DANBURY PUBLIC SCHOOLS Danbury, Connecticut	**REGULATIONS**	
ALLERGENS ***(Food Allergies)***	Revised: 5/14/14	Policy No. 7-107

Danbury Public Schools is committed to providing a safe and nurturing environment for students. The Danbury Board of Education understands the increasing prevalence of life threatening allergies among school populations.

Although schools cannot guarantee an allergy free environment, we recognize that the risk of accidental exposure to allergens can be reduced in the school setting. The Danbury Public Schools is committed to working with parents, students, and physicians to minimize risks and provide a safe educational environment for all students. The focus on allergy management shall be on prevention, education, awareness communication and emergency response.

The goal of the Danbury Public Schools Food Allergy Management Plan is to maintain the health and safety of students with life threatening allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care, and provide educational opportunities.

Food Allergy Management Plan Guidelines
Including the Management of Glycogen Storage Disease

School Nurse's Responsibility in Management and Emergency Planning

1. The child with a severe food allergy may be identified in a variety of ways. It may be noted at Kindergarten registration, on the HAR form, or by notification from the parent. The nurse will make every effort to carefully review the medical records of all new students entering their school or the district. Nurses with students with severe allergies moving to a new school within the district shall notify the new school nurse of the child and of the presence of an IHCP and/or EHCP.

2. The nurse should meet with the parent to obtain a medical history. This should include a list of foods the child is allergic to and how he/she reacts after ingesting these foods. It should be ascertained whether the child can be near the offending food. Included in this history should be an account of past reactions and how they were managed.

3. An Individualized Health Care Plan and Emergency Plan should be established for all children with a known severe food allergy. The plan should be individualized to meet the specific needs of the student with input from the family, classroom teacher, school nurse and specialty teachers. The plan should include the following information;

- Name, identifying information, photo
- Specific allergy
- Signs and symptoms of an accidental exposure
- Medication to be administered in the event of an exposure
- Location and storage of epi-pen auto injector
- Who will administer (including self administration options)
- Follow up plan (calling 911)
- Emergency contacts
- Risk management during lunch and recess

4. The child's parents will be asked for permission to share important food allergy information with school staff. A picture of the child should be submitted by the parents and attached to the emergency health plan. The Emergency Health Plan will be distributed to all staff with daily interaction with the child including the classroom teacher, special area teachers, and lunchroom personnel. Consideration of extra curricular activities and field trips should be part of the plan. Review will occur at least annually with the school team, including the parents and guardians, and the student if appropriate. A review should occur more frequently if there are changes in the student's self monitoring and self care abilities.

5. Before the start of school, the parent will be asked to have the child's doctor provide the school with written information regarding the child's allergies and what restrictions will be provided. Medication administration forms will need to be completed by the physician and signed by the parent. The medication must be properly labeled and delivered to the school by the parent.

6. School nurses shall be responsible for the storage of emergency medication in the health office. In the health office the epi-pen should be easily accessible to school staff during the school day. The safety of the student and the safety of other students shall be taken into account when deciding the location of emergency medication. In addition to an accessible location in the health office, the emergency medication may be kept on the child in the event that self administration is authorized; or in the hands of a teacher. As part of the IHCP it may be decided that the epi-pen accompanies the child to recess or other activities.

7. Additional personnel including but not limited to the school principal, classroom teacher, occupational therapist, physical therapist or paraprofessional directly in contact with the student may be trained by the school nurse in signs and symptoms of an allergic reaction and the use of the epi pen. If a paraprofessional is delegated the task, it must be for the purpose

of administration to a select student. In addition, the school nurse shall provide annual instruction in recognition, prevention and treatment of food allergies for school personnel as required as part of a written plan. This training must also include the medication, the desired effects, when and how to administer the medication, the potential side effects and the emergency response plan. Teachers of elementary food allergic children shall receive student-specific instruction. Qualified personnel must be epi-pen trained even if a student will be self-administering their epi-pen. All training must be documented on the medication training log and done at least yearly. The school nurse maintains responsibility for supervision of the delegated task.

8. In the event that the student's own epi- pen is not available, stock epinephrine will be available immediately at each school to be administered according to the emergency medication protocol prescribed by the School Medical Advisor. Emergency medications shall be kept readily accessible in a secure location. A standing order from the District's Medical Advisor is in place for the administration of epinephrine to a student with no prior history of food allergies, who presents with signs and symptoms of anaphylaxis.

9. The nurse is responsible to assure that substitute school nurses are fully oriented to students with life threatening food allergies and their care plans. Substitute nurse plans should be kept updated and in the appropriate place in the medication book.

