

**Guidelines for
Managing
Life-threatening
Food Allergies in
Connecticut Schools**

**(Includes Guidelines
For Managing
Glycogen Storage
Disease)**



CONNECTICUT STATE DEPARTMENT OF EDUCATION



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Introduction

The Connecticut State Department of Education (CSDE) in collaboration with the State Department of Public Health (DPH) has developed *Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools* to assist Connecticut public school districts and nonpublic schools (that are served pursuant to Connecticut General Statute [CGS] 10-217a) in effectively managing the health and safety needs of children with life-threatening allergic conditions. *Public Act No. 12-198 (HB 5348) An Act Concerning the Administration of Medicine to Students with Diabetes, the Duties of School Medical Advisors, the Availability of CPR and AED Training Materials for Boards of Education and Physical Exercise During the School Day*, extends this required educational guideline to also address management of the health and safety needs of students with glycogen storage disease (GSD).

Each local and regional board of education must therefore:

- implement a plan based on these *Guidelines* for the management of students with life-threatening food allergies and GSD enrolled in the schools under its jurisdiction;
- make such plan available on such board's Web site or the Web site of each school under such board's jurisdiction, or if such Web sites do not exist, make such plan publicly available through other practicable means as determined by such board; and
- provide notice of such plan in conjunction with the annual written statement provided to parents and guardians as required by subsection (b) of section 10-231c of the C.G.S.

This plan may be adopted into policy and procedures at the district level. Using the district-wide plan as a guide, each school must develop processes to identify all students with food allergies and GSD and develop and implement an IHCP and action plans for each student.

While this document focuses on life-threatening food allergies, treatment of serious allergic reactions and anaphylaxis is the same whether caused by food, insect sting, latex or is exercise induced.

Note: *Epinephrine auto-injector is used throughout this document when describing the administration of epinephrine. It is commonly known in schools as EpiPen.*

Section 1

Overview of Food Allergies and Anaphylaxis

Food allergy is an exaggerated response by the immune system to a food that the body mistakenly identifies as being harmful. Once the immune system decides that a particular food is harmful, it produces specific antibodies to that particular food. The next time the individual eats that food, the immune system releases moderate to massive amounts of chemicals, including histamine, to protect the body. These chemicals trigger a cascade of allergic symptoms that can affect the respiratory system, gastrointestinal tract, skin and cardiovascular system.

In some people, symptoms appear in only one body system, while in others symptoms appear in several systems. These symptoms can range from mild to severe and may be life-threatening depending on the individual and type of exposure. Scientists estimate that approximately 11 million Americans suffer from potentially life-threatening food allergies. Of these 11 million, 2 million are school-aged children. There is no cure for food allergy and avoidance is the only way to prevent an allergic reaction.

Although an individual can have a life-threatening allergic to any food, including fruits, vegetables and meats, over 90 percent of allergic reactions are caused by the following eight foods:

- Peanut
- Tree nut (walnut, cashew, pecan, hazelnut, almond, etc.)
- Milk
- Egg
- Fish
- Shellfish
- Soy
- Wheat

Most, *but not all*, childhood allergies to milk, egg, soy and wheat, are outgrown by age 5. Peanut and tree nuts typically cause the most severe allergic reactions and approximately 90 percent of fatal and near-fatal reactions are due to these foods. Allergies to peanut, tree nuts, fish and shellfish are often considered lifelong.

Ingestion of the food allergen is the principal route of exposure that leads to allergic reactions. For sensitized individuals, ingestion of even very minute amounts of foods can, in certain instances, result in fatal reactions without rapid intervention. While it is also possible for a child to have an allergic reaction to tactile (touch) exposure or inhalation exposure, research has shown that they are extremely unlikely to result in severe or life-threatening reactions. Nevertheless, if children with life-threatening food allergies touch the allergens and then put their fingers to their eyes, nose or mouth, the exposure becomes an ingestion and may cause anaphylaxis. The quantity of food necessary to trigger an allergic reaction may depend upon multiple variables. Each

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Although eight foods are responsible for the most reactions, it is important to remember that ANY food can cause a serious allergic reaction.

individual's level of sensitivity may fluctuate over time. The type and severity of symptoms can vary for a specific food in an individual and for different foods in someone with multiple food allergies. A food allergy fact sheet is available at <http://www.foodallergy.org/>.

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What Is Anaphylaxis?

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:

Symptoms of Anaphylaxis

Organ	Symptoms
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 Difficulty breathing, shortness of breath Change in voice
Gastrointestinal (GI)	Itchy tongue, mouth and/or throat Vomiting Stomach cramps Abdominal pain Nausea Diarrhea
Cardiovascular	Heartbeat irregularities Flushed, pale skin Coughing, cyanotic (bluish) lips and mouth area Decrease in blood pressure Fainting or loss of consciousness Dizziness, change in mental status Shock
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.

Children experiencing anaphylaxis should be observed in a hospital emergency department for a minimum of four to six hours or longer after initial symptoms subside, to monitor for signs or symptoms of a biphasic reaction. In the event a biphasic reaction occurs, intensive medical care can immediately be provided.

For those children at risk for food-induced anaphylaxis, the most important management strategy in the school is prevention. In the event of an anaphylactic reaction, epinephrine auto-injector is the treatment of choice and should be given immediately. Sometimes, if symptoms do not subside, a second epinephrine auto-injector is necessary. Reports indicate that as many as one-third of individuals experiencing anaphylaxis may require a second (epinephrine) injection to control their reaction until they can get to a hospital (<http://www.epipen.com/user.aspx>, 2005).

Studies (Sampson, 1992 and Bock, 2001) show that fatal and near-fatal anaphylactic reactions are sometimes associated with not using epinephrine auto-injector or delaying the use of epinephrine treatment. When in doubt, it is better to give the epinephrine auto-injector and call the Emergency Medical System for an ambulance. Fatalities are more likely to occur when epinephrine administration is withheld.

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Summary of Anaphylaxis

Food allergies are more prevalent in younger children. Every food allergy reaction has the potential of developing into a life-threatening event. Several factors may increase the risk of a severe or fatal anaphylactic reaction: asthma or a history of asthma; a previous history of anaphylaxis; peanut, tree nut, and/or shellfish allergies; presentation with gastrointestinal or respiratory symptoms, and delay in the administration of or failure to administer epinephrine auto-injector.

The severity and rapid onset of food-induced anaphylaxis emphasizes the need for an effective emergency plan that includes early recognition of the symptoms

of anaphylaxis, immediate administration of epinephrine auto-injector and prompt transfer of the child by the emergency medical system to the closest hospital.

The section above was based in part from the following resources, Web sites and documents:

[The Food Allergy & Anaphylaxis Network](#). Excerpts were adapted and printed with permission.

Managing Life Threatening Food Allergies in Schools, 2002.

Massachusetts Department of Education. Excerpts from the *Managing Life Threatening Food Allergies in Schools* are included by permission of the Massachusetts Department of Education. The Massachusetts guidelines may be revised periodically.

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Overview 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).

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Causes of Glycogen Storage Disease

Glycogen Storage Disease (GSD) occurs when there is an absence or deficiency of one of the enzymes responsible for making or breaking down glycogen in the body. This is known as an enzyme deficiency (Association for Glycogen Storage Disease, 2012).

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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; and
- abnormal blood test (CCHMC, 2012).

The age when symptoms begin and how severe they are depends on the type of GSD. Children with GSD I rarely develop cirrhosis (liver disease), but they are at an increased risk for developing liver tumors. In some ways, GSD III is a milder version of GSD I. It also is a very rare cause of liver failure, but it may cause fibrosis (early scarring of the liver, which may be caused by a healing response to injury, infection or inflammation).

GSD II is a muscle disease and does not affect the liver. Glycogen storage disease IV causes cirrhosis; it may also cause heart or muscle dysfunction.

Often, infants born with GSD IV are diagnosed with enlarged livers and failure to thrive within their first year of life; they develop cirrhosis of the liver by age three to five” (CCHMC, 2012).

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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).

References

American Liver Foundation. (2011). *Type I Glycogen Storage Disease*. Retrieved on July 26, 2012.

Association for Glycogen Storage Disease. (2012). *What is Glycogen Storage Disease?* Retrieved on July 26, 2012.

Cincinnati Children's Hospital Medical Center (CCHMC). (2012). *Glycogen Storage Disease (GSD)*. Retrieved on July 26, 2012, from <http://www.cincinnatichildrens.org/health/gsd/>

Resources

[Association for Glycogen Storage Disease](#)

[American Liver Foundation](#)

[Cincinnati Children's Hospital](#)

National Center for Biotechnology Information (NCBI), United States National Library of Medicine. *Glycogen Storage Disease*:

- Type I <http://www.ncbi.nlm.nih.gov/books/NBK1312/>
- Type II <http://www.ncbi.nlm.nih.gov/books/NBK1261/>
- Type III <http://www.ncbi.nlm.nih.gov/books/NBK26372/>
- Type IV <http://www.ncbi.nlm.nih.gov/books/NBK5941/>
- Type V <http://www.ncbi.nlm.nih.gov/books/NBK1344/>

Section 2

Legislation

School districts have a responsibility to be knowledgeable about all relevant state and federal laws and how they affect school policies on life-threatening food allergies and glycogen storage disease. It is important to note that Connecticut laws provide entitlement to an individualized health care plan for children with life-threatening food allergies and glycogen storage disease regardless of the child's status as a child with a disability under Section 504 of the 1973 Rehabilitation Act, Individuals with Disabilities Educational Act (IDEA) or the Americans with Disabilities Act of 1990. Brief descriptions of the most relevant state and federal laws follow.

