

Series 5000 - Students

1. Elementary and Secondary

D. Welfare

(1) School Medical Advisor

(c) Students with Life Threatening Allergies

MANAGEMENT PLAN AND GUIDELINES FOR STUDENTS WITH FOOD ALLERGIES, GLYCOGEN STORAGE DISEASE AND/OR DIABETES

The Suffield Public Schools (the “district”) recognize that food allergies, glycogen storage disease (“GSD”) and diabetes may be life threatening. For this reason, the district is committed to developing strategies and practices to minimize the risk of accidental exposure to life-threatening food allergens and to ensure prompt and effective medical response should a student suffer an allergic reaction while at school. The district is also committed to appropriately managing and supporting students with glycogen storage disease and diabetes. The district further recognizes the importance of collaborating with parents, adult students (defined as students age eighteen (18) and older) and appropriate medical staff in developing such practices and encourages strategies to enable the student to become increasingly proactive in the care and management of the student’s food allergy, glycogen storage disease or diabetes, as developmentally appropriate. To this end, the district adopts the following guidelines related to the management of life-threatening food allergies, glycogen storage disease, and diabetes for students enrolled in district schools.

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

Early identification of students with life-threatening food allergies, diabetes and/or glycogen storage disease is important. The district therefore encourages parents/guardians of students and adult students with life-threatening food allergies to notify the school of the allergy, providing as much medical documentation about the extent and nature of the food allergy as is known, as well as any known effective treatment for the allergy. The district also encourages parents/guardians of students and adult students with GSD and diabetes to notify the school of the disease, providing as much medical documentation about the type of GSD or diabetes, nature of the disease, and current treatment of the student.

Students with life-threatening food allergies and diabetes are virtually always students with disabilities and should be referred to a Section 504 team, which will make a final determination concerning the student’s eligibility for services under Section 504 of the Rehabilitation Act of 1973 (“Section 504”). The Section 504 team may determine that the only services needed are in the student’s Individualized Health Care Plan (“IHCP”) and/or Emergency Care Plan (“ECP”); in

that case, the IHCP and/or ECP will also serve as the student's Section 504 plan. The Section 504 team will also ensure that parents receive appropriate notice and are informed of their rights under Section 504, including their right to request an impartial hearing if they disagree with the provisions in the Section 504 plan.

Students with GSD and less severe food allergies should be referred to a Section 504 team if there is reason to believe that the student's GSD or food allergy substantially limits a major life activity. To determine whether a food allergy is severe enough to substantially limit a major life activity, the team should consider the impact on the student when the student has been exposed to the allergen and has not yet received treatment.

Major life activities include, but are not limited to:

1. Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; and
2. The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

II. Individualized Health Care Plans and Emergency Care Plans

1. If the district obtains medical documentation that a student has a life-threatening food allergy, GSD, or diabetes, the district shall develop an IHCP for the student. Each IHCP should contain information relevant to the student's participation in school activities.
2. The IHCP shall be developed by a group of individuals, which shall include the parents, the adult student, if applicable, and appropriate school personnel. Such personnel may include, but are not limited to, the school nurse, school or food service administrator(s), classroom teacher(s) and the student, if appropriate. The school may also consult with the school's medical advisor, as needed.
3. IHCPs are developed for students with special health needs or whose health needs require daily interventions. The IHCP describes how to meet the student's health and safety needs within the school environment and should address the student's needs across school settings. Information to be contained in an IHCP should include a description of the functional health issues (diagnoses); student objectives for promoting self-care and age-appropriate independence; and the responsibilities of parents, school nurse and other school personnel. The IHCP may also include strategies to minimize the allergic student's risk for exposure. For the student with

life-threatening food allergies, GSD, or diabetes, the IHCP may include strategies designed to ameliorate risks associated with such disease and support the student's participation in the classroom. IHCPs for such students may include considerations such as:

