, when it is to be administered, the medical diagnosis, the desired effects and potential side effects. In addition, the parent must provide written permission to administer the medication.

6. Can the school district tell students they cannot carry their epinephrine auto-injector on the bus?

No, state law cannot prohibit a student with life-threatening food allergies from carrying their epinephrine auto-injector on school transportation.

7. Can a student be excluded from a school-sponsored activity or field trip if a parent is not available to attend the activity?

No. Parents can volunteer to participate in school sponsored activities or field trips and school staff may ask parents to participate. However, if they are not able to attend, the schools should develop appropriate accommodations so that the student can fully participate in the event along with his/her peers.

8. What happens when a child goes on a field trip?

It is critical to include collaborative planning for field trips in your child's IHCP to ensure that he or she will be able to fully participate. The IHCP can include provisions that require the teacher to notify parents and the school nurse in advance of upcoming field trips and for the teacher, parent and school nurse to collaborate in preparing for the trip. Advance notice allows staff and parents time to investigate the destination, to identify safety risks, plan for meals and snacks, and ensure that the same or comparable safety provisions as in school are in place on the field trip. In addition the child's group should be assigned to an adult who is trained in epinephrine auto-injector administration. The epinephrine auto-injector should remain with that child at all times including during transportation to and from the fieldtrip destination. Parents may want to volunteer to be a chaperone on trips that are more complicated in terms of safety issues, but should never be required to be a chaperone.

9. Is it appropriate to discuss accommodations in the student's IHCP in front of other parents and students?

No. Schools should maintain the confidentiality of student information. Parents should be informed of the general food allergy management plan without any reference to a particular child. With permission from the parent of the student with life-threatening food allergies, it may be appropriate in specific situations to share certain aspects of a student's IHCP, such as the need for allergy-free classrooms, or alternatives to food celebrations in the classroom. However, it is important protect the family and student with life-threatening food allergies from discrimination and harassment due to accommodations that may be made.

10. How should changes to accommodations in the IHCP be made? (i.e., with team decision)

The IHCP should be reviewed periodically, and it should be modified or amended when changes in the child's health status, medical management or development (e.g., self-care competencies) occur, when a student transitions from grade to grade and school to school, when team members identify an improved manner of addressing a safety issue and when accommodations are not working to promote safety. The team should meet to address any changes to the IHCP, and a new IHCP should be generated to reflect the changes agreed to by the team. School staff and parents should maintain open lines of communication and any member of the core team should feel comfortable initiating a change.

11. If a child unexpectedly brings in a treat for the class, and it is unclear as to whether or not the treat contains allergens, should the treat be distributed to the class?

If the classroom has been designated allergen free and if there is any doubt as to whether or not a treat is free of allergens for a child with severe food allergy, the treat should not be distributed. If the classroom is not designated as allergen-free, the snack may be distributed to the other students; however, a substitute snack that has been provided by the parent should be offered to the student with life-threatening food allergies. No foods should be offered to students with life-threatening food allergies without the approval of the parent. The IHCPs should clearly outline procedures for which foods the child with severe food allergy is allowed to consume and how staff will manage planned and unplanned treats for the class and the student with life-threatening food allergies that are not clearly labeled.

12. Is it appropriate to use classroom manipulatives that involve food allergens?

Using classroom manipulatives that contain allergens may prevent a particular child from safely and equally participating in a class activity. As a result, teachers should work with students and parents to ensure that all students can fully participate in the activity. This may require the teacher to utilize manipulatives free from any offending allergens. The extent of the child's allergy, and his/her age and maturity level should be taken into consideration.

13. How can a child safely participate in school meal programs (breakfast and lunch)?

Collaboration with food service staff is essential to assist the student with life-threatening food allergies to participate in the school meal program. With documentation from the student's health care provider, meal substitutions can be made to ensure that students are provided with food choices that avoid certain foods. To the extent possible, school food service staff should work with parents to provide them with food labels in order for parents to identify and approve which foods that their child may select for meals in school.

14. Should all children with life-threatening food allergies be in same classroom?

School districts should make their placement decisions primarily on the educational considerations for all students regardless of special health care needs. However life-threatening food allergies may be factored in the decision.

Appendix C

Sample Forms

NEWINGTON SCHOOL HEALTH SERVICES (sample)
SELF-MEDICATION ASSESSMENT

Student: _____ School: _____

D.O.B.: _____ Age: _____ Grade: _____

Physical/behavioral limitations: _____

Name of medication: _____

Self-Medication Criteria:

A. Student is capable of identifying individual medication. Yes No

Comments: _____

B. Student is knowledgeable of purpose of individual medication. Yes No

Comments: _____

C. Student is able to identify/associate specific symptom occurrence and need for medication administration. Yes No

Comments: _____

D. Student is capable/knowledgeable of medication dosage. Yes No

Comments: _____

E. Student is knowledgeable about method of medication administration. Yes No

Comments: _____

F. Student is able to state side effects/adverse reactions to medication. Yes No

Comments: _____

G. Student is knowledgeable of how to access assistance for self if needed in an emergency.

Yes No

Comments: _____

H. An individual Health Care Plan has been developed for the student that will monitor and evaluate the student's health status. Yes No

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Based on assessment:

- The student is not a candidate for a self-medication program at this time.
- The student is a candidate for a self-medication program with supervision
- The student has successfully completed self-medication training and has demonstrated appropriate self-administration.