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State Legislation

C.G.S. 10-212c *Life-threatening food allergies: Guidelines, district plans* requires the Connecticut 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.

Public Act No. 12-198 (HB 5348) *An Act Concerning the Administration of Medicine to Students with Diabetes, the Duties of School Medical Advisors, the Availability of CPR and AED Training Materials for Boards of Education and Physical Exercise During the School Day.* The Act extends required educational guidelines for school districts in how to manage students with life-threatening allergies to cover students with glycogen storage disease. It requires the Connecticut State Department of Education and the Department of Public Health to issue the new guidelines by July 1, 2012, and school districts to develop individualized health care and glycogen storage disease action plans for their students with the disease by August 15, 2012.

The plans must allow parents or guardians of students with the disease, or those they designate, to administer food or dietary supplements to their children with the disease on school grounds during the school day. The Act bars claims against towns, school districts, and school employees for damages resulting from these actions.

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

Section (d) of C.G.S. 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

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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-10 Administration of Medications by School Personnel and Administration of Medication During Before- and After-School Programs and School Readiness Programs. These regulations provide the procedural aspects of medication administration in the school setting. 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; supervision of medication administration; administration of medications by coaches and licensed athletic trainers during intramural and interscholastic events; administration of medications by paraprofessionals and administration of medication in school readiness programs and before- and after-school programs.

C.G.S. 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.

C.G.S. 52-557b Good Samaritan Law. Immunity from liability 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.

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Federal Legislation

Certain federal laws may also be relevant to school districts' responsibilities for meeting the needs of students with severe food allergies and glycogen storage disease. Additionally, Connecticut has created an entitlement to an individualized health care plan for a child with life-threatening food allergies and glycogen storage disease, without reference to a child's status as disabled under either Section 504 of the Rehabilitation Act of 1973 (Section 504) or IDEA. It is important to note, however, that there is considerable variation in interpretation of these laws with respect to students with severe food allergies, as there is variability among the practices of school districts in addressing the needs of these students in school.

The Americans with Disabilities Act (ADA) prohibits discrimination against any individual with a disability. Section 504 of the Rehabilitation Act of 1973 further protects the rights of children with disabilities, requiring reasonable accommodations that allow for the provision of a "free and appropriate public education" (FAPE). This legislation applies to all programs and activities receiving federal financial assistance, including public schools. Children are eligible for accommodations through Section 504 if they have a physical or mental impairment that substantially limits a major life activity. Major activities may include walking, seeing, hearing, speaking, breathing, learning, working,

caring for oneself, and performing manual tasks. It is not required that the student receive special education services to be eligible for other services.

The Americans 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.).

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 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/her non-disabled peers.

The Individuals with Disabilities Education Act of 1976 (IDEA) provides financial assistance to state and local agencies for educating students with disabilities. Children are eligible if they fit one or more of the 13 categories of disability and if, because of the disability, they require special education and related services. The category that most often applies to children with diabetes is Other Health Impaired (OHI). This is defined as “having a limited strength, vitality or alertness, including heightened alertness to environmental stimuli, that results in limited alertness with respect to the education environment, that 1) is due to a chronic or acute health problem; and 2) adversely affects a child’s educational performance.”

District personnel should familiarize themselves with these federal laws and the regulations enacted thereunder to determine a child’s eligibility. Relevant court and agency decisions in Section 504, IDEA and ADA may provide additional guidance regarding the eligibility of students with severe food allergy for the federal laws noted above. When making eligibility determination for children with life-threatening food allergies or glycogen storage disease, schools must look at the student’s needs on a case-by-case basis.

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 concerning 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 blood-borne 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.

Section 3

Management Plans for Food Allergy and Glycogen Storage Disease

The CSDE and the DPH recommends that districtwide management plans for food allergy and GSD focus on safety, prevention, education, awareness, communication and emergency response. Management plans should strike a balance between the education, health, social normalcy and safety needs of the individual student with life-threatening food allergies and GSD and the education, health and safety needs of all students. Management plans for food allergy and GSD should be the basis for the development of procedural guidelines that will be implemented at the school level and provided for consistency across all schools within the district.

The goals for districtwide management plans for food allergy and GSD include:

- maintaining the health and protecting the safety of children who have life-threatening food allergies and GSD in ways that are medically-accurate, developmentally-appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities;
- ensuring that interventions, action plans and IHCPs for students with life-threatening food allergies and GSD are based on medically accurate, developmentally-appropriate information and evidence-based practices; and
- defining a formal process for identifying, managing and ensuring continuity of care for students with life-threatening food allergies and GSD across all transitions (PK through Grade 12).

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Process for Development of Districtwide Management Plan for Food Allergy and GSD

The process for developing or revising management plans for food allergy and GSD is as important as the final product – the plan. Districtwide implementation requires a team approach with appropriate representation from schools, families, health professionals and the local community. Consensus should therefore be grounded in medically appropriate, research-based interventions, as well as best practices based on local district needs and the special health care needs of children with life-threatening food allergies and GSD.

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Team Members

The districtwide team works to develop, implement, monitor, review and revise the management plan for life-threatening food allergies and GSD effectively. Team members may include:

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

- school superintendent or designee
- building principal or designee
- school nurse supervisor or school nurse
- school medical adviser
- teacher representative
- parent representative
- student representative
- other school staff (e.g., school psychologist or counselor)
- school medical adviser
- school food service director or representative
- coach
- transportation coordinator
- supervisor of custodial staff
- community health care provider(s), e.g., pediatrician, APRN, dietitian, nutrition or health consultant, local EMS representative
- national and local experts

Before developing the plan, the district team should review the district's policies and protocols regarding the care of students with life-threatening food allergies or GSD, students' needs and then identify areas that need development or improvement.

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Plan Components

An effective plan should be brief and provide the overarching goals for the district regarding the care of students with life-threatening allergies and GSD. This district plan should include:

- the rationale for the plan;
- a commitment to planning and prevention;
- a collaborative process;
- a formal process for identifying and developing IHCPs and action plans for emergencies (such as, anaphylaxis or hypoglycemia);
- the provisions for education and training;
- a balance between individual, school and community needs; and
- fostering normal development.

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Important Issues in the Development of Management Plan for Food Allergy and GSD

The following issues related to planning for students with life-threatening food allergies and GSD have districtwide implications. The purpose of this section is to explain the issues, suggest ways to address them based on successful practices in school districts and provide resources for further information.

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1. Banning of Specific Foods

School districts must implement a Food Allergy Management Plan to address the needs of students with life-threatening food allergies. Schoolwide bans of specific foods may not render the school environment safe because there is no

method for ensuring that the allergenic food does not inadvertently enter school grounds. Bans can create a false sense of security, which can lead to less responsible approaches to effective management strategies, education and emergency responses. Banning offending foods detracts from the schools' responsibility to plan properly for children with life-threatening food allergies and to educate all school personnel accordingly. It may also limit the opportunity to teach children with allergies to take care of themselves in environments where they may be exposed to allergens at any time. Additionally, banning can be problematic in terms of defining the limits. While it may mean the banning of peanuts for some students, will it also mean the banning of all nuts, milk or another food item for other students? School districts need to consider how to develop a plan that over time will best meet the needs of **all** students and prepare them for self-management and advocacy as they transition within and beyond PK through Grade 12. School options may include establishing allergen free zones, such as a child's individual classroom, allergen free lunch table(s) or areas in the cafeteria and food-free zones, such as libraries and music rooms, as well as enforcing relevant school policies, such as those that prohibit eating on the school buses. Individual student and family privacy needs and preferences should be considered in determining appropriate plans. Not all students or families will need or want to use an allergen-free zone during the school day.

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2. Medications

Medication issues are best addressed within school district's policy and administrative procedures that regulate medication practices.

Storage of Emergency Medications

Section 10-212a-5 (b) of the Regulations of the Connecticut State Agencies, require that all medications, except those approved for self administration, "shall be kept in a locked container, cabinet or closet used exclusively for the storage of medication...Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse, or in the absence of the school nurse, the principal or the principal's designee who has been trained in the administration of medication... Emergency medications will be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan..." Therefore, to promote rapid, life-saving steps in an emergency, emergency medications such as EpiPens for anaphylaxis and Glucagon for hypoglycemia, should not be locked during the school day. While they must not be accessible to any student or unauthorized staff member, they should be kept in a safe, accessible and reasonably secure location that can be properly supervised by a nurse or other authorized and trained staff member.

