

Additionally, questions or comments can be submitted during the meeting by emailing:
pruseau@medford.k12.ma.us.

Those submitting must include the following information:

- 1) Your first and last name
- 2) Your Medford street address
- 3) Your question or comment

AGENDA

Motion to move the Management of Life-Threatening Allergies Policy to the Rules and Policy Subcommittee, as amended to include 'staff' in the Policy Statement.

2025-19 ***Offered by Member Ruseau***

Management of Life-Threatening Allergies Policy

Policy Statement.....	2
Life-Threatening Allergies in the School Setting.....	2
What is an Allergy.....	2
Allergic Triggers.....	2
Anaphylaxis Symptoms.....	3
Considerations When Working With Students and Caregivers.....	6
Allergy Bullying.....	6
Universal Life-Threatening Allergy Precautions.....	6
Allergy Medication in the School Setting.....	6
Responsibilities Within the Medford Public Schools.....	7
School Administration Responsibilities.....	7
District Administrators.....	7
Building Administrators.....	8
School Physician Responsibilities.....	9
School Nurse Responsibilities.....	9
Food Service Responsibilities.....	10
Director of Food Services.....	10
Food Services Staff.....	11
Transportation Services Responsibilities.....	11

Classroom Teacher Responsibilities.....	12
Paraprofessional Responsibilities.....	13
Before and After School Staff Responsibilities.....	13
Club Advisor and Athletic Coach Responsibilities.....	14
Parent-Teacher Organization Responsibilities.....	15
Parent, Caregiver, and Student Responsibilities.....	16
Department Specific Considerations.....	17
Special Education Classroom Setting.....	17
CTE Programs.....	17
Responding To Suspected Life-Threatening Allergy Plan for School Staff.....	18
Glossary of Terms.....	20
Alternatives to Site-Wide Restrictions.....	22
Overview.....	22
Cafeteria Strategies.....	22
Individual Student Accommodations.....	23
Resources.....	23

Policy Statement

Medford Public Schools (MPS) recognizes that foods and other **allergens** pose a life-threatening risk to some of our students, presenting safety challenges for district programs. While the Medford Public Schools cannot guarantee an allergen-free environment, it is the policy of MPS to maintain a system-wide response plan to address **life-threatening allergic (LTA)** reactions that occur in school and protocol guidelines to:

1. Minimize the risk of allergen exposure,
2. Provide developmentally appropriate health education to students, staff, and families,
3. Respond to student needs, including emergency management,
4. Ensure equity by allowing all students full access to a safe learning environment, and
5. Mitigate the social-emotional impacts on students with LTA to the extent possible.

The district recognizes that the effectiveness of managing life-threatening allergies depends on a cooperative effort among district staff, students, and caregivers. Protocol guidelines will follow recommendations made by the Massachusetts Department of Elementary and Secondary Education (DESE), the American Academy of Pediatrics (AAP), Food Allergy Research and Education (FARE), the National Association of School Nurses (NASN), the Massachusetts Department of Public Health (MDPH), and the Centers for Disease Control (CDC).

Life-Threatening Allergies in the School Setting

What is an Allergy

Allergies occur when someone has, through no fault of their own, an overactive immune system that targets harmless elements of their environment. During an allergic reaction, the immune system recognizes an otherwise harmless element and releases chemical mediators. These chemical mediators trigger inflammatory reactions throughout different areas of the body.

Symptoms can occur within a few minutes to a few hours after exposure to the allergen and may be visible or felt in various parts of the body. The most severe symptom, **anaphylaxis**, is life-threatening. A **biphasic reaction** can occur, known as a secondary allergic response. It is a recurrence of symptoms within 72 hours, despite no further exposure to the allergen, which occurs because antigens continue to be present in the body. In this case, a second dose of epinephrine may be needed.

Anaphylaxis is a term used to describe a collection of symptoms that affect multiple body systems, with the most severe being breathing difficulties and low blood pressure. **Anaphylaxis is fatal if untreated.** Anaphylactic reactions may occur immediately or up to several hours following allergen exposure. It is vital to identify at-risk students, have preventative measures in place, and be prepared to manage an emergency situation. For more information on anaphylaxis, please refer to page 2.

Allergic Triggers

Things that cause an allergic reaction. Life-threatening allergies (anaphylaxis) can be triggered by:

- Latex
- Insect venom
- Medication
- Exercise
- Cold
- Food (The Top 9: milk/dairy, eggs, fish, shellfish, soy, gluten/wheat, sesame, peanuts, tree nuts)



Anaphylaxis Symptoms

Anaphylaxis is a life-threatening medical condition occurring in people with allergies after exposure to their specific allergen(s). Anaphylaxis refers to a collection of symptoms affecting two or more body systems. These symptoms may include:

Body System	Symptoms
Skin	Hives; itching; flushed, pale skin; bluish lips and mouth area; swelling
Gastrointestinal	Vomiting; diarrhea; stomach cramps
Eyes, Nose, Throat	Red, watery eyes; change of voice; runny nose; difficulty swallowing; throat tightness or closing; itchy lips, tongue, mouth, and/or throat
Respiratory	Coughing; wheezing; difficulty breathing; shortness of breath
Neurological	Dizziness; change in mental status; fainting; loss of consciousness; or feeling of impending doom

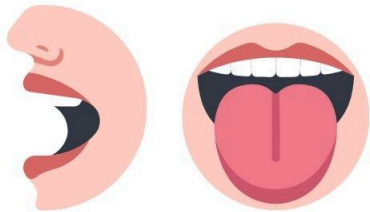
Young children may not be able to convey the above symptoms, and may say things like:

It feels like something is poking my tongue
My tongue (or mouth) is tingling (or burning)
My tongue/mouth/throat/neck itches
My tongue feels like there is hair on it
My mouth feels funny
There's a frog in my throat; there's something stuck in my throat
My tongue feels full/heavy
My lips feel tight
It feels like there are bugs in there (to describe itchy ears)
It (my throat) feels thick
It feels like a bump is on the back of my tongue (throat)
It feels like there's something stuck in my throat

The infographic below describes “Anaphylaxis: Common Symptoms,” including Those Affecting the Mouth and Throat, Heart and Lungs, Skin, Stomach, and Other Areas.