Comments: _____

Principal/Teacher notified? Yes No

Nurse's Signature _____

Date: _____

**Medical Statement for Children *without* 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 Medical Authority)

Patient's Name: _____ Age: _____

Diagnosis: _____

Describe the medical or other special dietary needs that restrict the child's diet:

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 Medical Authority

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**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

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Risk Assessment Questions Child's Teacher asks Coordinator of the Field Trip Destination

Field Trip Destination: _____

Child's Name: _____

Child's Allergy(ies): _____

Circle Child's Sensitivity: (circle) Contact Ingestion Cooking vapors

Teacher in Charge: _____

Field Trip Date: _____ Field Trip Time: _____

Destination Contact Person:

Name _____

Telephone Number _____

Date of Conversation _____

Date of Telephone Conversation with Parent _____

Child's Parent Attending: (circle) Yes No

Nurse Attending: (circle) Yes No

Questions

1. Will any one at the field trip destination be distributing any food or beverage of any type, and what is it?
2. Will the children on the field trip be touching any type of food, and what is it?
3. Is there any food displayed at the site, and what is it?
4. Is any food used in any of demonstrations or as feed for any animals that the children can buy or are given, and what is it?
5. Are there any hands-on activities that involve food, and what is it?
6. Which trained adult will proctor the child with food allergy while s/he is washing his or her hands with soap and water before snack/lunch. Will the child bring his own soap?
7. How will snack/lunches be stored on the bus ride to the fieldtrip destination?
8. Which adult will be responsible for storing and distributing the children's snack/lunches?
9. Where will children eat snack?
10. Where will children eat lunch?
11. Where will students use wipes after snack/lunch?
12. Are the tables where the children eat able to be adequately washed with soap and water (and by whom?) or do they need plastic tablecloths?
13. Which trained adult will be in charge of the child's snack / lunch who has food allergy?
14. What steps will be taken to keep the child's lunch/snack separate from the others?
15. Which person will distribute the child's snack/lunch?
16. Which person will check to be sure that the offending allergen is not given to the child?

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17. Will the teacher in charge discuss with all attending adults, teachers and parent chaperones, that under no circumstances is the child to be allowed to eat or touch or given any food or drink by any other adults? The child must only eat/drink food that has been provided by the parent and distributed to the child by the teacher/nurse in charge.
18. Will it be discussed that the EpiPen Jr. must be with the child on all fieldtrips, both long and short?
19. Who will be responsible for carrying and administering the medications in an emergency situation?
20. Will medications, authorizations and emergency care plans be routinely sent with classroom teachers for all medically involved students when leaving the school grounds for any reason, including brief walks and hikes?
21. Do the parents always want the child's regular classroom teacher to be his or her proctor on a field trip?
22. Do the parents want the child's regular classroom teacher or school nurse to carry the Medicine Pack?
23. Do the parents want to be able to accompany the child on a field trip, but not be responsible for a whole group of children?
24. Will all teachers and adults responsible for children on the field trip review the Emergency Response Protocol prior to the field trip?
25. Will the teacher in charge privately remind parent chaperones of the child's food allergy, and to be sure not to give him any food?
26. Since different adults will be involved with each field trip, will the teacher in charge create a list of trained adults who can administer the EpiPen Jr.? (Ex. #1 Nurse's Name, #2 Teacher's Name, #3 Teacher's Name)
27. Will the school nurse not be given a group of children to proctor, but travel with the regular classroom teacher?
28. Will the nurse map out a route to the nearest hospital from the field trip destination and give it to the classroom teacher the before the day of the field trip?
29. Will this emergency driving route be given to the bus driver?
30. How would the teacher contact 911?
31. What steps will be taken if 911 (no cell phone connection) cannot be reached in the event of an emergency after the child has received the EpiPen Jr.?
32. Will the nurse/teacher carrying the medicine pack carry a charged cell phone?