The regulations also allow emergency medications to be shared with before- and after-school programs, however, parents are required to supply an extra set of emergency medications for availability during intramural or interscholastic activities. Responsible planning should be in place when are being shared among multiple school programs.

Location of Emergency Medications

The primary consideration for location of emergency medications should be the safety of students. Considerations for making responsible and reasonable decisions about location and safety include:

- general safety standards for handling and storage of medications;
- developmental stage of students;
- competence of the student;
- size of the school building;
- availability of a full time school nurse in the school building;
- availability of communication devices between school personnel (such as teachers, paraprofessionals) who are inside the building or outside on school grounds and the school nurse;
- school nurse response time from the health office to the classroom;
- preferences and other responsibilities of the teacher;
- preferences of the students and parent; and
- movement of the student within the school building.

School districts should then prioritize and determine which of the above items are the safest and most appropriate for teams to choose from when developing IHCPs and emergency care plans (ECP) for students who require assistance with the administration of emergency medications. Location of emergency medications when students have a self-administration medication order and plan is discussed below.

Self-administration of Medication

Section 10-212a-4 of the Regulations of the Connecticut State Agencies stipulates that Boards of Education must permit students who have a verified chronic medical condition and are deemed capable to self-administer prescribed emergency medication, including rescue asthma inhalers and cartridge injectors for medically-diagnosed allergies, to self-administer such medication and may permit such students to self-administer other medications, excluding controlled drugs (as defined in Section 10-212a-1 of the Regulations of the Connecticut State Agencies) provided that the following are in place:

- an authorized prescriber provides a written medication order including the recommendation for self-administration;
- a parent or guardian or eligible student provides written authorization for self-administration of medications;
- the school nurse has assessed the student's competency for self-administration in the school setting and deemed it to be safe and appropriate including that a student:
 - is capable of identifying and selecting the appropriate medication by size, color, amount, or other label identification;
 - knows the frequency and time of day for which the medication is ordered;
 - can identify the presenting symptoms that require medication;
 - administers the medication appropriately;
 - maintains safe control of the medication at all times;
 - seeks adult supervision whenever warranted;
 - cooperates with the established medication plan; and
 - in the case of inhalers for asthma and cartridge injectors for medically diagnosed allergies, the school nurse's review of a

Important Note:
Students may self-

student's competency to self-administer inhalers for asthma and cartridge injectors for medically diagnosed allergies in the school setting must not be used to prevent a student from retaining and self-administering inhalers for asthma and cartridge injectors for medically diagnosed allergies.

- the school nurse has reviewed the medication order and parental authorization, developed an appropriate plan for self-administration, including provisions for general supervision and documented the medication plan in the student's or participant's health record;
- the principal and appropriate staff are informed that the student is self-administering prescribed medication; and
- such medication is transported by the student to the school and maintained under the student's control in accordance with the board of education's policy on self-medication by students and the individual student plan.

Self-administration of **controlled medication**, as defined in Section 10-212a-1 of the Regulations of the Connecticut State Agencies, may be considered for extraordinary situations, such as international field trips, and shall be approved by the school nurse supervisor and the school medical adviser in advance and an appropriate plan shall be developed.

When medication is required by students who have chronic health conditions, especially when medication may be life saving, it is best practice to encourage and assist students to become educated and competent in their own care.

When self-administration is allowed, students should agree to keep their emergency medications on their person or immediately under their control and supervision at all times. This is for both the safety and the self-care education of the students. Emergency medications that are locked away in a locker or left in a backpack are not sufficiently accessible when the student is in another part of the building or outside on the playing grounds and may cause considerable delay in medication administration in a true emergency. In addition, students should be responsible for keeping control of their medication so that other students cannot access them and inadvertently harm themselves.

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3. Section 504 of the Rehabilitation Act of 1973

Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive federal financial assistance from the United States Department of Education (USDE). Section 504 provides in part that "No otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance . . ."

Recipients of this federal financial assistance include public school districts, institutions of higher education, and other state and local education agencies.

The regulations implementing Section 504 in the context of educational institutions appear at 34 CFR Part 104.

The Section 504 regulations require a school district to provide a "free

administer inhalers for asthma and cartridge injectors for medically diagnosed allergies with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student (Section 10-212a-4 of the Regulations of the Connecticut State Agencies).

appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met (OCR, 2011).

Who Is Protected Under Section 504?

Section 504 covers qualified students with disabilities who attend schools receiving federal financial assistance. To be protected under Section 504, a student must be determined to: 1) have a physical or mental impairment that substantially limits one or more major life activities; or 2) have a record of such an impairment; or (3) be regarded as having such an impairment. Section 504 requires that school districts provide a FAPE to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities. Major life activities, as defined in the Section 504 regulations at 34 CFR 104.3(j)(2)(ii), include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. This list is not exhaustive. Other functions can be major life activities for purposes of Section 504. In the Amendments Act, Congress provided additional examples of general activities that are major life activities, including eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, and communicating. Congress also provided a non-exhaustive list of examples of "major bodily functions" that are major life activities, such as the functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. The Section 504 regulatory provision, though not as comprehensive as the Amendments Act, is still valid—the Section 504 regulatory provision's list of examples of major life activities is not exclusive, and an activity or function not specifically listed in the Section 504 regulatory provision can nonetheless be a major life activity.

Physical or Mental Impairment that Substantially Limits a Major Life Activity

The determination of whether a student has a physical or mental impairment that substantially limits a major life activity must be made based on an individual inquiry. The Section 504 regulatory provision at 34 CFR 104.3(j)(2)(i) defines a physical or mental impairment as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The regulatory provision does not set forth an exhaustive list of specific diseases and conditions that may constitute physical or mental impairments because of the difficulty of ensuring the comprehensiveness of such a list. Whether students with life-threatening food allergies and GSD are identified under Section 504 as disabled individuals or not, school districts are required to provide students with IHCPs and action plans to address their health and safety needs.

References

Section 10-212a of C.G.S. *Administration of medications in schools, at athletic events and to children in school readiness programs.*

Office of Civil Rights (OCR). (2011). *Protecting Students with Disabilities: Frequently Asked Questions About Section 504 and the Education of Children with Disabilities.* Retrieved on August 6, 2012.

Resources

The Food Allergy Network's [sample school policy](#)

The Centers for Disease Control and Prevention's [Food-Safe School Needs-Assessment and Planning Guide](#)

Section 4

Procedural Guidelines

The following procedural guidelines address considerations that have district-wide implications and may be adopted into district procedures. When these considerations are not addressed in district management plans or district procedures for food allergy and GSD, they will need to be considered by school teams when developing IHCPs and action plans for students with life-threatening food allergies and GSD.

Process for the Identification of Students with Life-threatening Food Allergies and GSD

School district should develop and implement strategies for the early identification of students with life-threatening food allergies and GSD.

Strategies may include using the school district's Web site, school newsletters, kindergarten registration, school nurse communications with families (such as, new student health history form) and communication with community preschool programs. These strategies for identification of students with life-threatening food allergies and GSD facilitate proper planning prior to the beginning of the school year.

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Process for Annual Development of IHCPs and Action Plans

Districts procedures should include a formalized process for the development of IHCPs and action plans for students with life-threatening food allergies and GSD. This process should include:

- a standardized template for the development of IHCPs and action plans;
- recommendations of team members who should be involved in the development of IHCPs and action plans;
- a process to obtain medical information and proper authorizations to administer medication from the student's health care provider and parents; and
- a process to develop other accommodations within IHCPs and action plans (such as, allergen-free zones in the cafeteria for students with allergies or provision of food or dietary supplements to students with GSD, when needed, in the classroom).

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Administration of Medications

Medication administration for students with life-threatening food allergies and GSD must follow school district's policy and procedures regarding medication administration. Medication administration at schools and at school activities must be in compliance with Section 10-212a of the C.G.S. and Sections 10-212a -1 through 10-212a -10 of the Regulations of the Connecticut State Agencies.

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[Process for the Identification of Students with Life-threatening Food Allergies and Glycogen Storage Disease](#)

[Process for Annual Development of IHCP and Action Plans](#)

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[Provisions for Initial and Ongoing Education and Training for School Communities](#)

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Who May Administer Medications During the School Day?

In the absence of a licensed nurse, only qualified personnel for schools who have been properly trained may administer medications to students as delegated by the school nurse, specifically:

- qualified personnel for schools may administer oral, topical, intranasal or inhalant medications;
- medications with a cartridge injector may be administered by qualified personnel for schools only to a student with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death;
- coaches and licensed athletic trainers during intramural and interscholastic events may administer medications pursuant to Section 10-212a-8 of the Regulations of the Connecticut State Agencies; and
- paraprofessionals, if approved by the local or regional board of education, may administer medications, including medication administered with a cartridge injector to a specific student with a medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death pursuant to Section 10-212a-9 of the Regulations of Connecticut State Agencies.