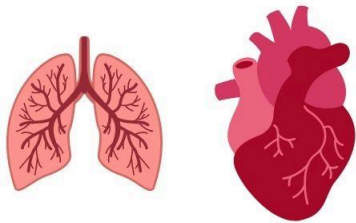
Anaphylaxis

COMMON SYMPTOMS



Mouth and Throat

Itching or swelling of lips and/or tongue
Feeling of tightening/closing
Hoarse voice
Difficulty swallowing
Throat clearing



Heart and Lungs

Shortness of breath
Cough
Wheeze
Chest pain or tightness
Dizziness, passing out
Weak Pulse



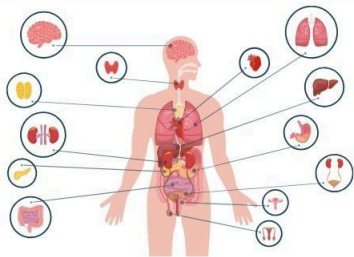
Skin

Itching
Hives
Redness
Swelling



Stomach

Vomiting
Upset stomach
Diarrhea
Cramps



Other

Headache
Itchy/watery eyes
Nasal congestion
Feeling of impending doom

Considerations When Working With Students and Caregivers

According to the Centers for Disease Control and Prevention, “Food allergies are a growing food safety and public health concern that affects an estimated 8% of children in the United States. That’s 1 in 13 children, or about two students per classroom” (CDC, 2022). There is no cure for food allergies, and strict avoidance of the known allergy is the first line of defense. Ensuring that daily awareness and management of allergies in the school setting is upheld will create and maintain a safe educational environment for all MPS students.

Studies have also shown that having food allergies significantly affects the psychological well-being of children and their caregivers. Children with allergies may experience fear of a life-threatening allergic reaction or be worried that they are a burden to others because of their allergies. These fears may lead them to limit social and daily activities. They may also face the emotional burden of being teased, experiencing social isolation, being taunted, harassed, or bullied by peers, teachers, or other adults. Some caregivers may be fearful of a life-threatening allergic reaction, and they work hard to find the balance between what is safe and what is normal when meeting the needs of their child with food allergies.

Allergy Bullying

All threats or harassment of students with food allergies will be taken very seriously and will be addressed in accordance with the appropriate Medford Public Schools student discipline policies.

Universal Life-Threatening Allergy Precautions

- Wash your hands with soap before and after preparing, serving, or eating meals or snacks to avoid food allergen cross-contact.
 - **Hand sanitizer does not effectively remove food allergens and should not be used as an alternative to handwashing.**
- Clean surfaces before and after meals to avoid food allergen cross-contact.
- Discourage the sharing of food items among students.
- Encourage the use of non-food incentives and rewards, as well as classroom celebrations.
- Make learning areas food-free zones when possible.

Allergy Medication in the School Setting

Epinephrine Auto-Injectors: Massachusetts Department of Public Health Regulations governing the Administration of Prescription Medications in Public and Private Schools 105 C.M.R. 210.100(A)(4) and (A)(4)(c)(iv) authorize school personnel who are trained and assessed for competency to administer epinephrine via auto-injector (i.e. EpiPen®, Auvi-Q®, Adrenaclick®, etc) to individuals with previously

diagnosed life-threatening allergies who are experiencing a suspected anaphylactic event. School districts must be registered with the Massachusetts Department of Public Health for this purpose.

Epinephrine Nasal Spray: Massachusetts Department of Public Health Regulations governing the Administration of Prescription Medications in Public and Private Schools 105 C.M.R. 210.100(A)(4) and (A)(4)(c)(iv) authorize school personnel who are trained and assessed for competency to administer epinephrine nasal spray (i.e. Neffy®) to individuals with previously diagnosed life-threatening allergies who are experiencing a suspected anaphylactic event. School districts must be registered with the Massachusetts Department of Public Health for this purpose.

Diphenhydramine (Benadryl®): Unlicensed staff (as described above) according to 105 C.M.R. 210.105 may not administer Benadryl® as a first-line intervention, due to the rapid and unpredictable sequence of events during an anaphylactic reaction.

Cetirizine (Zyrtec®): Unlicensed staff (as described above) according to 105 C.M.R. 210.105 may not administer Zyrtec® as a first-line intervention, due to the rapid and unpredictable sequence of events during an anaphylactic reaction.