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Appendix D

Sample Individualized Health Care Plans and Treatment Plans

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INDIVIDUALIZED HEALTH CARE PLAN (Elementary)

Name: Student Birth Date: _____ Grade: _____ Teacher: _____
 Plan effective from 2005 to 2006

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	<p>Risk of anaphylactic reaction (life-threatening allergic response) related to the ingestion or inhalation of peanuts and/or tree nuts (protein component)</p> <p>Risk of severe allergic reaction to the ingestion or inhalation of [add other allergens here if applicable, or delete]</p> <p>Student has an Individualized Emergency Care Plan (IECP)</p>	<p>Student will cooperate with staff 100% of the time by following school, classroom and IHCP rules in order to remain free of allergic reactions while in school.</p> <p>If student suspects that he/she has ingested (fill in food allergens), student will immediately notify staff who will implement the IECP according to the allergen-specific plan.</p> <p>Student will cooperate with staff members 100% of the time if they need to implement the IECP.</p>	<p>Parents will:</p> <ul style="list-style-type: none"> ✧ inform school nurse and teacher of food allergy. ✧ provide a physician's order and medication for medical intervention. ✧ inform school nurse of any changes in health status as relates to food allergy and treatment. ✧ educate student in the self-management of his/her food allergies appropriate for his/her age level. ✧ provide emergency contact information. ✧ meet with school nurse, administrator and teacher to develop a prevention plan. ✧ provide safe snacks/treats for student to keep in school and, if desired, a list of appropriate foods for student to have at snack. ✧ provide wipes for classmates to use entering room in am and after lunch. <p>Nurse will:</p> <ul style="list-style-type: none"> ✧ meet with parents and teacher to develop a prevention plan. ✧ post "peanut/nut-free" sign outside of classroom. ✧ work with teacher to eliminate the use of peanuts/tree nuts in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects. ✧ educate school staff who interact with student regarding food allergy, allergic reaction symptoms, recognizing signs and symptoms of anaphylaxis, and prevention and treatment plans. ✧ train school staff in EpiPen administration, as appropriate. ✧ develop and disseminate emergency care plan for student (add use of walkie-talkie if appropriate and specific to student). ✧ review cleaning/care of nut/peanut free table in cafeteria with maintenance and cafeteria staff. 	<p>[Enter documentation method or date(s) accomplished for all applicable interventions]</p>

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

INDIVIDUALIZED HEALTH CARE PLAN (Elementary)				
Name: <u>Student</u> Birth Date: _____ Grade: _____ Teacher: _____ Plan effective from <u>2005</u> to <u>2006</u>				
			INTERVENTIONS	
			Teacher/classroom staff will: <ul style="list-style-type: none"> ✧ eliminate the use of nuts/peanuts in classroom snacks, educational tools, and arts and crafts projects. ✧ be trained in the administration of EpiPen, as appropriate. ✧ consult in advance of field trips with the school nurse and parents. ✧ [for food allergens other than peanut/nut] notify parents in advance regarding curriculum/projects that may contain [add these food allergens]. ✧ Follow the emergency care plan if Student has a reaction. Student will: <ul style="list-style-type: none"> ✧ not eat any foods except those that come from home or have been approved by the parent. ✧ inform teacher/staff if he/she is not feeling well, for any reason, but especially if he/she thinks he/she may be having an allergic reaction. 	

School Nurse: _____ Date: _____

Review by: Parent: _____ Date: _____ Student: _____ Date: _____

IHCP meeting attendees: _____

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

INDIVIDUALIZED HEALTH CARE PLAN (Middle)

Name: Student Birth Date: _____ Grade: ____ Teacher: _____
 Plan effective from 2005 to 2006

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	<p>Risk for life-threatening allergic response to <u>allergen</u>; history of asthma</p> <p>Student has an Individualized Emergency Care Plan (IECP)</p>	<p>Student will remain free of allergic reactions to peanuts while in school 100% of the time by following the IHCP requirements, especially food refusal and advocating for himself/herself when allergens may be present in the environment.</p> <p>Student will immediately initiate self administration of emergency medications OR immediately notify an adult and cooperate with staff administration of emergency medications in the event of suspected ingestion of peanut 100 % of the time.</p>	<p>Parents will:</p> <ul style="list-style-type: none"> ✧ inform school nurse and teacher of food allergy prior to the start of school each year. ✧ provide a physician's order and medication for medical intervention, both for Student to carry for self-administration and a back-up for the health office. Medication should not expire during the school year. ✧ inform school nurse of any changes in health status as relates to food allergy and treatment. ✧ educate Student in the self-management of his/her food allergies appropriate for his/her age level. ✧ provide emergency contact information. ✧ meet with school nurse and teacher to develop an IECP and IHCP. <p>Nurse will:</p> <ul style="list-style-type: none"> ✧ meet with parents and teacher to develop the IECP and IHCP. ✧ work with teacher to eliminate the use of allergen in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects. ✧ educate school staff who interact with Student regarding food allergy, and recognition of symptoms of allergic reactions, including local, general and anaphylactic types, with emphasis on recognition and emergency interventions for the latter. ✧ train certified personnel in EpiPen administration, as appropriate. ✧ develop and disseminate emergency care plan and transportation plan for student. ✧ implement the IECP and direct emergency actions in the event of anaphylaxis. ✧ review with student, at least annually, his/her knowledge of the symptoms of anaphylaxis and skills needed for self administration of an EpiPen, including practice in injecting an EpiPen into an orange. 	