Note: No medication may be administered in schools without the written:

- order of an authorized prescriber;
- authorization of the student's parent or guardian or eligible student; and
- permission of the parent for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of such medication
(Section 10-212a-2 *Administration of medications*, 2010).

When developing IHCPs and action plans for students with GSD, those plans must include, but not be limited to, "the provision of food or dietary supplements by the school nurse, or any school employee approved by the school nurse, to a student with glycogen storage disease provided such plan 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 glycogen storage disease on school grounds during the school day" (Public Act 12-198, 2012).

Training for Medication Administration

The school nurse provides the training on administration of medication, at least annually, to all qualified personnel to whom they delegate the administration of medications. This training must include, but not be limited to:

- the general principles of safe administration of medication;
- the procedural aspects of the administration of medication, including the safe handling and storage of medications and documentation; and
- specific information related to each student's medication and each student's medication plan including the name and generic name of the

“Qualified personnel” for schools means:
a) a full-time employee who meets the local or regional board of education requirements as a principal, teacher, occupational therapist or physical therapist and has been trained in the administration of medication in accordance with Section 10-212a-3 of these regulations;
b) a coach and licensed athletic trainer who has been trained in the administration of medication pursuant to Section 10-212a-8 of these regulations; or
(c) a paraprofessional who has been trained in the administration of medication pursuant to Section 10-212a-9 of these regulations. For school readiness programs and before- and after-school programs, directors or director's designee, lead teachers and school administrators who have been trained in the administration of medication may administer medications pursuant to Section 10-212a-10 of these regulations (Section 10-212a-1 Definitions, 2010).

medication, indications for medication, dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed dose of the medication and when to implement emergency interventions (Section 10-212a-3 *Training of school personnel*, 2010).

Boards of education must maintain documentation of administration of medication trainings as follows:

- dates of general and student-specific trainings;
- content of the training;
- individuals who have successfully completed general and student-specific administration of medication training for the current school year; and
- name and credentials of the nurse or school medical advisor trainer or trainers (Section 10-212a-3 *Training of school personnel*, 2010).

Supervision

The school nurse is responsible for general supervision of administration of medications in the schools to which that nurse is assigned. This must include, but not be limited to:

- availability on a regularly scheduled basis to:
 - review orders and changes in orders and communicate these to the personnel designated to give medication;
 - set up a plan and schedule to ensure medications are administered properly;
 - provide training to qualified personnel for schools and other licensed nursing personnel in the administration of medications and assess that the qualified personnel for schools are competent to administer medication;
 - support and assist other licensed nursing personnel and qualified personnel for schools to prepare for and implement their responsibilities related to the administration of specific medications during school hours;
 - provide appropriate follow-up to ensure the administration of medication plan results in desired student outcomes; and
 - provide consultation by telephone or other means of telecommunication. In the absence of the school nurse, an authorized prescriber or other nurse may provide this consultation.
- implementation of policies and procedures regarding all phases of administration of medications;
- periodic review of all documentation pertaining to the administration of medications for students;
- observe competency to administer medications by qualified personnel for schools; and
- periodic review, as needed, with licensed nursing personnel and all qualified personnel for schools regarding the needs of any student receiving medication (Sec. 10-212a-7 *Supervision*, 2010).

(See [Appendix E](#) for state statutes and regulations.)

Standing Orders

School procedures should include a standing order from the school medical

advisor for school nurses to administer epinephrine to students who are not known to have a life-threatening food allergy, do not have their own medication order and have their first anaphylactic reaction in school. This standing order should also include an order to administer a second dose of epinephrine if the symptoms of an anaphylactic reaction have not subsided within a specified number of minutes with the first dose of epinephrine. These orders need to be reviewed and signed by the school medical advisor on an annual basis.

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Communication Plans

Communication is essential for the implementation of an effective district plan. Defining expectations for communication and privacy issues between relevant school staff (such as school nurses, teachers and administrators), families and the student's health care providers includes:

- obtaining documentation by the student's health care provider of the life-threatening allergies and GSD, which includes the proper authorizations for medications and emergency response protocols;
- developing a communication process with the student's health care providers and parents regarding individual student's prevention and management plans;
- establishing communication systems within the school (such as, walkie-talkies) and during off-site activities (such as, cell phones or radios on school transportation and field trips);
- determining communication processes between school and all parents, including standard parental notification letters regarding allergen classrooms; and
- establishing procedures that ensure the appropriate people (such as teachers, paraprofessionals, custodian, bus driver and substitute staff) are familiar with IHCPs and action plans.

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Provisions for Initial and Ongoing Education and Training for School Communities

Each school district will need to answer questions based upon their local needs for education and training regarding life-threatening food allergies and GSD.

Questions may include:

- why are we doing this education and who will conduct it?
- will this education be offered on a school or district-wide basis?
- who will attend these educational opportunities?
- what are the key messages that need to be delivered? and
- how often will this education occur?

Education and training regarding life-threatening food allergies and GSD should include:

School Nurses

School nurses may need to update clinical knowledge and skills related to severe food allergy and GSD in school settings. This would include information pertaining to:

- allergies;
- types of GSD and associated management strategies;
- IHCPs;
- action plans for emergencies;
- transportation plans and issues;
- accommodations within regular education;
- requirements of Section 504 and appropriate school district policies and procedures;
- collaborating with families; and
- implications of normal development in drafting care plans and action plans.

School Personnel

School nurses in collaboration with students, parents of students with life-threatening food allergies and GSD and school medical advisors should provide education to relevant school personnel such as classroom teachers, substitutes, school administrators, school food service staff, custodians, bus drivers, coaches and other on-site persons in charge of conducting before- and after-school activities. This education may include:

- overview of life-threatening food allergies;
- overview of GSD;
- prevention strategies;
- IHCPs;
- action plans for emergencies;
- medication training (if appropriate);
- food safety;
- sanitation; and
- specific accommodations.

Parents

School nurses in collaboration with school administration may provide education to parents of students with life-threatening food allergies and GSD. This education may include:

- general information (such as, anaphylaxis, hypoglycemia);
- school medication policies and procedures; and
- school policies and procedures related to the development of school plans to manage life-threatening food allergies and GSD.

School and community partners

School nurses in collaboration with school administration, school medical advisors and parents of students with life-threatening food allergies and GSD may provide education to the school and community partners (including parents of children without life-threatening food allergies and GSD, health care providers and parent volunteers). This education may include:

- overview of life-threatening food allergies;
- overview of GSD;
- general terms (such as anaphylaxis, hypoglycemia, epinephrine, glycogen);
- prevention strategies; and
- school policies and procedures.

Students

School nurses in collaboration with school administration and disease specific educators may provide education to students with life-threatening food allergies and GSD and their peers. This education may include:

- overview of life-threatening food allergies;
- overview of GSD;
- general terms (such as anaphylaxis, hypoglycemia, epinephrine, glycogen);
- school policies on prevention strategies, such as prohibiting food swapping and allergen free zones; and
- school policies on bullying and teasing.

Strategies to promote self-advocacy and competence in self-care are often incorporated into IHCPs and action plans for students with life-threatening food allergies and may include:

- collaborating to help families and school staff define appropriate responsibilities for children at each developmental stage. These may include making food choices in the school cafeteria and educating peers about life-threatening food allergies and hypoglycemia; and
- determining appropriate steps for safety in the context of children's need to assume responsibilities in order to learn and develop self-care.

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Prevention Measures

Each school district should consider district-wide preventive measures. If these issues are not addressed district-wide, consideration of these measures may be incorporated into IHCP and action plans, when appropriate. These measures include:

- establishing effective sanitation and cleaning measures, such as cleaning of lunch table and classroom surfaces with disposable paper towels and cleaning products known to effectively remove food proteins;
- promoting hand-washing practices following eating to prevent cross-contact using recommended procedures of soap and water or hand wipes when soap and water are not available. Hand sanitizers are not effective for removing food allergens or dirt;
- enforcing safe practices among students, such as prohibiting meal/snack swapping, utensil swapping among students and prohibiting eating on school transportation;
- options for allergen-free zones such as the classroom, lunch tables or cafeteria zone to decrease exposure to allergen;
- options for food-free common areas (such as libraries, music and art rooms);
- developing common practices for alerting and assigning substitute staff for school nurses and teachers;
- providing supervision in the cafeteria and on school grounds by school staff trained in recognizing adverse symptoms of food allergies and GSD (such as anaphylaxis and hypoglycemia) and action plans;
- planning for school celebrations (such as, birthdays, school parties and holiday events) which may include alternatives to food for celebrations and

provisions for allergy-free foods for celebrations;

- planning for school emergencies (such as, fire drills and lockdowns) which should include considerations for access to medications, access to food or dietary supplements for students with GSD or allergy-free foods for students with food allergies; and
- adhering to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use and tubes for tube-feedings after use.

