STUDENTS
Series 5000
Policy #5010.1.1

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

EASTCONN Schools (the "district") recognizes 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.

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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:

(i) 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

(ii) 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, that is aligned with the Action/Management Plan from the medical provider. 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); school administrators and individuals working directly with the student 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 (nursing 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

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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-safe considerations, or allowing the student with GSD or diabetes to have food/dietary supplements when needed;
b. cafeteria/other eating space safety;
c. participation in school nutrition programs;
d. snacks, birthdays and other celebrations;
e. alternatives to food rewards or incentives;
f. hand-washing, cleaning eating areas before and after use;
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, community instruction opportunities, fire drills and lockdowns;
l. student employment trips;
m. extracurricular activities;
n. school transportation;
o. the provision of food or dietary supplements by the school nurse, or any school employee approved by the school nurse;
p. staff notification, including substitutes, and training; and
q. 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 after conferencing with the school administrator and/or school nurse.

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

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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 if authorized;
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

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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 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 and confidentiality requirements.

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.

12. Special dietary needs are to be documented on a Meal Modification Form from a student's provider and communicated to Food Services staff.

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

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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 the Head 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 and cleaning of eating spaces before and after use;
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.

V. 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.

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3. The district shall develop standard letters to be sent home to parents, wherever 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.

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.

VI. 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 Executive Director or designee 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.

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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 2020).

Guidelines for Diabetes: https://portal.ct.gov/sde/publications/learning-and-diabetes/resources

CSDE Guidelines for Accommodating Special Diets in School Nutrition Programs or USDA Regulations for School Nutrition Programs (7 CFR 210, 10(m) & 7CFR 220.8(m)

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.

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