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

INDIVIDUALIZED HEALTH CARE PLAN (Middle)

Name: Student Birth Date: _____ Grade: ____ Teacher: _____
 Plan effective from 2005 to 2006

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
			<p>Teacher/classroom staff will:</p> <ul style="list-style-type: none"> ✧ work to eliminate the use of allergen in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects. ✧ be trained in the administration of EpiPen, as appropriate. ✧ be prepared to implement the IECF if indicated. ✧ consult and collaborate in advance with the school nurse and parents to decide what accommodations are appropriate for each field trip. Parents' judgment will be respected. ✧ send to all parents the middle school notice of field trip form which shall contain a standard request that snacks and lunch be peanut/nut free. ✧ notify parents in advance of in-class food celebrations. <p>Student will:</p> <ul style="list-style-type: none"> ✧ not eat any foods at school, on field trips or in extracurricular activities that do not come from home or have not been approved by her parents. ✧ inform teacher/staff if he/she is not feeling well for any reason, but especially if he/she thinks he/she may be having an allergic reaction. ✧ <i>[For students carrying their own medications]</i> Follow the medication plan for self-administration of EpiPen and Benadryl. Accordingly, student will bring to and from school, and at all times carry (e.g., in belt-carrying case or in a purse) an up-to-date EpiPen and dissolvable Benadryl tablet, according to the physician's order. If a student chooses to keep emergency medications in her purse, she will keep the purse with her at all times in school, during extracurricular activities, and on field trips. ✧ not self-administer Benadryl or EpiPen without immediately notifying the school nurse, or another responsible adult, in the absence of the school nurse. ✧ not keep any medication in his/her locker. ✧ participate with school nurse in review of emergency self-administration of medication plan and implementation skills. 	

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

School Nurse: _____ Date: _____

Review by: Parent: _____ Date: _____ Student: _____ Date: _____

IHCP meeting attendees: _____

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

(Sample) **FOOD ALLERGY TREATMENT PLAN AND
PERMISSION FOR THE ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL**

PATIENT'S NAME: _____ DATE OF BIRTH: _____

PATIENT'S ADDRESS: _____ TELEPHONE: _____

CAAC PHYSICIAN'S NAME: _____ PATIENT'S PCP: _____

ASTHMA YES NO

SPECIFIC FOOD ALLERGY: _____

IF PATIENT INGESTS OR THINKS HE/SHE HAS INGESTED THE ABOVE NAMED FOOD:

_____ Observe patient for symptoms of anaphylaxis** X 2 hours

_____ Administer **adrenaline** before symptoms occur, IM EpiPen Jr. Adult

_____ Administer **adrenaline** if symptoms occur, IM EpiPen Jr. Adult

_____ Administer Benadryl _____ tsp. or Atarax _____ tsp. Swish & Swallow

_____ Administer _____

_____ Call 911, transport to ER if symptoms occur for evaluation, treatment and observation X 4 hours

IF REACTION OCCURS,
PLEASE NOTIFY THIS OFFICE!

Physician's Signature Today's Date

1. Is this a controlled drug? Yes No Time of administration: _____
2. Medication shall be administered from _____ to _____
(dates)
3. Relevant side effects, if any, to be observed: _____
4. Other Suggestions: Please allow child to self-administer medication if able to. _____

****SYMPTOMS OF ANAPHYLAXIS**

Chest tightness, cough, shortness of breath, wheezing
Tightness in throat, difficulty swallowing, hoarseness
Swelling of lips, tongue, throat
Itching mouth, itchy skin
Hives or swelling
Stomach cramps, vomiting, or diarrhea
Dizziness or faintness

Signature _____ M.D.

I HAVE RECEIVED, REVIEWED, AND
UNDERSTAND THE ABOVE INFORMATION

Patient/parent/guardian signature

Date/Initials _____

CAAC/DMC Food Allergy Treatment Plan 01/05

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 X No

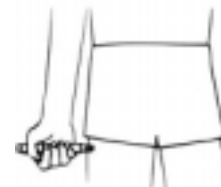
SIGNS OF AN ALLERGIC REACTION INCLUDE:

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*	nausea, abdominal cramps, vomiting and/or diarrhea.
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 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!**

Appendix E

Resources

Training Materials

The School Food Allergy Program includes a video, training manual, poster, etc. It may be ordered from The Food Allergy and Anaphylaxis Network, 11781 Lee Jackson Hwy., Suite 160, Fairfax, VA 22030-3309 (1-800-929-4040). Other booklets and videos about food allergies ("Alexander: The Elephant Who Couldn't Eat Nuts" and "It Only Takes One Bite") are available.