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Food Service and Food Safety Considerations

Meal substitutions for medical or other dietary needs

“Regulations for United States Department of Agriculture (USDA) school nutrition programs require that all meals served to students must meet the USDA’s specific menu planning and nutrition requirements. However, food substitutions and other modifications to the meal patterns may be necessary to meet the dietary requirements of:

- children who qualify for a disability under Section 504 of the Rehabilitation Act of 1973 (Section 504);
- children who are eligible for special education under the IDEA; and
- children with other special dietary needs.

Examples of possible modifications include food restrictions, texture changes (such as, pureed, ground, chopped or thickened liquids), increased or decreased calories, tube feedings and carbohydrate counts” (CSDE, *Accommodating Special Dietary Needs in School Nutrition Programs*, 2011).

“The USDA nondiscrimination regulations (7 CFR 15b) and regulations governing the school nutrition programs require substitutions or modifications in meals for children who are considered disabled under Section 504 or the IDEA and whose disability restricts their diet, when the need is certified by a licensed physician. Substitutions are also required when a physician determines that a child’s severe medical condition requires specific dietary modifications, even if the child is not considered disabled under Section 504 or the IDEA” (CSDE, *Accommodating Special Dietary Needs in School Nutrition Programs*, 2011).

Generally, the school nurse has the lead in obtaining appropriate documentation such as medical statements. It is essential that this information is communicated to the district’s school food service director. Collaboration with food service staff is essential to assist students with life-threatening food allergies and GSD participate in the school meal program. With documentation from the student’s health care provider, meal substitutions can be made to ensure that students are provided with food choices that avoid certain foods.

To the extent possible, school food service staff should provide parents with food labels so that they can identify and approve which foods that their child may select for meals in school.

“It is important for families to understand that the school food service program cannot provide food substitutions or modifications without an adequate diet order or diet prescription signed by the appropriate medical personnel. In some cases, it may be appropriate and helpful for the physician to provide a written

referral to a registered dietitian or other qualified professional for diet substitutions” (CSDE, *Accommodating Special Dietary Needs in School Nutrition Programs*, 2011).

“USDA regulations permit substitutions or modifications in meals for children without disabilities who are unable to consume the regular meals because of medical or other special dietary needs. School food service programs may choose to make these accommodations on a case-by-case basis but the USDA does not require these substitutions” (CSDE, *Accommodating Special Dietary Needs in School Nutrition Programs*, 2011).

“The USDA federal regulations require substitutions or modifications in meals for children who are disabled and whose disability restricts their diet. This applies to all children who meet the definition of disabled under any of the federal regulations, including Section 504 of the Rehabilitation Act, the ADA, the IDEA and the USDA nondiscrimination regulations” (CSDE, *Accommodating Special Dietary Needs in School Nutrition Programs*, 2011).

The CSDE’s *Accommodating Special Dietary Needs in School Nutrition Programs* contains detailed information on providing meals for children with special dietary needs, based on federal laws, USDA regulations and Connecticut laws and regulations. It is available on the [CSDE’s Web site](#).

Food Safety

The [DPH Food Protection Programs](#) governs the state food safety regulations.

The Food Protection Program’s overall mission is to reduce the risk of food-borne disease by ensuring reasonable protection from contaminated food and improving the sanitary condition of food establishments. This is accomplished by enforcement of regulations, training and education, technical consultation, special investigations, and food safety promotion. For information regarding food safety and the DPH Food Protection Program, visit [DPH’s Web site](#).

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Monitoring Effectiveness of School District Plan and Procedures

Ensure periodic assessments of the effectiveness of the school district plan and procedure. Assessments should occur:

- at least annually with the school district team;
- after each emergency event involving the administration of medication to determine the effectiveness of the process, why the incident occurred, what worked and did not work in the district plan and procedures; and
- include medically-accurate, research-based practices in the annual review of the plan and procedures.

Section 5**Developing Individualized Health Care Plans and Action Plans****IN THIS SECTION**

[Emergency Care Plan \(ECP\)](#)

[Individualized Health Care Plan \(IHCP\)](#)

Children with life-threatening food allergies and GSD must have an individualized health care plan (IHCP) and action plans (such as emergency care plans) to address how their health and safety needs will be met while in school.

Emergency Care Plan (ECP)

ECPs for students with life-threatening food allergies and GSD may sometimes be called an Allergy Action Plan or GSD Action Plan. ECPs provide specific directions, appropriate to the student's diagnosis, about what to do in medical emergencies such as an accidental exposure to allergens, hypoglycemia or safety emergencies (such as a fire drills or lockdowns). ECPs are often part of IHCPs. This written plan helps school nurses, school personnel and emergency responders react to emergency situations in a prompt, safe and individualized manner. ECPs may include:

- name and other identifying information (such as date of birth, grade and photo);
- disease or disorder specific information (such as specific allergen);
- signs and symptoms of an adverse reaction (such as accidental exposure to an allergen or hypoglycemic reaction);
- location and storage of emergency medications (such as Epipens [epinephrine auto-injectors] for anaphylaxis and Glucagon for hypoglycemia);
- who will administer the medication (including self-administration options);
- follow-up plans (such as calling 911 after the administration of Epipens or Glucagon); and
- emergency contacts for parents/guardians and medical providers.

To develop ECPs, school nurses should:

- obtain current health information from the family and the student's health care provider(s), including student's emergency plan and all medication orders; and
- consult with the health care provider, when necessary, to clarify emergency medical protocol and medication orders.

[Back to top](#)**Individualized Health Care Plan (IHCP)**

In addition to the development of ECPs, students with life-threatening food allergies and GSD must also have an IHCP. The process for developing and implementing an individualized plan for the student includes:

- identification of a core team to establish the plan. School nurses should

have the lead role on this team. In addition to the school nurse, the team should include, at a minimum, parent(s), guardian(s) or other family members; school administrator(s); classroom teacher; and the student (if appropriate). Other possible members include the school medical advisor, school-based health clinic staff, student's health care provider, culinary arts teachers and other school staff such as the school food service manager;

- collaboration between school nurses and parents to consider developmentally and age-appropriate accommodations for consideration at the core team meeting;
- meeting of team members to finalize IHCPs. While health care providers can offer recommendations for the types of accommodations needed in school settings, it is the core team's responsibility for the development of recommendations based on the students' needs and school environments;
- determination of the type of plan appropriate for students (such as IHCP or Section 504 plan). If the team determines that a student does not meet the eligibility requirements for Section 504, the IHCP may be considered one and the same as the Section 504 plan;
- based on students' health status, determine the minimum frequency with which health information will be reviewed and update accordingly; and
- clarify the roles and responsibilities of each core team member. Ensure that all team members' opinions are considered.

Note: See [Appendix A](#) for suggested roles and responsibilities of team members.

IHCPs are usually developed for students with special health needs or whose health needs require daily intervention. These plans describe how to meet an individual child's daily health and safety needs in the school setting. IHCPs include:

- functional health issues (nursing diagnoses);
- student objectives (expected outcomes) for promoting self-care and age-appropriate independence; and
- responsibilities of parents, school nurses, teachers, students and administration, as appropriate.

IHCPs should address student needs both during the normal school day and during before- and after-school activities. This information may be distributed to all school staff who have responsibility for the student with life-threatening food allergies and GSD. Considerations to be included in IHCPs for students with life-threatening food allergies and GSD may include:

- classroom environment (such as including allergy free areas in the classroom for students with allergies or allowing students with GSD to have food or dietary supplements when needed in the classroom);
- cafeteria safety, including allergy free tables or zones;
- participation in school nutrition programs;
- snacks, birthday and other celebrations;
- alternatives to food rewards and incentives;
- hand-washing;

- location(s) of emergency medication;
- risk management during lunch and recess times;
- classroom projects (such as science activities that may involve food or allergen products);
- classroom jobs (such as, feeding fish, washing tables, etc.);
- special events (such as, cultural programs, science programs);
- field trips, fire drills and lockdowns;
- staff education and training;
- who will provide emergency and routine care in school, i.e., administering emergency medication or feeding (Note: in the case of GSD, a parent may designate someone other than themselves to provide the gastrostomy tube feeding if needed);
- substitute staff notification and training (including nurses, teachers, specials, student teachers, cafeteria staff, school bus drivers and others as appropriate);
- school transportation;
- transitions to after-school programs;
- athletic and extracurricular activities;
- individualized adaptations of district parental notification letter (if necessary);
- Parent Teacher Organization or Parent-Teacher Association sponsored events for students (see reference and resource list for CSDE resources on healthy fundraisers and alternatives to food as reward); and
- transitions between grade levels and school buildings in the district.

Additional considerations for students include:

- transportation on sports team bus;
- biology labs;
- open campus and extended study periods;
- vending machine options; and
- culinary arts programs.

IHCPS may also include a summary of nursing assessments. They are used to document interventions and evaluate outcomes. Reviews of IHCP should occur:

- at least annually with the school team, including the parents or guardians and when appropriate, students;
- more frequently if there are changes in students' ECPs, self-monitoring, competency levels, self-care abilities, school environment or whenever an adjustment to the plan is necessary; and
- after each emergency event involving the administration of emergency medications (such as EpiPens or Glucagon). Conduct a summative evaluation to determine the effectiveness of the process, why the incident occurred, what worked and did not work and person(s) involved.