10. In the event that an allergic child takes the school bus, the school nurse must make school bus drivers aware of specific children with life threatening allergies.

Parents/Guardians Responsibility in Management and Emergency Planning

1. To notify the school of the child's allergy by providing as much information about the extent and nature of the food allergy as is known. Such information is to be updated at least annually.

2. To work with the school nurse and school team to develop a plan that accommodates the child's needs throughout the school including the classroom, cafeteria, after-school activities, and the school bus.

3. To provide written medical documentation, instructions and medication as directed by a physician. This may include proper authorizations for medications and emergency response protocols.

4. To provide written permission for the nurse to communicate with the health care provider.

5. To provide a photo of the child on the written form.

6. To replace medication after use or upon expiration.

7. To provide to the school all available phone numbers to reach you, home, cell phone, work, and preferably two emergency contact names and phone numbers in the event a parent/guardian cannot be reached.

8. To accompany the child on field trips if possible and requested.

9. To educate the child in the self management of their food allergy including safe and unsafe foods, strategies for avoiding exposure to unsafe foods; symptoms of allergic reactions; how and when to tell adults they may have an allergy related problem: how to read food labels (age –appropriate). Education efforts should promote self advocacy and competence in self care.

School's Responsibility in Management and Emergency Planning

1. To be knowledgeable about and follow applicable state and federal laws including ADA, IDEA, Section 504, and FERPA as well as district policies that apply.

2. To include food allergic students in school activities.

3. To designate school personnel who are properly trained to administer medications in accordance with laws governing the administration of emergency medication. If there is no nurse available have a plan in place where there are at least 3 staff members that are trained in the recognition of early symptoms of anaphylaxis and in medication administration.

4. To determine methods of effective communication between essential personnel in the event of a medical emergency. This may include walkie talkies, intercom systems or other methods to decrease the response time of the school nurse or emergency response team in the event of an emergency. Communication systems should also be established

during off-site activities such as field trips.

5. To discuss field trips with the family to decide appropriate strategies for managing the food allergy. The classroom teacher should give the child's parents sufficient notice and invite a parent/guardian or other family member trained in epi-pen administration to accompany the child on the field trip**.** If this is not possible the teacher will keep the student with him/her and review foods to be avoided and precautions to be taken. Notify the parent/legal guardian prior to the trip if any food will be served to that student and confirm the safety of any food served to that student. Consider having students bring their own snacks and lunches on the trip.

6. Once a month classroom celebrations are at the discretion of the teacher and/or building principal. No outside food, other than a student's own personal snack is permitted. Children with life threatening food allergies shall only eat food provided by his/her parent/guardian or deemed safe by his/her parent/guardian. No foods should be offered to students with life-threatening food allergies without the approval of the parent. School personnel will <u>not</u> attempt to determine whether foods brought in to school are safe for an allergic child to consume.

7. To provide opportunities for professional development for nurses to update clinical knowledge and skills related to severe food allergy in school settings.

Student Responsibility in Management and Emergency Planning

1. To be proactive in the care and management of their food allergies and reactions based on their developmental level by learning to recognize symptoms of an allergic reaction.

2. To not trade or share food with others.

3. To not eat anything with unknown ingredients or known to contain any allergen.

4. To notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

5. The child may be allowed to carry his own epi-pen on his person at all times. He/she must agree to keep the emergency medications on their person or immediately under their

control and supervision at all times. In addition, students must be responsible for keeping control of their medications so that other students cannot have access to them and inadvertently harm themselves.

Classroom Teacher Guidelines and Responsibilities

1. Classroom teachers should participate in the development of the student's IHCP and ECP

2. Student's who are suspected of having a reaction should never be allowed to walk to the school nurse alone

3. Classroom teachers should leave information for substitute teachers in an organized, prominent and accessible format. This information shall also be communicated to classroom volunteers, student teachers, tutors and para professionals.

4. Classroom teachers should consider coordinating with the parent and the school nurse a lesson plan about food allergies and anaphylaxis in age appropriate terms for the class.

5. To be aware of how the student with food allergies is being treated; use this opportunity to teach community caring; and enforce school rules/policies about bullying.

6. Parents of other children in the classroom should receive written information that there is a child in the classroom with an allergy. A list of foods to be avoided should be distributed to the parents.

7. Food used for class projects should be limited. No known food allergens or candy shall be used for classroom projects/activities, e.g. arts and crafts supplies, counting, science projects. The teacher will be responsible for obtaining parent approval from food allergic students for food used for class projects. (See Appendix B for Food Allergy Permission Form).
   Alternatives to food should be considered.