EpiPen® Trainers, EpiPen® Brochures are available at no cost from:

Dey Laboratories
2751 Napa Valley Corporate Drive
Napa, CA 94558
(1-800-755-5560) or (1-800-869-9005)

Educational Materials for School Staff and Parents

All materials listed below are from Food Allergy and Anaphylaxis Network (FAAN)

For School Staff and Parents

The School Food Allergy Program (endorsed by NASN, AAAAI, AAP)
The Child Care and Preschool Guide to Managing Food Allergies (endorsed by AAAAI and AAP)
Epinephrine in Allergic Emergencies (video)
Presentation Tools: Food Allergies and Anaphylaxis (slides or transparencies)
Off to School with Food Allergies, Parent/Teacher set (2-booklet set)
Food Allergy Awareness Poster
Be a PAL Poster
"How To Read A Label" Cards
Understanding Food Labels and Cross-Contact (booklet)
Grocery Manufacturers Directory (booklet)
Commonly Asked Questions about Food Allergies (booklet)
It Only Takes One Bite: Food Allergy & Anaphylaxis Video
The Peanut Allergy Answer Book
Food Allergy and Atopic Dermatitis
Just One Little Bite Can Hurt! Important Facts About Anaphylaxis
Food Services Food Allergy Poster (for food service staff)

For Parents

Caring for Your Child with Severe Food Allergies (book)
Letting Go: Teaching a Child to Take Responsibility (booklet)
The Parent's Guide to Food Allergies (book)
Stories from Parents' Hearts: Essays by Parents of Children with Food Allergies (book)
Learning to Live with Food Allergies: Tips for Parents and Teens (2 booklet set)
How to Manage Your Child's Life-Threatening Food Allergy (book)
Students with Food Allergies: How the Laws Can Help (booklet)
Getting Started with Food Allergies: A Guide for the Newly Diagnosed

Food Allergy Resource Materials for Students Preschool - Grade 12

Preschool

No Nuts for Me, Aaron Zevy

An engaging story told by a very active little boy who doesn't let his nut allergy get in the way of having fun. Introduce your readers to Noah, who carries on a running conversation throughout the story, and explains, in a matter-of-fact tone, what it's like to be allergic to nuts. (amazon.com)

A Preschoolers Guide to Peanut Allergy, Lauri Habkirk

This book was created as a personal effort to educate our peanut allergic two year old daughter. The soft cover story book, follows four-year-old Meagan Myers through the discovery of what it means to have a peanut allergy and how to manage it. This book fills the missing gap in resources for parents and educators in regards to managing peanut allergies. (mystoreforeverything.com)

Alexander, The Elephant Who Couldn't Eat Peanuts, Coloring Book, FAAN (Food Allergy and Anaphylaxis Network).

Grades K-4

Alexander and His Pals Visit the Main Street School, FAAN

Take a bus ride with Alexander as he and his friends teach children food allergy tips for staying safe. Provides parents an opportunity for discussion to develop their own family strategies for food allergy management. Brand new illustrations!

Alexander Goes Out to Eat, FAAN

Alexander has always wanted to go out to eat in a restaurant, and he finally gets his chance! Readers will love learning about how Alex manages his food allergies on this occasion.

Alexander Goes to a Birthday Party, FAAN

Join Alexander as he anxiously looks forward to attending his friend's birthday party. He packs his own food, enjoys the games, and blends caution with fun as he takes the reader through this special event.

Alexander Goes Trick or Treating, FAAN

Halloween is every child's magic holiday as they go door to door collecting special treats. Alexander and his friends show how to manage food allergies while doing so.

Alexander's First Babysitter, FAAN

When his parents tell him he is getting a babysitter, Alexander isn't sure how he'll take care of his peanut allergy. After his family teaches his babysitter about food allergies, Alexander soon discovers just how much fun having a babysitter can be!

Alexander's First Airplane Ride, FAAN

Alexander's friend, Kiri the kea bird, invites him to come visit her, and Alex can't wait to go on his very first plane ride! This book outlines the special steps Alex and his family take to manage his food allergy on this trip.

Alexander's Special Holiday Treat, FAAN

Young readers are sure to identify with Alexander (an elephant who has a peanut allergy) and why he feels different than his classmates, especially during the holidays. But, as readers will soon learn, being different can be a big plus!

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

Allie the Allergic Elephant, Nicole Smith

Allie teaches children (and adults) about allergic reactions, shows how peanuts hide in the most unsuspecting foods, and helps everyone understand the severity of food allergies. Allie is a wonderful book written about the perils and triumphs of an elephant that tells her life story of what it is like to live with peanut allergies. The book is geared towards educating pre-school through 3rd grade children, and has helped many adults understand peanut allergies as never before.

A Special Day at School, FAAN

Alexander eagerly awaits his trip to school, as this is the day his class visits the cafeteria for the first time. The story also discusses the bus ride to school, handling food trading, and eating in a cafeteria. Heartwarming story captures concerns of young children while giving them a positive outlook on new situations. Brand new illustrations!

Always Be Prepared, FAAN

Alexander and his pals are worried about their friend Jake, who is allergic to eggs. Jake doesn't always carry his medicine in case he has an allergic reaction. When he has a reaction and doesn't have any medicine, everyone learns why it's important to always be prepared!