Responsibilities Within the Medford Public Schools

Under the direction of the Superintendent of Schools and the Director of Health Services

School Administration Responsibilities

District Administrators

- ☐ Complete training once a year to: recognize symptoms of allergic reaction, understand their role as a responder in the event of an allergic reaction, and demonstrate appropriate use of epinephrine
- ☐ Establish, review, and uphold the Management of Life Threatening Allergies Policy to include risk reduction of life-threatening allergies, emergency response planning and procedures, and outline responsibilities of all stakeholders
- ☐ Maintain appropriate school nurse staffing with ratios as recommended by the National Association of School Nurses (NASN) to ensure that there are professional, registered nurses with Department of Elementary and Secondary Education school nurse licensure to support students with life-threatening allergies and other specialized healthcare needs
- ☐ Register annually with the Massachusetts Department of Public Health to allow for school nurse delegation of **epinephrine** administration for students with known life-threatening allergies by unlicensed personnel after appropriate training and return demonstration using a training device.
- ☐ Support faculty, staff, students, and caregivers in implementing all aspects of the Management of Life Threatening Allergies Policy

District Administrators

- ☐ Support special training for school district stakeholders, including, but not limited to: teaching staff, food services staff, before and after school programming staff, coaches, club and activities advisors, and members of the Parent Teacher Organization/Group (PTO/PTG)
- ☐ Provide emergency communication devices (two-way radio, intercom, walkie-talkie, landline telephone) for all school activities, including during transportation, that involve a student with life-threatening allergies
- ☐ Establish known contingency planning in case of substitute teachers, nurses, or food services staffing
- ☐ Register annually with the Mylan “EpiPens4Schools” program and/or similar programs to provide each school with a stock supply of:
 - ☐ Two, unexpired, EpiPen auto-injectors 0.3mg and/or intranasal epinephrine
 - ☐ Two, unexpired, EpiPen auto-injectors 0.15mg and/or intranasal epinephrine
- ☐ Ensure each school health office has a well-stocked emergency bag that includes epinephrine to be used in the event of a life-threatening allergic reaction outside the health office.

Building Administrators

- ☐ Complete training once a year to: recognize symptoms of allergic reaction, understand their role as a responder in the event of an allergic reaction, and demonstrate appropriate use of epinephrine
- ☐ Work with a building-based nursing team to ensure awareness of students with life-threatening allergies and student emergency action plans
- ☐ Work with students and families to establish necessary Section 504 plans for allergy accommodations
- ☐ Implement cafeteria protocols for allergy awareness in your school community and communicate plans with building-based nurses, cafeteria staff, and the Director of Food Services.
- ☐ Communicate with after-school club advisors, coaches, and parent-teacher organizations to ensure compliance with the district policy regarding life-threatening allergies, reminding them that they are school-sponsored programs and must follow district policy
- ☐ Provide volunteers with written education on food allergy reaction prevention, recognition, and management
- ☐ Ensure all employees and school-contracted workers have received education on food allergy reaction prevention and recognition
- ☐ Plan for instances, such as field trips, before and after school, athletics, and other school-sponsored events where a school nurse may not be available

Building Administrators

- ☐ Ensure that adequate time is provided for training and education for faculty and staff regarding:
 - ☐ Awareness of signs and symptoms of anaphylaxis
 - ☐ Different types of anaphylaxis triggers (food, insect stings, medications, latex, etc.)
 - ☐ Risk reduction, prevention, and procedures (hand hygiene, washing surfaces with soap and water)
 - ☐ Emergency procedures
 - ☐ How to administer an epinephrine auto-injector or intranasal spray in case of emergency
- ☐ Ensure that new personnel complete training to recognize symptoms of allergic reactions, understand their role as responders in the event of an allergic reaction, and demonstrate the appropriate use of epinephrine.
- ☐ Inform caregivers of students with food allergies about their legal right to request a 504 eligibility determination meeting.
 - ☐ Contact the Food Services Director to review cafeteria-related accommodations before the parent's signature.
- ☐ Require prior approval for the use of food for curriculum instruction or special luncheons during the school day in collaboration with the school nursing team.
- ☐ Eliminate the use of food as a reward in any classroom, unless otherwise specified in an Individualized Education Plan (IEP) or Section 504 plan.
- ☐ Require and enforce that any parties and celebrations during the school day are food-free

School Physician Responsibilities

- ☐ Participate in the multidisciplinary team to develop and implement the Management of Life-Threatening Allergy Policy
- ☐ Oversee the management of life-threatening allergies of the student body
- ☐ Provide allergy education to staff, caregivers, students, and community members as needed
- ☐ Work with the Director of Health Services and the School Nursing Team to ensure that all students with life-threatening allergies have **Individualized Health Care Plans (IHCPs)** and **Allergy Action Plans (AAPs)**
- ☐ Provide a prescription and a standing order for unassigned epinephrine administration by a licensed nurse in the case of anaphylaxis of an undiagnosed individual

School Nurse Responsibilities

- ☐ Arrange to speak with the caregivers of each student with food allergies within the first week of school (or, if newly diagnosed, immediately after the diagnosis of a new life-threatening allergy) to develop an individualized health care plan (IHCP) for the student, involving the student as age and developmentally appropriate
 - ☐ During this meeting, ensure that caregivers provide appropriate prescriber order forms (signed by either a medical doctor, nurse practitioner, or physician's assistant), parent authorization forms, and unexpired epinephrine
 - ☐ Provide the parent responsibility information sheet
- ☐ Create and disseminate the anaphylaxis **Allergy Action Plan (AAP)** and/or Emergency Action Plan that includes the student's name, student identification number, date of birth, photo, allergens, symptoms of allergic reaction, risk reduction procedures, emergency procedures, location(s) of epinephrine, and required signatures.
- ☐ Arrange and convene a team meeting, preferably before the start of the school year, for all staff working with this student to review the AAP.
- ☐ Provide information about students with life-threatening allergies and attach their photos (if consent is given by the caregiver) to all staff (including, but not limited to, classroom aides, bus drivers, food services staff, etc.)
- ☐ Collaborate with building administrators and the Director of Food Services to develop cafeteria protocols that promote allergy awareness within your school community.
- ☐ Educate new personnel who work with specific students as necessary
- ☐ Conduct and track attendance of a school-wide in-service training for school staff regarding life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer epinephrine
- ☐ Document student encounters regarding life-threatening allergy case management and concerns of exposure in the student-specific electronic health record system
- ☐ Check the provided epinephrine monthly for expiration date and note the color, clarity, and consistency of epinephrine in the observation window
- ☐ Ensure all building staff know where epinephrine auto-injectors and intranasal sprays are kept
- ☐ Allow students who are deemed ready by their caregivers and health care providers to self-carry and/or self-administer epinephrine
- ☐ Store unassigned and assigned epinephrine in secure areas that are unlocked and easily accessible by staff
- ☐ Ensure stock epinephrine auto-injectors provided by the EpiPens4Schools program are kept in the nursing emergency response bag, checking expiration date and color, clarity, and consistency of epinephrine in the window remains stable
- ☐ Respond to emergencies as needed and provide immediate medical response to a suspected life-threatening allergic reaction