8. Appropriate hand washing procedures shall be implemented for students and staff in contact with an allergic child, especially after eating snack, lunch, or other meals. The use of hand sanitizer is not effective in removing the residue of food allergens.

9. If age appropriate anaphylaxis should be discussed with the class.

10. To encourage students not to share foods or utensils

11. Food and/or candy shall not be used as a reward, incentive, or for classroom celebrations. Consider using stickers, colored pencils or other non – food items to reward good work. See Appendix A for recommendations and resources for non-food celebrations.
    This is also part of the school Wellness Policy.

12. To collaborate with the nurse prior to planning a field trip to plan ahead for risk avoidance at the destination and during transportation to and from the destination. Ensure that the child with a food allergy is assigned to staff who are trained in early recognition of anaphylaxis and use of an epi-pen and that the auto injector is with the student or with the trained adult.

Lunch Room Guidelines

1. Parents may be given advance copies of the cafeteria's lunch menu in the event that the child wishes to purchase lunch. Parents may be provided, upon request, food labels so they can identify and approve which foods their child may select.

2. An "allergen free" table can be designated in the cafeteria for the child and for friends who wish to eat at the table as long as their food contains no known allergens. If possible, that table should be used exclusively as an allergen free table throughout the day.

3. The table should be cleansed with a wash cloth that is used exclusively for that table or with disposable paper towels and cleaning products known to effectively remove food proteins.

4. If a licensed physician determines that a food allergy is severe enough to result in a life threatening reaction, the food service program must make the substitutions prescribed by the physician.

5. With parent permission, post the student's ECP and picture in the lunchroom.

6. Review and follow food handling guidelines to avoid cross contamination with potential food allergens.

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School Bus Company Guidelines

1. School Bus Drivers will be provided with education regarding life threatening allergies and how to recognize a child in distress from an ingested allergen.

2. In the event of an emergency, drivers will immediately pull over and radio in to the dispatcher who will call 911 as per their company policy.

3. No food or beverages are to be consumed on school buses

4. Plan ahead for informing substitute bus drivers of students with life-threatening food allergies.

Instructions for Medical Response in the Event of Suspected Ingestion of an Allergen

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

Skin:	Swelling of any body part Hives, rash on any part of body Itching of any body part Itchy lips
Respiratory:	Runny nose Cough, wheezing, difficulty breathing, shortness of breath Throat tightness or closing Difficulty swallowing Change in voice

Gastrointestinal:	Itchy tongue, mouth and/or throat
	Vomiting
	Stomach cramps
	Abdominal pain
	Nausea
	Diarrhea
Cardiovascular:	Heartbeat irregularities
	Flushed, pale skin
	Cyanosis of the lips and mouth
	Decrease in blood pressure
	Fainting or loss of consciousness
	Dizziness, change in mental status
Other:	Sense of impending doom
	Anxiety
	Itchy, red watery eyes

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

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

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

Early recognition of the symptoms of anaphylaxis, immediate administration of epinephrine auto-

injector and prompt transfer of the child by the emergency medical system is essential due to the severity and rapid onset of food induced anaphylaxis.
Sometimes, if symptoms do not subside, a second epinephrine auto injector is necessary. Parents should be notified as soon as is possible but not before administration of the epinephrine.
When in doubt, it is better to give the epinephrine auto –injector and call the EMS system for an ambulance. Fatalities are more likely to occur when epinephrine administration is with held.

Management of Glycogen Storage Disease

Glycogen storage disease (GSD) is an inherited disorder in which an abnormal amount or type of glycogen is stored in the liver. This abnormal storage results from the liver's inability to adequately regulate the metabolism of glycogen and glucose. "Glycogen storage disease occurs when an enzyme (proteins produced by the body) that regulates conversion of sugar (glucose) into its storage form (glycogen) or release of glucose from glycogen is missing" (Cincinnati Children's Hospital Medical Center [CCHMC], 2012).

"Many sugars (including glucose) are present in foods and are used by the body as a source of energy. After a meal, blood glucose levels rise. The body stores the extra glucose that is not needed right away as glycogen in the liver and muscles. Later, as the blood glucose levels in the body begin to decrease, the body uses this stored energy. These sugars, stored in the form of glycogen, need to be processed by enzymes in the body before they can carry out their functions. If the enzymes needed to process them are missing, the glycogen or one of its related starches can accumulate, causing problems" (CCHMC, 2012).

"There are at least 10 different types of GSDs, which are put into groups based on the enzyme that is missing. Approximately one in about 20,000 people are affected by glycogen storage diseases. The most common forms of GSD are types I, III and IV.