Appendixes

[Appendix A: Suggested Roles and Responsibilities](#)

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Appendix A

Suggested Roles and Responsibilities

Specific individual's roles and responsibilities in the management of students with life-threatening allergies have been determined for:

- Students with Life-Threatening Food Allergies
- Parent of a Student with Food Allergies
- School Nurse
- School Administrators
- Classroom Teacher/Specialist
- School Psychologist
- Food Service Personnel
- School Bus Company
- School Medical Advisor
- Coaches and Other On-site Persons in Charge of Conducting After-school Activities

The following is adapted from *Managing Life Threatening Food Allergies in Schools*, 2002, Massachusetts Department of Education.

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Students with Life-Threatening Food Allergies

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

Students should:

- learn to recognize symptoms of an allergic reaction;
- promptly inform an adult as soon as accidental exposure occurs or symptoms appear. Ask a friend to help you if you cannot get to an adult;
- follow safety measures established by your parent(s)/guardian(s) and school team at all times;
- not trade or share foods with anyone;
- not eat any food item that has not come from home or been approved by a parent or guardian;
- wash hands before and after eating;
- develop a rapport with the school nurse or another trusted adult in the school to assist with the successful management of the allergy in school;
- if approved by your parent and authorized by your physician, carry your epinephrine auto-injector all times; and
- report any instances of teasing or bullying to an adult immediately.

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Parent of a Student with Food Allergies

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Inform the school nurse of your child's allergies prior to the opening of school (or as soon as possible after a diagnosis).

- Provide the school nurse with health information from your health care provider.
- Provide the school nurse with medication orders from the licensed provider.
- Participate in developing an Individualized Health Care Plan (IHCP) with the school nurse and school team.
- Provide the school nurse with at least annual updates on your child's allergy status.
- Provide the school nurse with written permission to communicate with your health care provider.
- Provide the school with at least two up-to-date epinephrine auto-injectors.
- Provide the school nurse with the licensed provider's statement if student no longer has allergies.
- Provide the school with a way to reach you (cell phone, beeper, etc.).
- Provide a list of foods and ingredients to avoid.
- Consider providing a medical alert bracelet for your child.
- Be willing to go on your child's field trips if possible and if requested.
- Review the list of student responsibilities with your child and be sure he/she understands his role.

It is important that children take on more responsibility for their food allergies as they grow older and are developmentally ready. Consider teaching them to:

- Carry own epinephrine auto-injector.
- Communicate the seriousness of the allergy.
- Communicate symptoms as they appear.
- Read labels.
- Recognize potentially dangerous situations and make good safety decisions.
- Administer own epinephrine auto-injector and be able to train others in its use.

Remember – the ultimate goal is that our children eventually learn to keep themselves safe by making good choices and advocating for themselves.

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School Administrator

- Include in the school district's emergency response plan a written plan outlining emergency procedures for managing life-threatening allergic reactions. Develop procedures to assist schools at each level (elementary, middle and high) to adapt or modify the plan to meet special needs of individual students. Consider risk reduction for life-threatening allergies.
- Support faculty, staff and parents in implementing all aspects of the life-threatening allergy management plan. Provide training and education for faculty and staff regarding:
 - Anaphylaxis and anaphylactic reactions to foods, insect stings, medications, latex
 - Risk reduction procedures
 - Emergency procedures
 - How to administer an epinephrine auto-injector in an emergency

- Cafeteria management and food preparation for food service personnel
- Provide emergency communication devices (e.g., two-way radio, intercom, walkie-talkie, cell phone) for all school activities, including transportation, that involve a student with life-threatening allergies.
- Consider requesting a full-time nurse at your school to meet the needs of students with life-threatening allergies and other students in the school.
- Have a plan in place when there is no school nurse available including that at least three staff members that are trained in the recognition of early symptoms of anaphylaxis and in medication administration.
- Inform parent/guardian if any student experiences an allergic reaction.
- Make sure that plans include notification and training, as indicated, of substitute teachers, nurses or food service personnel.
- Ensure that the students with life-threatening food allergies are placed in classrooms where teachers are trained to administer an epinephrine auto-injector, if needed.
- Provide guidance on district-wide issues such as transportation.

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School Nurse

- Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), meet with the student's parent/guardian to develop a draft of an Individual Health Care Plan (IHCP).
- Assure that the ECP includes the student's name, photo, allergen, and symptoms of allergic reactions, risk reduction procedures, emergency procedures and that it is distributed to all appropriate staff.
- Arrange and convene a team meeting, if possible before the opening of school to finalize the IHCP.
- After the team meeting, review the plan with the parent and student.
- Familiarize teachers with the ECPs and IHCPs of their students by the opening of school, or as soon as the plans are written. Other staff members who have contact with students with life-threatening allergies should be familiar with their IHCPs and ECPs on a need-to-know basis including principal, school medical advisor, specialists, food service personnel, aides, physical education teacher, art and music teachers, custodian, bus driver, local EMS..
- Provide information about students with life-threatening allergies and their photos (if consent given) to all staff on a need-to-know basis (including bus drivers, substitute teachers and other new staff members).
- Conduct education for appropriate staff regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector.
- Implement a periodic anaphylaxis drill similar to a fire drill as part of periodic refresher courses.
- Track education of all involved parties to ensure that they have been properly trained and updated.
- Introduce yourself to the student and show him/her how to get to the nurse's office.
- Post individualized plans as appropriate and have available all IHCPs and ECPs in an easily accessible place in the nurse's office. Post locations of

epinephrine auto-injector.

- Periodically check medications for expiration dates and arrange for them to be current.
- Arrange periodic follow-up to review effectiveness of the IHCP, at least on an annual basis, or as often as necessary.
- Make sure that substitute school nurses are fully oriented to students with life-threatening food allergies and their care plans.
- Communicate with parents on a regular basis.

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Classroom Teacher/Specialist

- Participate in the development of the student's IHCP and ECP (as core team member).
- Review and follow the ECP and IHCP of any student(s) in your classroom with life-threatening allergies.
- Keep accessible the student's ECP and IHCP with photo (if consent is given) in classroom or with the lesson plan.
- Always act immediately and follow the ECP if a student reports signs of an allergic reaction.
- Never allow a child you suspect of having an allergic reaction to walk alone to the school nurse.
- Request that the classroom has a functioning intercom, walkie-talkie or other communication device for communication with the school nurse.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies and necessary safeguards.
- Leave information in an organized, prominent and accessible format for substitute teachers.
- Consider coordinating with parent and school nurse a lesson plan about food allergies and anaphylaxis in age appropriate terms for the class.
- Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies. 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 and threats.
- Work with the school nurse to educate other parents about the presence and needs of the child with life-threatening allergies in the classroom. Enlist their help in keeping allergic foods out of the classroom.
- Inform parents of children with life-threatening food allergies of any school events where food will be served.
- Participate with the planning for student's re-entry to school after an anaphylactic reaction.

A. SNACKS/LUNCHTIME

- Prohibit students from sharing or trading snacks.
- Avoid cross-contamination of foods by wiping down eating surfaces with soap and water before and after eating as applicable. Tables should also be washed with soap and water in the morning if an after-school event has been held in the classroom the day before.
- Reinforce hand-washing before and after eating.

B. CLASSROOM ACTIVITIES

Avoid use of allergenic foods for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, pet foods or other projects).

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

C. FIELD TRIPS

Collaborating with the school nurse and parents, prior to planning a field trip to:

- Plan ahead for risk avoidance at the destination and during transportation to and from the destination.
- Review plans when selecting field trip destinations; avoid high-risk places.
- Ensure the epinephrine auto-injectors and instructions are taken on field trips and remain with the student or in the care of the trained adult during the course of the field trip.
- Ensure that functioning two-way radio, walkie-talkie, cell phone or other communication device is taken on field trip and that there are adults present who are trained in the administration of an epinephrine auto-injector.
- Ensure that the child with life-threatening food allergies is assigned to staff who are trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedures.
- Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- Consider ways to wash hands before and after eating (e.g., provision of hand wipes, etc.).
- Know where the closest medical facilities are located, 911 procedures and whether the ambulance carries epinephrine and EMTs are certified to administer epinephrine.
- Invite parents of a student at risk for anaphylaxis to accompany their child on field trips, in addition to the chaperone. However, the student's safety or attendance must not be conditioned on the parent's presence.

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School Psychologist

- Participate in the development of the student's IHCP and ECP (as core team member).
- Assist with staff training, especially around staff anxiety in caring for students with life-threatening food allergies.
- Monitor anxiety, stress level, and social development of students with life-threatening food allergies and provide interventions as appropriate.
- Act as a resource to parents and students regarding anxiety, stress and normal development.
- Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies. 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 and threats.