Cody the Allergic Cow, Nicole Smith

Cody the Allergic Cow helps children learn about milk allergies and how to recognize an allergic reaction. Cody explains milk allergies in a way that parents, teachers, and children themselves can talk about allergies and understand them better. Written by the author of *Allie the Allergic Elephant: a Children's Story of Peanut Allergies*, this is her next book discussing severe food allergies. (barnesandnoble.com)

How Lenny finds out about His Food Allergies, FAAN

Tag along with Lenny the Lion as he goes to the doctor for a skin test to find out why he's been feeling ill. Great for calming pre-doctor appointment jitters!

Lenny Learns about Food Labels, FAAN

Lenny is disappointed when his favorite snack suddenly becomes off-limits because the label has a "contains milk" warning. He and his family learn the importance of reading food labels, and set off on a mission to find a new favorite snack.

No Lobster, Please! Robyn Rogers

This is a story of a child with a severe seafood allergy. When James says "NO LOBSTER, PLEASE!", he really means it! James has a severe and very sensitive allergy to seafood. In the beginning of the book, he is very upset, but at the end he understands that he is going to be just fine as long as he stays far away from his allergen. (nolobsterplease.com)

Susie's Sister Has a Food Allergy, FAAN

Susie the seal is jealous of all the attention her sister Sally gets because of her fish allergy. Susie thinks she will have more fun without her sister around. She soon realizes that life without her sister isn't so fun, and having food allergies isn't so bad.

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

Taking Food Allergies to School, Ellen Weiner

Written for children, this book is also an important tool for teachers, parents, school nurses, caregivers, and classmates on the special needs of children with food allergies. Topics covered include sharing lunches, special parties and events, and appropriate snacks. Great for reading aloud in class, it will give understanding as to the symptoms and dangers of food allergies. A quiz for kids is included along with Ten Tips for Teachers. An allergy-free pizza recipe is also included. (amazon.com)

The Peanut Pickle, Jessica Ureel

Young Ben is allergic to peanuts and has to learn to speak up about his allergy so that he can have just as much fun as other kids and still be safe. This book helps to educate children, parents and teachers about peanut allergy awareness. It features colorful illustrations and some hints to parents of children with peanut allergy. (amazon.com)

Alexander, the Elephant Who Couldn't Eat Peanuts (VHS/DVD)

This award-winning video combines the animated story of a peanut-allergic elephant with interviews of children who have food allergies. It is designed to show children that they are not alone, and to discuss the feelings that go along with having food allergies.

Alexander, the Elephant Who Couldn't Eat Peanuts, Discussion Guide

Four-page discussion guide complements the *Alexander, the Elephant Who Couldn't Eat Peanuts* video. This is great for teaching younger groups of children about food allergies.

Alexander's Fun & Games, Activity Book

This is an activity book designed for ages 5 to 10. Games include crossword puzzles, mazes, word searches, and pictures to color. Children will learn about label reading and avoidance strategies while having fun. It's great for car trips.

Grades 5-8

Fankids

Food allergy news for kids from FAAN is an informative and fun web page that includes news, discussions and activities. Sample topics include: Sticking to the Rules, Am I Missing Lots of Great Food?, Are Acorn Nuts?, Knowing When You Have a Reaction, Going to the Pool, Fun Spring Activities, Will I get an Allergy if my Brother has One?, Teaching Relatives about Food Allergy, Eating in the Cafeteria, Why isn't there a Cure for Food Allergies?, Different Parents have different Rules, and more. <http://www.fankids.org/FANKid/DearFANKID/dearfankid.html>

Andrew and Maya Learn About Food Allergies, FAAN

Hop on board and buckle up—you're about to travel at the speed of light with Andrew, Maya, and Professor Mashughona as they learn about food allergies. This book is a wonderful tool to teach young readers why some people can eat certain foods and not get sick, while others cannot.

Anthony Goes to a Restaurant, FAAN

Ten-year-old Anthony has a walnut allergy and is going to a restaurant and ordering for himself for the first time! Readers will learn how he and his parents prepare for his big night out. This book highlights steps for choosing a restaurant, chef cards, identifying high-risk foods, and questions to ask wait staff and managers.

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

Kim Goes to Camp, FAAN

Young readers will enjoy reading about Kim as she faces the challenge of going to sleep-away camp. The entertaining story will help children gain confidence in handling similar situations.

Kim Learns How to Take Care of Herself, FAAN

An upcoming gymnastics segment in school motivates Kim to take care of her food allergy and her eczema and avoid being teased by Robbie, her partner. Children ages 7 and older will enjoy the spunky main character and the light-hearted illustrations.

Friends Helping Friends: Make it Your Goal, VHS, FAAN

This exciting video shows middle-schoolers what to do to help friends who have food allergies. The video highlights how teens and pre-teens handle their allergies in everyday situations, and how their friends help them in school and at parties. NHL star and Olympian, Tom Poti, who has food allergies, is featured. Includes a discussion guide.