- GSD I (von Gierke disease) results from a deficiency of the enzyme Glucose-6-Phosphatase (CCHMC, 2012). It is the most common type of GSD and the effects are apparent very early in childhood. GSD I accounts for approximately 25 percent of all GSD cases" (American Liver Foundation, 2011).

- In GSD III (Cori disease) an enzyme called the debrancher is deficient, causing the body to form glycogen molecules that have an abnormal structure. This abnormal structure also prevents the glycogen from being broken down into glucose.

In GSD IV (amylopectinosis) glycogen that accumulates in the tissues has very long outer branches. This is due to a genetic deficiency of the branching enzyme. This abnormal glycogen is

thought to stimulate the immune system. The result is tremendous scarring (cirrhosis) of the liver as well as other organs, such as muscle and heart (CCHMC, 2012).

Symptoms of Glycogen Storage Disease

"Symptoms of GSD vary based on the enzyme that is missing. They usually result from the buildup of glycogen or from an inability to produce glucose when needed. Because GSD occurs mainly in muscles and the liver, those areas show the most obvious symptoms. Symptoms of GSD may include:

- growth failure
- muscle cramps
- low blood sugar
- enlarged liver
- swollen belly
- abnormal blood test (CCHMC, 2012).

Treatment of Glycogen Storage Disease

Treatment of GSD depends on the type of GSD. Some GSD types cannot be treated; others can be treated by controlling the presenting symptoms. For the types of GSD that can be treated, patients must carefully follow a special diet.

- **Frequent high carbohydrate meals during the day.** For some children, eating several small meals rich in sugars and starches every day helps prevent blood sugar levels from dropping.
- **Cornstarch.** For some young children over the age of 2, giving uncooked cornstarch every four to six hours – including during overnight hours – can also relieve the problem.
- **Continuous tube feeding.** In order to maintain appropriate blood glucose levels, gastrointestinal tube feedings with solutions containing high concentration of glucose may need to be administered. Younger children may have to use this treatment method during the night until they get older. In the daytime the feeding tube is sometimes removed, but the patient must eat foods rich in sugars and starches about every three hours. This treatment can be successful in reversing most symptoms.

- **Drug treatment.** GSD tends to cause uric acid (a waste product) to accumulate, which can cause gout (painful inflammation of the joints) and kidney stones.
- **Medication** is often necessary (CCHMC, 2012).

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

The school nurse shall develop an individualized health care plan and glycogen storage disease action plan for the student with glycogen storage disease. The plan will provide for food or dietary supplements to be administered by the school nurse or her/his designee; and **shall not** prohibit a parent/guardian or a person designated by the parent/guardian from providing food or dietary supplements on school grounds during the school day.

State Legislation

PA 05-104 An Act Concerning Food Allergies and the Prevention of Life Threatening Incidents in School. This public act requires the State Department of Education to develop guidelines for the management of students with life-threatening food allergies and have these guidelines available by January 1, 2006. In addition, not later than July 1, 2006, each local and regional board of education shall implement a plan based on these guidelines for the management of students with life-threatening food allergies enrolled in the schools under its jurisdiction which includes the development of an individualized health care plan for every student with life-threatening food allergies.

CGS 10-212a Administration of Medications in Schools. This statute pertains to the administration of medications in the school setting. This statute addresses who may prescribe medications and who may administer medications in the school setting.

Section (d) of CGS 10-212a Administration of Medications in Schools by a paraprofessional. This section of the statute provides for a paraprofessional to administer medication to a specific student with a life-threatening food allergy if there is written permission from the parent; written medication order by a legally qualified prescriber; and that the school nurse and school medical advisor have approved the plan and provide general supervision to the paraprofessional.

The Regulations of Connecticut State Agencies Section 10-212a-1 through 10-212a-7. These regulations provide the procedural aspects of medication administration in the school setting.

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The regulations include definitions within the regulations; the components of a district policy on medication administration; the training of school personnel; self-administration of medications; handling, storage and disposal of medications; and supervision of medication administration.

CGS 10-220i – Transportation of Students carrying cartridge injectors. This statute states that students with life-threatening allergies cannot be denied access to school transportation solely due to the need to carry a cartridge injector while traveling on a vehicle used for school transportation.

CGS 52-557b – Good Samaritan Law. Immunity for emergency medical assistance, first aid or medication by injection. This statute provides immunity from civil damages to individuals who have been properly trained and who provide emergency assistance, voluntarily and gratuitously and other than in the course of their employment or practice to another person in need of assistance.