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Food Service Personnel

- Participate in the team meeting with appropriate members for entry into school as appropriate.
- Post the student's ECP with consent of parent(s).
- Establish procedures to follow to ensure that students with life-threatening food allergies select only those foods identified and approved by their parent(s).
- Ensure that all food service staff and their substitutes and cafeteria monitors are trained to recognize the signs and symptoms of an allergic reaction and what to do in the event of a reaction.
- Maintain contact information for manufacturers of food products (e.g., Consumer Hotline) and make available to parents on request.
- Provide parents with food labels as requested.
- Provide advance copies of the menu to parents/guardian and notification if menu is changed.
- Review and follow sound food handling and food preparation practices to avoid cross-contact with potential food allergens.
- Establish policies in collaboration with school administration for the cafeteria regarding students with life-threatening food allergies.
- Create specific areas that will be allergen safe, as needed.
- Strictly follow cleaning and sanitation protocols to avoid cross-contact.
- Thoroughly clean all tables, chairs and floors after each meal.
- Make required food substitutions with documentation signed by licensed physician. In order to make appropriate substitutions or modifications for meals served to students with life-threatening food allergies, the physician's statement must identify the student's disability (as defined under USDA guidelines), why the disability restricts their diet, the food or foods to be omitted from the student's diet and the food or foods to be substituted .
- Plan ahead to have safe meals for field trips.
- Avoid the use of latex gloves by food service personnel. Use non-latex gloves instead.
- Know how to access epinephrine auto-injector(s) or summon school nurse immediately.
- Have a functioning intercom, walkie-talkie or other communication device to support emergencies.
- Take all complaints seriously from any student with a life-threatening allergy.
- Be prepared to take emergency action and follow student's ECP.

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School Bus Company

- Provide education for all school bus drivers regarding life-threatening allergies (provide own training or contract with school) and what to do if they suspect a student is having a reaction.
- Provide education for school bus drivers on specific children, when

appropriate.

- Provide functioning emergency communication device (e.g., cell phone, two-way radio, walkie-talkie or similar).
- Know local Emergency Medical Services procedures.
- Maintain policy of not allowing foods or beverages to be consumed on school buses.
- Provide school bus dispatcher with list of students with life-threatening food allergies by bus/van number and instructions for activating the EMS system
- Plan ahead for informing substitute bus drivers of students with life-threatening food allergies.

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School Medical Advisor

- Provide consultation to and collaborate with school nurse(s) on clinical issues and protocols which may include:
 - Standing orders for emergency medication including epinephrine; and
 - Policy recommendations for emergency interventions (for known and unknown reactors) in cases of anaphylaxis.
- Guide the district in the development of procedures for prevention of anaphylaxis and emergency planning to ensure safety without undue interference with a child's normal development or right of others.
- Participate in staff training regarding life-threatening food allergies.
- Attend IHP planning meetings when requested by the school administrator.
- Assist in the development of educational programs for students to promote wellness.
- Facilitate community involvement by encouraging development of and participation in school health advisory committee or healthy school policy team.
- Communicate with other community physicians regarding school district policy, procedures and clinical protocols for managing food allergies.
- Act as a liaison, if necessary, with the media should controversies or opportunities for education occur.

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Coaches and Other On-site Persons in Charge of Conducting After-school Activities

- Participate in team meetings to determine how to implement students Individual Health Care Plan.
- Conduct sports and after school activities in accordance with all school policies and procedures regarding life threatening allergies.
- With parent's consent, keep a copy of the Emergency Care Plan and photo of students (if consent is given) with life-threatening allergies.
- Make certain that emergency communication device (e.g., walkie-talkie, intercom, cell phone, etc.) is always present.
- Ensure that at least one but ideally two people during activity who have been trained to administer an epinephrine auto-injector.
- Maintain a current epinephrine auto-injector in the first aid kit.

- Know EMS procedures and how to access the EMS system from the site of the after school activity or event.
- Clearly identify who is responsible for maintaining the first aid kit, if appropriate.

Remind the student to replace his/her medical alert identification immediately after the activity is completed if for safety reasons it needs to be removed during a specific activity.

Appendix B

Frequently Asked Questions

1. Does the health care provider have to sign off on each and every accommodation detailed in a child's IHCP, 504 plan or ECP?

The health care provider plays a significant role on the team by providing accurate and current medical information, providing the emergency protocol and signing the appropriate medication administration forms. The health care provider, however, is often unfamiliar with the day to day operations of the school and may not be in the position to recommend or sign-off on each and every accommodation especially since some accommodations are more educational in nature rather than medical.

2. Does the school team have to include all recommendations from the health care provider?

Medical/therapeutic recommendations should be accepted by the school team unless they are outside the acceptable standard of care. Suggestions and recommendations that affect the educational program and school operations from the health care provider should be welcomed and considered carefully; however they need to be decided on by the school team. Open communication between the family, the school staff and health care provider is recommended to develop a plan that meets the individual student's need and takes into consideration each school's unique environment. However, consideration should be given to any suggestions and requests the provider has concerning the student.

3. When a classroom is designated as "peanut-free" and a parent complains that his/her child likes peanut butter crackers for snack, how should I respond?

All children have the right to learn in an environment that is safe. It is sometimes necessary to designate a classroom as "peanut or other allergen-free" to reduce the risk of accidental exposure for a particular student. Some children will react if they ingest the particular allergen and others will react in varying degrees by touching or inhaling it. Even a young child with an ingestion-only allergy might react if he/she touches the allergen and subsequently puts his fingers in his mouth, nose or eyes. Early elementary classrooms are busy places with many centers such as sand/water tables, puppet theaters, and toy kitchens where the risk of exposure is great. Although the peanut-free designation may be difficult for another child, it does present an opportunity for you to teach all children about understanding and cooperation in meeting the needs of their peers.

4. Who can administer an epinephrine auto-injector in schools?

In the absence of a licensed nurse, only qualified personnel for schools who have been properly trained may administer medications to students as delegated by the school nurse, specifically:

- medications with a cartridge injector may be administered by qualified personnel for schools only to a student with a medically diagnosed allergic condition, which may require prompt treatment to protect the student against serious harm or death;
- coaches and licensed athletic trainers during intramural and interscholastic events may administer medications pursuant to Section 10-212a-8 of Regulations of Connecticut State Agencies; and
- paraprofessionals, if approved by the local or regional board of education, may administer medications, including medication administered with a cartridge injector to a specific student with a medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death pursuant to Section 10-212a-9 of the Regulations of Connecticut State Agencies (Section 10-212a-2 of the Regulations of Connecticut State Agencies, Administration of medications).

Qualified personnel for schools means:

- a full-time employee who meets the local or regional board of education requirements as a principal, teacher, occupational therapist or physical therapist and has been trained in the administration of medication in accordance with Section 10-212a-3 of the Regulations of Connecticut State Agencies;
- a coach and licensed athletic trainer who has been trained in the administration of medication pursuant to Section 10-212a-8 of the Regulations of Connecticut State Agencies;
- a paraprofessional who has been trained in the administration of medication pursuant to Section 10-212a-9 of Regulations of Connecticut State Agencies; or
- for school readiness programs and before- and after-school programs, directors or director's designee, lead teachers and school administrators who have been trained in the administration of medication may administer medications pursuant to Section 10-212a-10 of the Regulations of Connecticut State Agencies (Section 10-212a-1 of the Regulations of Connecticut State Agencies, Definitions).

5. What paperwork must be in place for a child to have medication in school?

No medication may be administered without:

- (1) the written order of an authorized prescriber;
- (2) the written authorization of the student's parent or guardian or eligible student; and
- (3) the written permission of the parent for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of such medication (Section 10-212a-2, Administration of medication, Regulations of Connecticut State Agencies).

6. Can the school district tell students they cannot carry their epinephrine auto-injector on the bus?

No, state law cannot prohibit a student with life-threatening food allergies from carrying their epinephrine auto-injector on school transportation.

7. Can a student be excluded from a school-sponsored activity or field trip if a parent is not available to attend the activity?

No. Parents can volunteer to participate in school sponsored activities or field trips and school staff may ask parents to participate. However, if they are not able to attend, the schools should develop appropriate accommodations so that the student can fully participate in the event along with his/her peers.

8. What happens when a child goes on a field trip?

It is critical to include collaborative planning for field trips in your child's IHCP to ensure that he or she will be able to fully participate. The IHCP can include provisions that require the teacher to notify parents and the school nurse in advance of upcoming field trips and for the teacher, parent and school nurse to collaborate in preparing for the trip. Advance notice allows staff and parents time to investigate the destination, to identify safety risks, plan for meals and snacks, and ensure that the same or comparable safety provisions as in school are in place on the field trip. In addition the child's group should be assigned to an adult who is trained in epinephrine auto-injector administration. The epinephrine auto-injector should remain with that child at all times including during transportation to and from the fieldtrip destination. Parents may want to volunteer to be a chaperone on trips that are more complicated in terms of safety issues, but should never be required to be a chaperone.