Food Service Responsibilities

Director of Food Services

- ☐ Complete training once a year to: recognize symptoms of allergic reaction, understand their role as a responder in the event of an allergic reaction, and demonstrate appropriate use of epinephrine
- ☐ Establish, review, and uphold the Management of Life Threatening Allergies Policy to include risk reduction of life-threatening allergies, emergency response planning and procedures, and outline responsibilities of all stakeholders
- ☐ Publish the monthly school menu on the school website
- ☐ Maintain the current food specifications library
- ☐ Manage meal modification forms signed by an approved health care provider
- ☐ Provide information to caregivers of students with food allergies on school food service menus and ingredients as appropriate
- ☐ Consult on Individual Health Care Plans and **Section 504 plan** as appropriate regarding food in the school environment
 - ☐ Review any cafeteria-related accommodations before the parent's signature
- ☐ Coordinate the needs of individual students with school kitchen staff regarding IHCPs, AAPs, and Section 504, as appropriate
- ☐ Ensure appropriate non-allergenic food substitutes are available according to IHCPs, AAPs, and Section 504, in consultation with the school nurse
- ☐ Ensure all food service staff can recognize symptoms of allergic reaction and understand their roles as responders in the event of an allergic reaction
- ☐ Provide training for school food service staff regarding the specific food needs of students with food allergies according to the IHCPs, AAPs, and Section 504, as appropriate
- ☐ Ensure food service staff make every effort to avoid cross-contamination during handling, preparation, and serving of food
- ☐ Ensure food service staff maintain table-washing supplies that remove allergens

Food Services Staff

- ☐ Complete training once a year to: recognize symptoms of allergic reaction, understand their role as a responder in the event of an allergic reaction, and demonstrate appropriate use of epinephrine
- ☐ Review student food allergies
- ☐ Implement meal modification plans when appropriate

Food Services Staff

- ☐ Receive training and use correct protocols to serve food to students with food allergies
- ☐ Make every effort to avoid cross-contamination during the handling, preparation, and serving of food
- ☐ Maintain information regarding food allergies on school food service menus and ingredients as appropriate
- ☐ Maintain a minimum of the previous 30-day physical food labels library on site
- ☐ Maintain table-washing supplies that remove allergens

Transportation Services Responsibilities

- ☐ Complete training once a year to: recognize symptoms of allergic reaction, understand their role as a responder in the event of an allergic reaction, and demonstrate appropriate use of epinephrine
- ☐ Know and follow the protocol for emergency response on the school bus
- ☐ Have working radio/phone access for communicating emergencies
- ☐ Contact Emergency Medical Services for suspected anaphylaxis symptoms (see p. 2-3)
- ☐ Notify the school of any allergy-related emergency on the bus after contacting emergency services
- ☐ Enforce no eating on the bus, unless medically indicated (i.e., for students with a medical condition)

Classroom Teacher Responsibilities

- ☐ Complete training once a year to: recognize symptoms of allergic reaction, understand their role as a responder in the event of an allergic reaction, and demonstrate appropriate use of epinephrine
- ☐ Work with the school nurse and the student's caregiver to develop and implement a developmentally appropriate and student-specific plan for ensuring reasonable forms of risk reduction to limit exposure to potential allergens have been considered—including during field trips, classroom celebrations, enrichment, [arts & crafts activities](#), and cafeteria management (can be included in the AAP, IHCP, or Section 504 plans)
- ☐ Ensure that students with food allergies can fully participate in classroom and school-wide activities by evaluating school materials, activities, and projects for potential food allergens and making adjustments accordingly.
- ☐ Remind and enforce with caregivers and students that classroom celebrations must be food-free