Grades 9-12

FANTeen

This website provides food allergy news for teens from FAAN. It is designed for young adults who want to take a more active role in managing their food allergies. (FAAN) Features include food allergy related articles, advice column and teen advisory group. <http://www.fankids.org/FANTeen/index.html>

A College Guide for the Student with Food Allergies, FAAN

This guide for high school juniors and seniors provides a time line and questions to ask when looking at colleges, hard-learned lessons, do's and don'ts for handling an allergic reaction, and tips for dining out.

Learning To Live with F.A., Parent/Teen (Set), FAAN

Raising a teen with food allergies can be trying at times. Clear communication is the key. This two-booklet set, one for the parents, the other for the teen, provides strategies for establishing rules, transferring control of food allergy, and learning how to communicate effectively.

Stories from the Heart: A Collection of Essays from Teens with Food Allergies, Vol. 1, FAAN

This compilation of stories by teens who have food allergies shows they all share similar feelings and experiences. A must-have book to help teens learn from the mistakes and triumphs of others.

Stories from the Heart: A Collection of Essays from Teens with Food Allergies, Vol. 2, FAAN

The essays in this newest volume in our Stories from the Heart series were submitted by teens from around the world living with food allergies. Whether you are looking for practical tips, advice, circumstances surrounding a reaction, or just want to be reminded that you are not alone, this book is for you.

Food Allergies: Fact or Fiction, VHS, FAAN

This award-winning video designed for teens, features comical black and white film clips from silent movies to make key points. Includes teens discussing how they manage their food allergies, and advice from Dr. Robert Wood, a well-known pediatric allergist who is allergic to peanuts.

Appendix F

State Statutes

PA 05-104 An Act Concerning Food Allergies and the Prevention of Life Threatening Incidents in School.

<http://www.cga.ct.gov/2005/act/Pa/2005PA-00104-R00SB-01312-PA.htm>

CGS 10-212a Administration of Medications in Schools.

<http://www.cga.ct.gov/2005/pub/Chap169.htm#Sec10-212a.htm>

Section (d) of CGS 10-212a Administration of Medications in Schools by a paraprofessional.

<http://www.cga.ct.gov/2005/pub/Chap169.htm#Sec10-212a.htm>

The Regulations of Connecticut State Agencies Section 10-212a-1 through 10-212a-7.

http://www.dph.state.ct.us/phc/docs/4_Administration_of_Medicat.doc

CGS 10-220i – Transportation of Students carrying cartridge injectors.

<http://www.cga.ct.gov/2005/pub/Chap170.htm#Sec10-220i.htm>

CGS 52-557b – Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection.

<http://www.cga.ct.gov/2005/pub/Chap925.htm#Sec52-557b.htm>

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

<http://www.cga.ct.gov/2005/act/Pa/2005PA-00144-R00HB-06286-PA.htm>

<http://www.cga.ct.gov/2005/act/Pa/2005PA-00272-R00HB-06713-PA.htm>

PA 04- 224 An Act Concerning Childhood Nutrition in Schools, Recess and Lunch Breaks.

<Http://www.cga.ct.gov/2004/act/Pa/2004PA-00224-R00HB-05344-PA.htm>

Appendix G

Steps for Developing Districtwide Policy

The process of policy development is just as important, if not more so, than the final product – the policy. Individuals could work independently to write a policy, but it will be ineffective if it is not supported and implemented districtwide. This requires a team with appropriate representation from the school and community to come to consensus regarding best practices based on local needs.

Step 1: Identify Members of Multi-Disciplinary Food Allergy Management Team

The districtwide policy development team works to develop, implement, monitor, review, and revise policy to manage life-threatening food allergies effectively. The districtwide team may include:

- ✧ school superintendent or designee,
- ✧ building principal or designee
- ✧ school nurse supervisor (or coordinator),
- ✧ teacher representative,
- ✧ parent representative,
- ✧ student representative (middle or high school),
- ✧ school medical advisor,
- ✧ school food service director or representative,
- ✧ coach,
- ✧ transportation coordinator,
- ✧ supervisor of custodial staff,
- ✧ other school staff (e.g., school psychologist or counselor),
- ✧ community health care provider(s), e.g., pediatrician, APRN, dietitian, nutrition or health consultant, local EMS representative, and
- ✧ other community members.

To optimize success, it is also strongly recommended that districts include other members as appropriate to local needs, such as:

- Nonprofit health organizations, e.g., Food, Allergy and Anaphylaxis Network (FAAN); School Food Allergy Program (SFAP).
- Hospitals and public health representatives, e.g., local health department.

Step 2: Identify Local Policy Development Process

The districtwide policy team members must understand and follow the local school district's process for policy development and adoption. The team should find out who are the important players, what format should be used, who needs to review and approve drafts, and a typical timeline. Team members must also understand the requirements for compliance with all local, state and federal requirements. Districts may have existing health policies that can be expanded to include food and allergy concerns.

