

## **FCAA: Accommodating Students with Allergies & Special Dietary Needs Policy**

It is Divide County School District's goal to minimize the risk of exposure to allergens; to educate the community, staff, and student body about allergens; to work directly with and accommodate individuals who have allergies; and to maintain and regularly update a system-wide protocol for responding to the needs of students and staff with allergies.

### **Definitions**

- *Allergen* is a substance that causes an allergic reaction.
- *Food Allergy* is an adverse health effect arising from a specific and reproducible immune response to certain foods. Symptoms of food allergies may include red watery eyes, swollen lips, tongue or eyes, itchiness, hives, rash, nausea, vomiting, sneezing, nasal congestion, dry staccato or deep cough, difficulty breathing, pale skin color, dizziness, loss of consciousness, irritability, or confusion.
- *Food Intolerance* is an inability to digest certain foods.
- *Other Allergies and Intolerances* may include allergic reaction or intolerance due to contact with stinging insects; medications; surfaces and substances, including but not limited to cleaning products, soap, dust, mold, latex, and other indoor and outdoor environmental items; or engagement in exercise activities.
- *Anaphylaxis* is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. Symptoms of anaphylaxis may include: hives; vomiting; itching; diarrhea; swelling; stomach cramps; red, watery eyes; change of voice; runny nose; coughing; difficulty swallowing; wheezing; difficulty breathing; shortness of breath; throat tightness or closing sense of doom; itchy scratching lips, tongue, mouth or throat; fainting or loss of consciousness; dizziness; change in mental status; flushed, pale skin, cyanotic (bluish) lips and mouth.

Administration, in conjunction with qualified staff and team members, shall implement procedures for identifying students with allergies and shall develop general exposure avoidance measures. The level of sensitivity and the type of severity of reactions vary considerably among individuals with allergies. Therefore, the approach to preventing and treating food allergies must be tailored to those individual's needs through reasonable accommodation and carefully tailored plans. At the same time, an undiagnosed student may experience an allergic reaction to food for the first time while at school and any allergic reaction can turn life-threatening. Therefore, the approach must also be comprehensive.

The Board recognizes that students with medically documented allergies (both life-threatening and non-life-threatening) that substantially limits one or more of a student's major life activities are considered disabled and are covered by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act. In accordance with the law, that student may require certain modifications (sometimes referred to as accommodations) to meaningfully access or benefit from the school's educational opportunities. A clearly defined 504 Accommodation Plan, Individual Health Plan (IHP), or other appropriate plan that allows accommodation is recommended to be developed and

implemented for all such identified students. Appropriate staff, administration, and the student's parent/guardian should collaborate in the development of such plans, with recommendations provided by the student's treating medical provider. The Board also recognizes that students may also be eligible for accommodation under the Individuals with Disabilities Education Act (IDEA) Part B due to an allergy, if that allergy adversely affects the student's educational performance, or if the student needs special education and related services because of an allergy. If a student is eligible for accommodation under IDEA, instructions or services related to the student's nutritional or allergen-related needs must be included in the student's Individualized Education Plan (IEP). A clearly defined IEP will be developed and implemented for all such identified students.

IEPs and/or modifications to a student's program will be developed with the IEP team in accordance with the IDEA regulations and requirements. Relevant staff shall be provided with copies of 504 plans, IHPs, IEPs, and other relevant accommodation plans, including the measures needed to implement them, methods to reduce risk of exposure, and emergency response procedures in the event of exposure. The District may choose to accept that a student has a disability without any documentation or production of medical tests, but it is recommended that the District work directly with students/families to receive specific medical recommendations from treating providers. This ensures specific, responsive plans can be developed, and student health and safety can be maintained.

### **Self-Management**

Each student at risk of anaphylaxis in the District may be allowed to carry an epinephrine auto-injector or dispenser with him/her at all times, if appropriate. In addition, the student must complete the appropriate paperwork for the carrying and administration of an epinephrine auto-injector or any other epinephrine dispenser. If this is not appropriate, the epinephrine auto-injector/ dispenser should be kept in a conspicuous place in the classroom, cafeteria, physical education facility, health room and/or other areas where it is most likely to be used, with reasonable safeguards in place to ensure its safekeeping. A medically identified student may self-administer the epinephrine, if possible and only as identified in the student's plan and the completed paperwork on file with the District. This policy, FCAA, shall not supersede NDCC 15.1-19-16, which contains criteria for a school to authorize student self-administration of emergency medication.

### **Emergency Protocol**

If there is an anaphylaxis reaction, an epinephrine auto-injector or dispenser must be given. If appropriate, the person with the reaction can self-administer the epinephrine auto-injector or dispenser to themselves, or an appropriately trained school staff can administer. Once the auto-injector or dispenser is given, 911 must be called. In the event of an anaphylaxis episode, the Building Principal or School Administrator shall verbally notify the student's parents/guardians as soon as possible, or delegate someone to notify them. Following the episode, the school shall document the incident and file it in the student record.

### **Allergy Bullying**

All threats or harassment of students with food allergies will be taken very seriously and will be dealt with in accordance with administrative policy ACEA, Bullying Policy.

**Confidentiality**

Pursuant to the ADA, the IDEA, Section 504, the Family Educational Rights and Privacy Act (FERPA), and other statutes and regulations, the confidentiality of records relating to allergies shall be maintained, to the extent required.

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Complementing NDSBA Templates (may contain items not adopted by the Board)

- ACEA, Bullying Policy
- FCAA-AR, General Guidelines for Reducing Risk of Exposure to Allergens
- FFF, Field and Other School-Sponsored Trips