Classroom Teacher Responsibilities

- ☐ Prohibit the use of food, candy, and beverages in the classroom, unless prior approval has been granted by the Directors of Health Services and Food Services.
 - ☐ Caregivers of students with food allergies are to be notified in advance if food is to be used for curriculum purposes.
 - ☐ School nurses will be notified in advance if food is to be used for curriculum purposes, allowing them to plan effective allergy mitigation strategies.
- ☐ Remind students consistently never to share or trade food
- ☐ Ensure student hand washing with soap and water before and after eating to avoid cross-contamination
 - ☐ **Hand sanitizers are not an effective means of removing allergens and should not be used for this purpose**
- ☐ Keep information for substitute teachers in an organized, prominent, and accessible format
- ☐ Notify the school nurse 20 days before an upcoming field trip, per the MPS district Field Trip Policy, so that medication can be prepared for the field trip
 - ☐ Ensure that all emergency medications are brought on the trip as well as emergency information, and are kept with the student's teacher at all times
 - ☐ Place the student requiring emergency medication in the classroom teacher's group so that their emergency medication is available to them at all times with an adult that's been instructed by the school nurse on appropriate administration practices (unless the student can self-carry and self-administer)
 - ☐ Caregivers of students with life-threatening allergies or other specialized healthcare needs will be given priority and personally invited, but not required, to attend and chaperone field trips with their child by the student's teacher. If a student's caregiver can attend, their student may be in their group, and the caregiver will carry the epinephrine.
- ☐ Review and implement policies in "Use of Food in Special Education Settings" on p. 14
- ☐ At the High School level, review and implement policies in Allergy Awareness in CTE Programs (Career Technical Education, see p. 14)

Paraprofessional Responsibilities

- ☐ Complete training once a year to: recognize symptoms of allergic reaction, understand their role as a responder in the event of an allergic reaction, and demonstrate appropriate use of epinephrine
- ☐ Prohibit the use of food, candy, and beverages in the classroom, unless prior approval has been granted by the Directors of Health Services and Food Services

Paraprofessional Responsibilities

- ☐ Remind students consistently never to share or trade food
- ☐ Ensure students wash their hands with soap and water before and after eating to prevent cross-contamination.
 - ☐ **Hand sanitizers are not an effective means of removing allergens and should not be used for this purpose.**
- ☐ Review and implement policies in “Use of Food in Special Education Settings” on p.14

Before and After School Staff Responsibilities

- ☐ Complete training once a year to: recognize symptoms of allergic reaction, understand their role as a responder in the event of an allergic reaction, and demonstrate appropriate use of epinephrine
 - ☐ Before and after school staff will be delegated the responsibility of administering epinephrine to any students with a life-threatening allergy experiencing symptoms in the absence of a school nurse being present in the building
 - ☐ Per after-school guidelines, review the Before and After School Health & Safety Guidelines and emergency response every quarter
- ☐ Work with the school nurse and the student’s caregiver to develop and implement a developmentally appropriate and student-specific plan for ensuring reasonable forms of risk reduction to limit exposure to potential allergens have been considered—including during field trips, celebrations, enrichment, arts & crafts activities, and cafeteria management (can be included in the AAP, IHCP, or Section 504 plans)
- ☐ Ensure that staff are aware that student-specific epinephrine auto-injectors or intranasal sprays are kept unlocked, with student-specific identifiers, to ensure easy access in case of an emergency.
- ☐ Prohibit the use of food in before and after-school programming, unless provided by food services.
 - ☐ Caregivers of students with food allergies must be notified in advance if food is to be used during before- and after-school programming.
- ☐ Remind students consistently never to share or trade food
- ☐ Ensure student hand washing with soap and water before and after eating to avoid cross-contamination
 - ☐ **Hand sanitizers are not an effective means of removing allergens and should not be used for this purpose**
- ☐ Keep information for substitute before and after school staff in an organized, prominent, and accessible format

Club Advisor and Athletic Coach Responsibilities

- ☐ Complete training once a year to: recognize symptoms of allergic reaction, understand their role as a responder in the event of an allergic reaction, and demonstrate appropriate use of epinephrine
- ☐ **Do not provide food (including candy and beverages) for students** unless prior approval has been granted by the Directors of Health Services and Food Services
 - ☐ For athletic team dinners, provide a menu and roster of athletes to the Director of Health Services for review at least one week before the event
- ☐ Ensure students with food allergies can fully participate in club and athletic activities by evaluating materials, activities, and projects for potential food allergens and adjusting accordingly
- ☐ Remind parents and caregivers that school nurses are not available outside of school hours
- ☐ Remind students to carry their emergency medications and let the coach/advisor know where they store their medication
 - ☐ For students who are not able to self-carry, work with parents and caregivers to create a plan
- ☐ Inform parents and caregivers about any pre-approved food-related activities (e.g., team dinners or club snacks) in advance so that they can ensure safe options for their student
- ☐ Remind students never to share or trade food
- ☐ The sale of food products as a fundraiser requires prior approval from the Directors of Health and Food Services. All food products sold within 30 minutes before or after the school day must be in accordance with [CMR 225.000 Nutrition Standards for Competitive Foods and Beverages in Public Schools](#). This does not apply to booster sales/concession stands, and other school-sponsored fundraisers or events that occur more than 30 minutes before or after the school day.
- ☐ MPS staff and MPS-sponsored programs are not responsible for implementing the Life Threatening Allergy Policy and related protocols and procedures during school-sponsored events beyond the school day that are open to the public (e.g., school athletic contests, plays, or ceremonies)

Parent-Teacher Organization Responsibilities

- ☐ Parent-Teacher Organizations (PTOs) are school-sponsored and, therefore, legally responsible for including the whole school community. This includes students with life-threatening allergies.
- ☐ Encourage annual training for PTO officers to recognize symptoms of allergic reactions, understand their role as responders in such events, and demonstrate the appropriate use of epinephrine.
- ☐ All food-related activities that take place during the school day, including 30 minutes before or after the school day, must be approved in advance by the Directors of Health Services and the Director of Food Services and comply with [CMR 225.000 Nutrition Standards for Competitive Foods and Beverages in Public Schools](#).