Step 3: Conduct Local Assessment Process

Before making plans to develop policies, the team should assess the district's current policies and/or protocols regarding the care of students with life-threatening allergies (if one exists), school and

student needs, then identify areas that need improvement. The results of school-by-school assessments can be compiled at the district level to prioritize needs. The Food Allergy Network's sample school policy may be useful starting point and can be found at <http://www.foodallergy.org/school.html>. The Centers for Disease Control (CDC) has published a Food-Safe School needs assessment and planning guide (<http://www.foodsafeschools.org/assessment.php>) that may provide guidance to districts.

Step 4: Draft Policy Language

Effective policies should be brief and provide the overarching goals for the district regarding the care of students with life-threatening allergies. These policies should address philosophical beliefs around food allergies which should include: (a) commitment to planning and prevention; (b) a collaborative process; (c) a formal process for identifying and developing individualized care plans for students at risk for anaphylaxis; (d) provisions for education and training; (e) maintain a balance between individual, school and community needs; and (f) foster normal development.

Step 5: Build Awareness and Support

Educating various audiences – such as administrators, teachers, food service staff, parents, students, and the community – about your policy is essential to success. Using local media, such as newspaper articles, brochures and facts sheets, may be avenues to spread awareness. Managing life-threatening food allergies will need significant support from students, parents, school staff and the community.

Step 6: Adopt and Implement the Policy

Leadership, commitment, communication and support are critical to successful adoption and implementation of district policy. After the policy is adopted by the local Board of Education, it must be implemented in order to achieve the intended purpose.

Step 7: Maintain, Measure and Evaluate

In order for policies to be successful, school districts must establish a plan for measuring implementation and sustaining local efforts, including evaluation, feedback and documentation based on sound evidence. Examples of evaluation methods include student, staff and parent surveys; and quantitative data regarding preventing and managing life-threatening food allergies. Schools may also use experts in the field to evaluate the school policy and obtain current information on food allergies.

Appendix H

References and Additional Resources

- Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff* available at http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf
- American Academy of Allergy, Asthma and Immunology, *Anaphylaxis in Schools and Other Child-Care Settings*, available at http://www.aaaai.org/media/resources/academy_statements/position_statements/ps34.asp
- Guidelines for School Nutrition and Physical Activity Policies*, Connecticut State Department of Education, 2005.
- Journal of Allergy and Clinical Immunology, March 2005, Supplement, *The Diagnosis and Management of Anaphylaxis: An Updated Practice Parameter*.
- Managing Life Threatening Food Allergies in Schools*, 2002, Massachusetts Department of Education, available at <http://www.doe.mass.edu/cnp/news02/allergy.pdf>.
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Other General References

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- The Civil Rights of Students with Hidden Disabilities under Section 504 of the Rehabilitation Act of 1973*. Available at <http://www.ed.gov/about/offices/list/ocr/docs/hq5269.html>
- "*The Use of Food by Teachers for Classroom Lessons*", *Food Allergy News* (October-November 2003). Available at <http://www.foodallergy.org>

Website Resources

- Fact Sheets and Statistics from American Academy of Allergy, Asthma and Immunology(AAAAI)
http://www.aaaai.org/patients/resources/fastfacts/food_allergy.stm
- Power Point Presentations on food allergies from AAAAI
http://www.aaaai.org/members/allied_health/tool_kit/ppt/
- Food Allergy and Anaphylaxis Network
<http://www.foodallergy.org/>
- Food Allergy information from Medline Plus
<http://www.nlm.nih.gov/medlineplus/foodallergy.html>
- Administration of Epinephrine for Life-Threatening Allergic Reactions in School Settings
<http://pediatrics.aappublications.org/cgi/content/abstract/116/5/1134>
- Spokane Public Schools, Nutrition Services, available at
<http://www.spokaneschools.org/NutritionServices/Allergies/>
- State Department of Education, nutrition education resources, available at
http://www.state.ct.us/sde/deps/Student/NutritionEd/Healthy_CelebrationsBW.pdf
http://www.state.ct.us/sde/deps/Student/NutritionEd/Healthy_Fundraising_BW.pdf
http://www.state.ct.us/sde/deps/Student/NutritionEd/Food_As_Reward_HO1_BW.pdf
- U.S. Department of Food and Drug Administration, Center for Food Safety and Applied Nutrition, information on food labeling, available at <http://www.cfsan.fda.gov/~dms/wh-alrgy.html>

Office of Civil Rights

The OCR office for Connecticut is located at:
Boston Office, Office for Civil Rights
U.S. Department of Education
33 Arch Street, Suite 900
Boston, MA 02110-1491
Telephone: 617-289-0111
FAX: 617-289-0150; TDD: 877-521-2172
Email: OCR.Boston@ed.gov

The OCR National Headquarters is located at:
U.S. Department of Education
Office for Civil Rights, Customer Service Team
550 12th Street, SW
Washington, D.C. 20202-1100
Telephone: 1-800-421-3481
FAX: 202-245-6840; TDD: 877-521-2172
Email: OCR@ed.gov

Connecticut Support Groups

Food Allergy Association of Connecticut (FAACT) at <http://www.FAACT.org>
Food and Latex Allergy Awareness Group (FLAGG) at <http://www.flaag.org>

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