- a. classroom environment, including allergy-free considerations, or allowing the student with GSD or diabetes to have food/dietary supplements when needed;
 - b. cafeteria safety;
 - c. participation in school nutrition programs;
 - d. snacks, birthdays and other celebrations;
 - e. alternatives to food rewards or incentives;
 - f. hand-washing;
 - g. location of emergency medication;
 - h. who will provide emergency and routine care in school, including monitoring of continuous glucose monitor (CGM) alerts as may be appropriate, in school;
 - i. risk management during lunch and recess times;
 - j. special events;
 - k. field trips, fire drills and lockdowns;
 - l. extracurricular activities;
 - m. school transportation;
 - n. the provision of food or dietary supplements by the school nurse, or any school employee approved by the school nurse;
 - o. staff notification, including substitutes, and training; and
 - p. transitions to new classrooms, grades and/or buildings.
4. The IHCP should be reviewed annually, or whenever there is a change in the student's ECP, changes in self-monitoring and self-care abilities of the student, or following an emergency event requiring the administration of medication or the implementation of other emergency protocols.
 5. For a student with a life-threatening food allergy, GSD, or diabetes, the IHCP shall not prohibit a parent or guardian, or a person designated by such parent or guardian, to provide food or dietary supplements to a student with a life-threatening food allergy, GSD, or diabetes on school grounds during the school day.
 6. In addition to the IHCP, the district shall also develop an ECP for each student identified as having a life-threatening food allergy. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. For the student with a life-threatening food allergy, the ECP should include the following information:
 - a. The student's name and other identifying information, such as date of birth, grade and photo;
 - b. The student's specific allergy;
 - c. The student's signs and symptoms of an allergic reaction;

- d. The medication, if any, or other treatment to be administered in the event of exposure;
 - e. The location and storage of the medication;
 - f. Who will administer the medication (including self-administration options, as appropriate);
 - g. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
 - h. Recommendations for what to do if the student continues to experience symptoms after the administration of medication; and
 - i. Emergency contact information for the parents/family and medical provider.
7. In addition to the IHCP, the district shall also develop an ECP for each student identified as having GSD and/or diabetes. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. For the student with GSD or diabetes, the ECP should include the following information, as may be appropriate:
- a. The student's name and other identifying information, such as date of birth, grade and photo;
 - b. Information about the disease or disease specific information (*e.g.*, type of GSD or diabetes);
 - c. Whether the student uses a CGM, and how the CGM will be monitored in school;
 - d. The student's signs and symptoms of an adverse reaction (such as hypoglycemia);
 - e. The medication, if any, or other treatment to be administered in the event of an adverse reaction or emergency (*e.g.*, Glucagon or insulin)
 - f. The location and storage of the medication;
 - g. Who will administer the medication (including self-administration options, as appropriate);
 - h. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
 - i. Recommendations for what to do if the student continues to experience symptoms after the administration of medication; and
 - j. Emergency contact information for the parents/family and medical provider.
8. In developing the ECP, the school nurse should obtain current medical documentation from the parents/family and the student's health care provider, including the student's emergency plan and proper medication orders. If needed, the school nurse or other appropriate school personnel, should obtain consent to consult directly with the student's health care providers to clarify medical needs, emergency medical protocols and medication orders.
9. A student identified as having a life-threatening food allergy, GSD, or diabetes is entitled to an IHCP and an ECP, regardless of the student's status as a student with a

disability, as that term is understood under Section 504, or the Individuals with Disabilities Education Act (“IDEA”).

10. The district shall ensure that the information contained in the IHCP and ECP is distributed to any school personnel responsible for implementing any provisions of the IHCP and/or ECP, and that any procedures in the IHCP and/or ECP comply with the district’s policies and procedures regarding the administration of medications to students.
11. When making eligibility determinations under Section 504 and/or the IDEA, schools must consider the student’s needs on an individualized, case-by-case basis.

III. Training/Education

1. The district shall provide appropriate education and training for school personnel regarding the management of students with life-threatening food allergies, GSD and diabetes. Such training may include an overview of life-threatening food allergies, GSD and diabetes; prevention strategies; IHCPs and ECPs; monitoring of blood glucose alerts transmitted by the CGM of the student to a dedicated receiver, tablet/smartphone application, or other appropriate technology during the school day and during school-sponsored activities; and food safety and sanitation. Training shall also include, as appropriate for each school (and depending on the specific needs of the individual students at the school), training in the administration of medication with cartridge injectors (*e.g.*, epi-pens), and/or the specific preventative strategies to minimize the risk of exposure to life-threatening allergens and prevent adverse reactions in students with GSD and diabetes (such as the provision of food or dietary supplements for students). School personnel will be also be educated on how to recognize symptoms of allergic reactions and/or symptoms of low blood sugar, as seen with GSD and diabetes, and what to do in the event of an emergency. Staff training and education will be coordinated by School Nurse. Any such training regarding the administration of medication shall be done in accordance with state law and Board policy.
2. Each school within the district shall also provide age-appropriate information to students about food allergies, GSD and diabetes, how to recognize symptoms of an allergic reaction and/or low blood sugar emergency and the importance of adhering to the school’s policies regarding food and/or snacks.