Parent-Teacher Organization Responsibilities

- ☐ Serve only individual pre-packaged foods that are labeled with ingredients and nutrition information to students unless parents/caregivers are present.
- ☐ Serve/sell only food with ingredients and nutrition information available for review.
 - ☐ Require ingredient lists and nutrition information from restaurants providing food for events.
 - ☐ Keep labels/ingredient lists available during programs and events for parent/caregiver review.
 - ☐ Make a reasonable effort to offer options free from the top 9 allergens (e.g., peanuts, tree nuts) at all food-related events.
 - ☐ Consider offering non-food items for sale at bake sales (e.g., small toys, school spirit items) to allow all students to participate in the fundraising aspect.
- ☐ Discourage the use of candy and food-related prizes for special activities
 - ☐ Consider food allergies and dietary restrictions when selecting prize options for events
- ☐ Ensure students with food allergies can fully participate in activities by evaluating materials, activities, and projects for potential food allergens and adjusting accordingly
- ☐ Remind parents and caregivers that school nurses are not available outside of school hours
 - ☐ Efforts should be made to make plans for students requiring emergency medication
- ☐ Limit fundraising activities—including but not limited to bake sales—that are conducted outside the school day to those at which only adults are allowed to purchase food products
 - ☐ Consider food allergies and dietary restrictions when selecting foods for sale
 - ☐ It is recommended that all food and beverage products sold at these events are purchased with food labels included and available for the intended purchaser
 - ☐ Request ingredient list for any homemade items
 - ☐ Explicitly state that due to the nature of a bake sale with multiple contributors, it is impossible to guarantee that any item is entirely "nut-free" or "allergen-free," even if specific ingredients are listed as such. Cross-contamination in home kitchens is always a possibility. See [Resources](#) for a printable form.
 - ☐ This includes PTO socials and events held at an off-site facility
- ☐ Clean surfaces before and after meals with soap and water and disposable cloths to prevent cross-contact with food allergens. Many sanitizing cleaners do not remove allergens.
- ☐ Ensure student hand washing with soap and water before and after eating to avoid cross-contamination.
- ☐ **Hand sanitizers are not an effective means of removing allergens and should not be used for this purpose.**

Parent, Caregiver, and Student Responsibilities

- ☐ Inform the school nurse and food services of your child's allergies before the opening of school or as soon as possible after diagnosis
- ☐ Arrange to meet and collaborate with the school nurse to develop an Individual Health Care Plan and/or Allergy Action Plan for the student
- ☐ Provide medical information from the child's treating physician as needed to write the Individual Health Care and/or Allergy Action Plans and to authorize the administration of prescribed medications.
- ☐ Provide the school nurse with enough unexpired emergency medications. Do not separate epinephrine auto-injectors.
- ☐ Respond promptly to requests for new medications when ones on hand are expiring.
 - ☐ Expired epinephrine should be replaced as soon as possible. However, expired epinephrine should not be discarded until a replacement is available.
- ☐ Arrange to meet with the Section 504 team to develop an accommodation plan if indicated.
- ☐ Ask the child's physician to complete the [Meal Modification Form](#) and return the form to the Director of Food Services if the child will be accessing school meals.
- ☐ Provide a Medical Alert ID for their child if preferred by the caregiver
- ☐ Inform the school of any changes in the child's life-threatening allergy status
 - ☐ Provide the school with the licensed provider's statement if the child no longer has allergies
- ☐ Alert the school nursing team of any recent anaphylactic episodes, whether they happened while at home or during a school-based activity
- ☐ When a student is participating in after-school clubs, arts, or athletics, notify advisors/coaches of the student's food allergies and create a plan
 - ☐ Notify advisors/coaches of emergency medication and where the student keeps it
 - ☐ Communicate the plan with the child
 - ☐ Remind the child that school nurses are not available after school hours
- ☐ Educate your child on the following, as appropriate for the child's age and developmental level:
 - ☐ Recognizing the first symptoms of an allergic/anaphylactic reaction
 - ☐ Knowing where the epinephrine auto-injectors or intranasal spray is/are in the school building
 - ☐ Who has access to the epinephrine, and who to go to for help
 - ☐ How to administer their own epinephrine auto-injector or intranasal spray
 - ☐ How to train others in its use
 - ☐ Communicating clearly as soon as they feel an allergic reaction starting
 - ☐ Carrying their own Epinephrine auto-injector or intranasal spray when appropriate

Parent, Caregiver, and Student Responsibilities

- ☐ Reading food labels and not sharing snacks, lunches, or drinks
- ☐ Washing hands with soap and water before and after handling food
- ☐ Reporting teasing, bullying, and threats to a trusted adult
- ☐ Taking as much responsibility as possible for their own safety
- ☐ Alerting food services to any food allergies before service
- ☐ Participating in the development of the IHCP/AAP/504, along with the school nurse and caregiver

Department Specific Considerations

Special Education Classroom Setting

- ☐ Food may be used as a reinforcement strategy when included in a student's Individualized Education Plan (IEP) or Behavioral Intervention Plan
 - ☐ Alternatives to food rewards should be considered first
- ☐ Written consent must be obtained for each student who will be offered a food reward, with information about known allergies and dietary restrictions
- ☐ The classroom teacher is responsible for reviewing all students' food allergies with the school nurse before determining food rewards
- ☐ No food may be stored, offered, or consumed in the classroom without confirming that it is safe for all students present
- ☐ Food items must be pre-packaged and labeled with ingredients
- ☐ Food used for rewards must be stored separately from instructional materials and away from areas where allergens could cause cross-contamination
- ☐ Food rewards should be consumed in a designated area that can be cleaned with soap and water