PA 05-144 and 05-272 – An Act Concerning the Emergency Use of Cartridge Injectors. This public act amends the Good Samaritan Law and extends immunity to certain trained individuals, including before-and after-school program staff. This statute specifies the conditions in which this may occur. Additionally, it specifies that these before-and after-school programs are those administered by a local board of education or other municipal agency.

Section 504 of the Rehabilitation Act of 1973 prohibits all programs and activities receiving federal financial assistance, including public schools, from discriminating against students with disabilities, as defined in the law. A student with a disability under Section 504 is defined as one who has a physical or mental health impairment (in this case, life-threatening food allergy) that "substantially limits a major life activity," such as walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)."Substantially limited" is not defined in the law or Section 504 regulations. It is the responsibility of the Section 504 team to determine eligibility criteria and placement as outlined in the regulations. In order to determine a child's qualification, an individualized assessment of the child is required. If qualified, the child is entitled to receive a free, appropriate public education, including related services. These services should occur within the child's usual school setting with as little disruption as possible to the school's and the child's routines, in a way that ensures that the child with a disability is educated to the maximum extent possible with his non-disabled peers.

The American with Disabilities Act (ADA) of 1990 also prohibits discrimination against any

individual with a disability, and extends the Section 504 requirements into the private sector. The ADA contains a definition of "individual with a disability" that is almost identical to the Section 504 definition. The ADA also provides a definition of substantially limits (42 U.S.C. § 12101 et seq.; 29 C.F.R. § 1630 et seq.).

The Individuals with Disabilities Education Act of 1976 (IDEA) provides financial assistance to state and local agencies for educating students with disabilities that significantly interfere with learning. Children are eligible if they fit into one or more of the 13 categories of disability defined in the law and if, because of the disability, they require specialized instruction (20 U.S.C. § 1400 et seq.; 34 C.F.R. § 300 et seq.).

An Act concerning the use of asthmatic inhalers and epinephrine auto injectors while at school (public act 09-155) Requires the state department of education to adopt regulations to permit children diagnosed with either asthma or an allergic reaction to retain possession of asthmatic inhalers and automatic prefilled cartridges at all times

The Family Education Rights and Privacy Act of 1974 (FERPA) protects the privacy of students and their parents by restricting access to school records in which individual student information is kept. This act sets the standard for the confidentiality of student information. FERPA also sets the standards for notification of parents and eligible students of their rights with regard to access to records, and stipulates what may or may not be released outside the school without specific parental consent. Within schools, FERPA requires that information be shared among school personnel only when there is a legitimate educational interest.

Occupational Safety and Health Administration (OSHA), a regulatory agency within the U.S. Department of Labor, requires schools in Connecticut to meet safety standards set forth by this agency. These standards include the need for procedures to address possible exposure to bloodborne pathogens. Under OSHA regulations, schools are required to maintain a clean and healthy school environment. Schools must adhere to *Universal Precautions* designed to reduce the risk of transmission of blood-borne pathogens, which include the use of barriers such as surgical gloves and other protective measures, such as needle disposal, when dealing with blood and other body fluids or tissues.

Connecticut General Statutes 10-212e - Immunity from actions relating to the provision of food or dietary supplements on school grounds by a parent, guardian or designee to a student with glycogen storage disease. No claim for damages shall be made against a town, local or regional board of education or school employee, as defined in section 10-222d, for any injury or damage resulting

from the provision of food or dietary supplements by a parent or guardian, or a person designated by such parent or guardian on school grounds to a student with glycogen storage disease on school grounds under an individualized health care and glycogen storage disease action plan, pursuant to section 10-212c.

Additional Reference

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

Appendix A
Alternatives to Classroom Food Celebrations

1. Birthday Honor Roll
2. Crown or sash to wear for the day
3. 15 minutes of extra recess
4. Goody bags with non-food items
5. Design your own bookmark
6. Scavenger hunt
7. Show and Tell with a "Me Box"
8. "Celebrate Me" book
9. Guest reader
10. Play a game
11. Free Choice activity at the end of the day
12. Craft
13. Dancing

Appendix B

DANBURY PUBLIC SCHOOLS Danbury, Connecticut	**REGULATIONS**	
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Danbury Public Schools
Food Allergy Permission Slip

School: _____ Date: _____

Student's Name: _____

Teacher's Name:_____

Food Being Used/Served: _____

Purpose of the Activity:_____

Date of Activity: _____

To be Completed by Parent/Guardian

Please sign and return this form to your child's teacher.

Student's Food Allergy: _____

_____ I have approved the safety of this food for my child.

_____ This food is not safe for my child due to his/her food allergy.

_____

Parent/Guardian Signature Date