IV. Prevention

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

1. Encouraging handwashing;
2. Discouraging students from swapping food at lunch or other snack/meal times;

3. Encouraging the use of non-food items as incentives, rewards or in connection with celebrations;
4. Training staff in recognizing symptoms of anaphylaxis and hypoglycemia; and
5. Planning for school emergencies, to include consideration of the need to access medication, food and/or dietary supplements.

In an effort to reduce the possibility of exposure to allergens as well as the risks associated with GSD and diabetes in the school setting, the following guidelines will be practiced. The guidelines recognize that middle and high school students are at ages when they have learned to manage their own allergies. While the school district cannot guarantee the elimination of all allergens from the school environment, adoption of these guidelines will help reduce the possibility of a child's exposure to known allergens.

Students with Life-Threatening Food Allergies

Students with life-threatening food allergies should be encouraged, trained and supported when appropriate to participate in and be responsible for the management of their allergic conditions.

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.
- Not trade or share food with anyone; not eat any food item that has not come from home or been approved by a parent or guardian
- Wash hands before and after eating; develop a rapport with the school nurse or other trusted adult in the school to assist with successful management of the allergy in school.
- If approved by your parent and authorized by your physician, carry your epinephrine auto-injector at all times; and report any instances of teasing or bullying to an adult immediately.

Parent of a Student with Food Allergies

- 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 and the medication.
- Participate in developing an Individualized Health Care Plan (IHCP) with the school nurse and team.
- Provide the school nurse with at least annual updates on your child's allergy status and with written permission to contact your health care provider.

- 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, etc)
- Provide extra safe snacks for the student to have in lieu of any food event not previously approved by the parent.

School Administrator

- In conjunction with the School Nurse notify parents in K-5 classrooms of allergens and request that parents avoid sending in food for snack containing those allergens prior to the start of the school year.
- Facilitate training by the school nurse 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
 - Food free zones (e.g. library, music room or art room)
 - 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 a life-threatening allergy
 - Have a plan in place when there is no school nurse available which includes alternative 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 students with life-threatening food allergies are placed in classrooms where teachers are trained to administer an epinephrine auto-injector, if needed.

School Nurse

- Formulate the IHCP (Individual Health Care Plan) and ECP (Emergency Care Plan). Communicate the plan to appropriate teachers, paraprofessionals and administration within 2 weeks of the start of school.
- 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.
- Provide cafeteria staff with list of students with food allergies. Pictures of students will be provided with parent permission.
- 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, food service personnel, paraprofessionals, specials teachers, custodian, bus driver, local EMS.

- 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-injectors and periodically check medications for expiration dates and arrange from 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.
- Because peanuts, peanut products, other nuts or food containing other nut products are associated with the most frequent life-threatening allergic reactions, in grades K-5, certain classrooms may be identified as “NUT FREE”. The school nurse will post a notice outside these classrooms and notify administration. School administration in consultation with school nurse, may identify other allergen free spaces based on severity of the reaction (i.e.dairy, egg).
- Review all field trips scheduled; delegate the administration of emergency medication to certified staff as appropriate and send emergency medication on field trips.
- Never make the determination about food safety for any child.

Classroom Teacher

- Know which students are known reactors and what the offending allergen is.
- Participate in the development of the student’s IHCP and ECP (as core team member) and keep the plan accessible with photo (if consent is given) in classroom.
- Be sure volunteers, student teachers, paraprofessionals, 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.
- 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.
- Notify parents of known reactors prior to events that may include food. Encourage parents of allergic children to provide “special” snacks for specific events that may include food. **No food should be offered to students with life-threatening allergies without the approval of a parent.**
 - A. Snacks/Lunchtime
 - Prohibit students from sharing or trading snacks
 - Avoid cross-contamination of foods by wiping down eating surfaces before and after eating as applicable
 - 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 or other projects).