CTE Programs

- ☐ Staff should complete training once a year to: recognize symptoms of allergic reaction, understand their role as a responder in the event of an allergic reaction, and demonstrate appropriate use of epinephrine
- ☐ For food-related CTE programs:

CTE Programs

- ☐ All ingredients should be reviewed for potential allergens. Ensure all ingredients are labeled and that students know how to read ingredient lists to avoid allergens.
- ☐ Set up dedicated allergen-free workstations for students with specific allergies
- ☐ Consider hands-on supervision for students with severe food allergies when handing food or equipment that may contain allergens
- ☐ Provide accommodations for students with food allergies to complete projects or assignments that do not involve allergens
- ☐ For CTE programs that don't directly include food but may have exposure to allergens:
 - ☐ Review potential allergens (e.g., latex, scented products, or chemicals) and provide allergy-safe alternatives
- ☐ For co-op programs, ensure that students' allergen information is communicated to external parties and that appropriate accommodations are made.

Responding To Suspected Life-Threatening Allergy Plan for School Staff

During the time that a school nurse is present in the building:

The school nurse will be the responsible party for the immediate medical response to a suspected life-threatening allergic reaction, in accordance with the student-specific IHCP and AAP

- Vital signs will be collected, and a focused nursing assessment will be performed
- If indicated, administration of the epinephrine auto-injector or intranasal spray will be performed by the nurse or a trained school staff member, and the time of injection will be documented. Trained staff should immediately administer an epinephrine auto-injector or intranasal spray during a suspected life-threatening anaphylaxis.
- Emergency Medical Services (EMS)/911 will be activated
 - If two or more nurses are present, EMS should be activated while an epinephrine auto-injector or intranasal spray is being administered
 - If only one school nurse is present, an epinephrine auto-injector or intranasal spray should be administered before EMS activation

- Once EMS is contacted, the principal will be made aware, and caregiver notification will take place either by the principal or the appropriate school designee
- The school nurse will determine if a second dose of epinephrine is indicated, if symptoms are ongoing or not improving after the first dose
- The principal or appropriate school designee will meet EMS outside to escort them to the student
- The principal or appropriate school designee will identify school staff who can accompany the student in the ambulance if the caregiver is unavailable. The school nurse cannot be the accompanying party.
- Stock epinephrine can only be administered to students with unknown allergens by school nurses, due to an assessment required for its administration. This plan is not intended for students with no known life-threatening allergies.
- The school nurse is responsible for filing a report with the Department of Public Health regarding the administration of an epinephrine auto-injector or intranasal spray.

During the time that a school nurse is not present in the building:

- A school staff member, trained to administer the epinephrine auto-injector or intranasal spray, will inject the individual who has a known allergen and AAP in place with the appropriately dosed epinephrine auto-injector or intranasal spray obtained from the designated storage location in the school.
- Once the epinephrine auto-injector or intranasal spray is administered, EMS should be activated.
 - When contacting 911, the following information must be provided:
 - Identify self
 - Identify the school, and
 - Advise that an allergic reaction is suspected and an epinephrine auto-injector or intranasal spray has been given.
- School personnel should immediately notify the student's caregivers, the Director of Health Services, and the school principal after EMS has been activated.
- Ensure that emergency medical response personnel responding to the call are met at the school entrance and directed to the student.

- School staff members may only administer epinephrine to a student with a known life-threatening allergy.
- The school nurse is responsible for filing a report with the Department of Public Health regarding the administration of an epinephrine auto-injector or intranasal spray. The school staff that administered the epinephrine auto-injector or intranasal spray should plan to meet with the school nurse on the morning of the next scheduled school day to debrief the situation and complete the required form.

Glossary of Terms

- **504 Plans:** plans developed by 504 coordinators, school staff, caregivers, and students that document legally binding accommodations to safely and fully include students with disabilities, including those with food allergies, in all school programs and activities
- **Allergen:** any substance that causes allergic reactions in people who have allergies to those specific substances.
- **Allergic Reaction:** an immune system response to something that the body mistakes as harmful.
- **Allergy and Anaphylaxis Emergency Plan (AAEP):** the plan developed by health care providers in collaboration with students and caregivers that explains, in simple language, how school staff should respond to an allergic reaction in an individual student
- **American Academy of Pediatrics (AAP):** the organization of pediatricians with the mission of ensuring optimal physical, mental, and social health of infants, children, adolescents, and young adults
- **Americans with Disabilities Act (ADA):** federal law that prohibits discrimination based on disability, including food allergies
- **Anaphylaxis:** a severe, life-threatening allergic reaction that can be associated with blood pressure drops, trouble breathing, rash, swelling, and vomiting; requires urgent treatment with epinephrine
- **Biphasic reaction:** Also known as secondary response. It is a recurrence of symptoms within 72 hours, with no further exposure, indicating a continued presence of antigens in the body.
- **Celiac Disease:** a disease caused by an immune reaction to eating foods containing gluten, which is found in wheat, barley, and rye
- **Cross-contact:** accidental transfer of a food allergen from one food to a food that is meant to be allergen-free; may occur through direct contact between foods or through the use of shared utensils, cooking equipment, or prep surfaces
- **Centers for Disease Control and Prevention (CDC):** U.S. federal agency that promotes public health
- **Child Nutrition Programs:** federally funded nutrition programs run by the USDA that help ensure children, including school students, receive nutritious meals and snacks