- Welcome parental involvement in organizing class parties and special events. Consider non-food treats for rewards and incentives.

C. Field Trips

- Collaborate with the school nurse and parents prior to a field trip
- Ensure the epinephrine auto-injectors and instructions are taken on a field trip and remain with the student or in the care of the trained adults during the course of the field trip
- Ensure that functioning two-way radio, walkie-talkie or cell phone or other communication device is taken on the field trip and that there are adults present who are trained in the administration of an epinephrine auto-injector
- 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.

Food Service Personnel

- Food service staff and their substitutes and cafeteria monitors will be trained to recognize the signs and symptoms of an allergic reaction and what to do you in the event of a reaction.
- Cafeteria staff (K-5) will be made aware of students with food allergies and pictures of known reactors will be made available to cafeteria workers by school nurse with parent permission.
- Maintain contact with manufacturers of food products and make available to parent upon request. Provide parents with food labels upon request.
- Review and follow sound food handling and food preparation practices to avoid cross-contact with potential food allergens.

Transportation

- Provide education and training for all school bus drivers regarding life-threatening allergies (provide own training or with school personnel) and what to do if they suspect a student is having a reaction. Advanced training on specific student needs will be provided.
- Provide functioning emergency communication (e.g. cell phone, two-ray radio, walkie-talkie or similar)
- Maintain policy of not allowing foods or beverages to be consumed on school buses.
- Parents of children with allergy or glycogen storage disease are strongly encouraged to identify their child to the van/bus driver.
- Plan ahead for informing substitute bus drivers of students with life-threatening food allergies.

Remember if epinephrine is administered but not needed, the student may experience increased heart rate and nervousness. If epinephrine is needed but not administered, the student may experience a severe or fatal allergic reaction.

If a student is given an EpiPen injection staff must:

- ***Call 911 for immediate transportation of the student to the nearest Emergency Room***
- ***Notify the parents***

A. Communication

1. As described above, the school nurse shall be responsible for coordinating the communication among parents, a student's individual health care provider and the school regarding a student's life-threatening allergic condition, GSD and/or diabetes. School staff responsible for implementing a student's IHCP will be notified of their responsibilities and provided with appropriate information as to how to minimize risk of exposure and/or alterations in blood sugar levels and how to respond in the event of such emergency.
2. Each school will ensure that there are appropriate communication systems available within each school (*e.g.*, telephones, cell phones, walkie-talkies) and for off-site activities (*e.g.*, field trips) to ensure that school personnel are able to effectively respond in case of emergency.
3. The district shall develop standard letters to be sent home to parents, whenever appropriate, to alert them to food restrictions within their student's classroom or school.
4. All district staff are expected to follow district policy and/or federal and state law regarding the confidentiality of student information, including medical information about the student.
5. The district shall make the Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes available on the Board's website or the website of each school under the Board's jurisdiction.
6. The district shall provide annual notice to parents and guardians regarding the Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes. Such notice shall be provided in conjunction with the annual written statement provided to parents and guardians regarding pesticide applications in the schools.

B. Monitoring the District's Plan and Procedures

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

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

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

Legal References:

State Law/Regulations/Guidance:

- Conn. Gen. Stat. § 10-212a Administration of medications in schools, at athletic events and to children in school readiness programs.
- Conn. Gen. Stat. § 10-212c Life-threatening food allergies and glycogen storage disease: Guidelines; district plans.
- Conn. Gen. Stat. § 10-220i Transportation of students carrying cartridge injectors.
- Conn. Gen. Stat. § 10-231c Pesticide applications at schools without an integrated pest management plan. Prior notice.
- Conn. Gen. Stat. § 19a-900 Use of cartridge injectors by staff members of before or after school program, day camp or day care facility.
- Conn. Gen. Stat. § 52-557b “Good samaritan law”. Immunity from liability for emergency medical assistance, first aid or medication by injection. Immunity from liability re automatic external defibrillators. School personnel not required to administer or render emergency first aid or administer medication by injection.
- Regs. Conn. State Agencies § 10-212a-1 through 10-212a-7 Administration of Medication by School Personnel

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

Federal Law:

- Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794
- Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.
- The Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12101 et seq. 10/11/2022

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SUFFIELD PUBLIC SCHOOLS
Suffield, Connecticut