- **Eosinophilic Esophagitis (EoE):** non-IgE-mediated food allergy in which allergen exposure leads to the buildup of immune cells in the throat, leading to inflammation and trouble swallowing, among other symptoms
- **Epinephrine:** first-line treatment for severe allergic reactions and life-threatening anaphylaxis
- **Food & Drug Administration (FDA):** U.S. federal agency that regulates most foods, medical products, medical devices, and certain other products
- **Food Allergy:** an immune reaction to a food that can cause serious and potentially life-threatening reactions
- **Food Intolerance:** a condition caused by the inability to digest certain foods
- **Food Protein-Induced Enterocolitis Syndrome (FPIES):** non-IgE-mediated food allergy in which allergen exposure leads to vomiting, diarrhea, and dehydration
- **IgE antibody:** an immune protein that causes some food allergies
- **Individualized Education Plans (IEPs):** plans developed to ensure a student with a qualifying learning disability receives necessary specialized education and services
- **Individualized Health Care Plans (IHPs):** nursing care plans developed by school nurses that ensure students' physical and mental health medical needs are being met
- **Life Threatening Allergies (LTA):** **NEED A DEFINITION**
- **Section 504:** federal law that prevents institutions that receive federal funding, including schools, from discriminating based on disabilities, including food allergies
- **Self-administer:** treat oneself with epinephrine during an allergic reaction
- **Self-carry:** when the student carries their own epinephrine device
- **Site-wide food restrictions:** policies that ban a certain food from the environment to protect students with food allergies
- **Unassigned epinephrine:** epinephrine device prescribed by a health care provider in the name of a school or school district that can be used for any person having a suspected allergic reaction
- **U.S. Department of Agriculture (USDA):** federal department responsible for regulating farming, forestry, rural development, and certain foods

Alternatives to Site-Wide Restrictions

Overview

- ☐ Studies show that site-wide restrictions do not reduce accidental allergen exposure (a peanut-free school, for example)
- ☐ Alternatives to site-wide restrictions include room-specific restrictions, food-free zones, enhanced supervision at mealtimes, or student buddy systems
- ☐ Individual student accommodation requirements, as recommended in a 504 plan by a licensed professional
- ☐ Methods of communicating and enforcing site-wide restrictions
- ☐ Potential psychosocial effects of site-wide restrictions
- ☐ Plans for routinely re-evaluating the relevance of restrictions or when a restriction may be removed

Cafeteria Strategies

- ☐ Foster an inclusive environment where students feel comfortable and safe, regardless of their food allergies and dietary needs
- ☐ The presence of allergen tables or allergen-free tables is not a substitute for the universal precautions intended to mitigate exposure
- ☐ Individual schools, with parent and student input, may determine the best strategies for a particular student and their allergen
- ☐ Schools may use designated allergen tables (e.g., peanut table) or allergy-free eating areas (e.g., peanut-free tables)
 - ☐ Implementing allergy-free tables can be complex, given the variety of food allergies present in the student population. The need for designated tables will be determined for each individual school in consultation with the Food Services Director/Cafeteria Manager, the school nursing team/Director of Health Services, and the school principal
 - ☐ Allergy-free tables and designated allergen tables will be created if necessary, and when proper implementation and oversight can be assured
 - ☐ Details regarding appropriate oversight should be discussed and determined before implementation (e.g., who is responsible for checking lunches for allergens, how many spaces will be allowed at the designated table (s), etc.).
 - ☐ Due to the fluid nature of student demographics and food allergy prevalence, the consideration of instituting food allergy aware tables in the cafeteria should be done periodically throughout

the school year, as determined by the school nursing team upon receipt of newly documented student-specific allergies.

- ☐ Consider placing an allergy-free table to prevent social isolation.

Individual Student Accommodations

- ☐ Under Section 504 of the Rehabilitation Act of 1973, students with food allergies that substantially limit one or more major life activities (e.g., eating, breathing, concentrating) are considered to have a disability and have the right to:
 - ☐ **Evaluation:** Students have the right to be evaluated to determine if their food allergy qualifies as a disability under Section 504 and if they are eligible for a 504 plan.
 - ☐ **A written plan:** Students may be entitled to a Section 504 plan, a legally binding document that outlines how the school will address the student's individual needs and ensure their safety and equal participation.
 - ☐ **Protection from discrimination:** Schools cannot exclude or discriminate against students with food allergies based on their disability. This includes protection from harassment or bullying due to their food allergies.
 - ☐ **Reasonable accommodations:** Schools must provide reasonable accommodations to ensure students with food allergies have equal access to education and school-related activities, such as:
 - ☐ Designated eating areas
 - ☐ Clearly labeled, allergen-free food options in school cafeterias and at events.
 - ☐ Prohibiting eating in classrooms or learning areas
 - ☐ Allowing students to carry and use epinephrine auto-injectors or intranasal spray, if capable, or storing them for students who are not
- ☐ Additionally, students may require an Individualized Health Care Plan (IHCP) and a Food Allergy & Anaphylaxis Emergency Care Plan.

Resources

Family forms:

- ☐ [Meal modification form](#)
- ☐ [Parent Authorization for Prescription Medication Administration](#)
- ☐ [Prescriber order form](#)

- ☐ [Blank AAP](#)

School forms:

- ☐ [Field trip coordinator checklist](#)
- ☐ [Potential food allergens in school-related activities](#)
- ☐ [Bake sale allergy notification](#)

Policy Information

First Adopted: TBD

Last Amended: original

Last Reviewed: not reviewed

Review Frequency: two (2) years

Next Review: TBD

Version: 1

Policy ID: TBD - NEW

Related Policies:

[BGI - Policy Hygiene](#)

Legal References:

[105 CMR 210.000](#)

[105 CMR 225.000](#)

[Section 504 of the Rehabilitation Act of 1973](#)