9. Is it appropriate to discuss accommodations in the student's IHCP in front of other parents and students?

No. Schools should maintain the confidentiality of student information. Parents should be informed of the general food allergy management plan without any reference to a particular child. With permission from the parent of the student with life-threatening food allergies, it may be appropriate in specific situations to share certain aspects of a student's IHCP, such as the need for allergy-free classrooms, or alternatives to food celebrations in the classroom. However, it is important protect the family and student with life-threatening food allergies from discrimination and harassment due to accommodations that may be made.

10. How should changes to accommodations in the IHCP be made? (i.e., with team decision)

The IHCP should be reviewed periodically, and it should be modified or amended when changes in the child's health status, medical management or development (e.g., self-care competencies) occur, when a student transitions from grade to grade and school to school, when team members identify an improved manner of addressing a safety issue and when accommodations are not working to promote safety. The team

should meet to address any changes to the IHCP, and a new IHCP should be generated to reflect the changes agreed to by the team. School staff and parents should maintain open lines of communication and any member of the core team should feel comfortable initiating a change.

11. If a child unexpectedly brings in a treat for the class, and it is unclear as to whether or not the treat contains allergens, should the treat be distributed to the class?

If the classroom has been designated allergen free and if there is any doubt as to whether or not a treat is free of allergens for a child with severe food allergy, the treat should not be distributed. If the classroom is not designated as allergen-free, the snack may be distributed to the other students; however, a substitute snack that has been provided by the parent should be offered to the student with life-threatening food allergies. No foods should be offered to students with life-threatening food allergies without the approval of the parent. The IHCPs should clearly outline procedures for which foods the child with severe food allergy is allowed to consume and how staff will manage planned and unplanned treats for the class and the student with life-threatening food allergies that are not clearly labeled.

12. Is it appropriate to use classroom manipulatives (an object which is designed so that a learner can perceive a concept by manipulating it) that involve food allergens?

Using classroom manipulatives that contain allergens may prevent a particular child from safely and equally participating in a class activity. As a result, teachers should work with students and parents to ensure that all students can fully participate in the activity. This may require the teacher to utilize manipulatives free from any offending allergens. The extent of the child's allergy, and his/her age and maturity level should be taken into consideration.

13. How can a child safely participate in school meal programs (breakfast and lunch)?

Collaboration with food service staff is essential to assist the student with life-threatening food allergies to participate in the school meal program. With documentation from the student's health care provider, meal substitutions can be made to ensure that students are provided with food choices that avoid certain foods. To the extent possible, school food service staff should work with parents to provide them with food labels in order for parents to identify and approve which foods that their child may select for meals in school.

14. Should all children with life-threatening food allergies be in same classroom?

School districts should make their placement decisions primarily on the educational considerations for all students regardless of special health care needs. However life-threatening food allergies may be factored in the decision.

Appendix C

Sample Risk Assessment Form

[Sample Risk Assessment Form \[PDF\]](#)

Appendix C

Sample Risk Assessment Form

Risk Assessment Questions Child's Teacher asks Coordinator of the Field Trip Destination

Field Trip Destination: _____

Child's Name: _____

Child's Allergy(ies): _____

Circle Child's Sensitivity: (circle) Contact Ingestion Cooking Vapors

Teacher in Charge: _____

Field Trip Date: _____ Field Trip Time: _____

Destination Contact Person:

Name _____

Telephone Number _____

Date of Conversation _____

Date of Telephone Conversation with Parent _____

Child's Parent Attending: (circle) Yes No

Nurse Attending: (circle) Yes No

Questions

1. Will any one at the field trip destination be distributing any food or beverage of any type, and what is it?
2. Will the children on the field trip be touching any type of food, and what is it?
3. Is there any food displayed at the site, and what is it?
4. Is any food used in any of demonstrations or as feed for any animals that the children can buy or are given, and what is it?
5. Are there any hands-on activities that involve food, and what is it?
6. Which trained adult will proctor the child with food allergy while s/he is washing his or her hands with soap and water before snack/lunch. Will the child bring his own soap?
7. How will snack/lunches be stored on the bus ride to the fieldtrip destination?
8. Which adult will be responsible for storing and distributing the children's snack/lunches?
9. Where will children eat snack?
10. Where will children eat lunch?
11. Where will students use wipes after snack/lunch?

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12. Are the tables where the children eat able to be adequately washed with soap and water (and by whom?) or do they need plastic tablecloths?
13. Which trained adult will be in charge of the child's snack / lunch who has food allergy?
14. What steps will be taken to keep the child's lunch/snack separate from the others?
15. Which person will distribute the child's snack/lunch?
16. Which person will check to be sure that the offending allergen is not given to the child?
17. Will the teacher in charge discuss with all attending adults, teachers and parent chaperones, that under no circumstances is the child to be allowed to eat or touch or given any food or drink by any other adults? The child must only eat/drink food that has been provided by the parent and distributed to the child by the teacher/nurse in charge.
18. Will it be discussed that the EpiPen Jr. must be with the child on all fieldtrips, both long and short?
19. Who will be responsible for carrying and administering the medications in an emergency situation?
20. Will medications, authorizations and emergency care plans be routinely sent with classroom teachers for all medically involved students when leaving the school grounds for any reason, including brief walks and hikes?
21. Do the parents always want the child's regular classroom teacher to be his or her proctor on a field trip?
22. Do the parents want the child's regular classroom teacher or school nurse to carry the Medicine Pack?
23. Do the parents want to be able to accompany the child on a field trip, but not be responsible for a whole group of children?
24. Will all teachers and adults responsible for children on the field trip review the Emergency Response Protocol prior to the field trip?
25. Will the teacher in charge privately remind parent chaperones of the child's food allergy, and to be sure not to give him any food?
26. Since different adults will be involved with each field trip, will the teacher in charge create a list of trained adults who can administer the EpiPen Jr.? (Ex. #1 Nurse's Name, #2 Teacher's Name, #3 Teacher's Name)
27. Will the school nurse not be given a group of children to proctor, but travel with the regular classroom teacher?
28. Will the nurse map out a route to the nearest hospital from the field trip destination and give it to the classroom teacher the before the day of the field trip?
29. Will this emergency driving route be given to the bus driver?
30. How would the teacher contact 911?
31. What steps will be taken if 911 (no cell phone connection) cannot be reached in the event of an emergency after the child has received the EpiPen Jr.?
32. Will the nurse/teacher carrying the medicine pack carry a charged cell phone?

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Appendix D

**Sample Individualized Health
Care Plans and Treatment Plans**

Sample Individualized Health Care Plans and Treatment Plans [PDF]

Appendix D

Sample Individualized Health Care Plans and Treatment Plans

INDIVIDUALIZED HEALTH CARE PLAN (Elementary)				
Name: _____ Birth Date: _____ Grade: _____ Teacher: _____				
Plan effective from _____ to _____				
ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	<p>Risk of anaphylactic reaction (life-threatening allergic response) related to the ingestion or inhalation of peanuts and/or tree nuts (protein component)</p> <p>Risk of severe allergic reaction to the ingestion or inhalation of [add other allergens here if applicable, or delete]</p> <p>Student has an Individualized Emergency Care Plan (IECP)</p>	<p>Student will cooperate with staff 100% of the time by following school, classroom and IHCP rules in order to remain free of allergic reactions while in school.</p> <p>If student suspects that he/she has ingested (fill in food allergens), student will immediately notify staff who will implement the IECP according to the allergen-specific plan.</p> <p>Student will cooperate with staff members 100% of the time if they need to implement the IECP.</p>	<p>Parents will:</p> <ul style="list-style-type: none"> ✧ inform school nurse and teacher of food allergy. ✧ provide a physician's order and medication for medical intervention. ✧ inform school nurse of any changes in health status as relates to food allergy and treatment. ✧ educate student in the self-management of his/her food allergies appropriate for his/her age level. ✧ provide emergency contact information. ✧ meet with school nurse, administrator and teacher to develop a prevention plan. ✧ provide safe snacks/treats for student to keep in school and, if desired, a list of appropriate foods for student to have at snack. ✧ provide wipes for classmates to use entering room in am and after lunch. <p>Nurse will:</p> <ul style="list-style-type: none"> ✧ meet with parents and teacher to develop a prevention plan. ✧ post "peanut/nut-free" sign outside of classroom. ✧ work with teacher to eliminate the use of peanuts/tree nuts in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects. ✧ educate school staff who interact with student regarding 	<p>[Enter documentation method or date(s) accomplished for all applicable interventions]</p>

INDIVIDUALIZED HEALTH CARE PLAN (Elementary)				
Name: _____		Birth Date: _____	Grade: _____	Teacher: _____
Plan effective from _____		to _____		
			food allergy, allergic reaction symptoms, recognizing signs and symptoms of anaphylaxis, and prevention and treatment plans. <ul style="list-style-type: none"> ✧ train school staff in EpiPen administration, as appropriate. ✧ develop and disseminate emergency care plan for student (add use of walkie-talkie if appropriate and specific to student). ✧ review cleaning/care of nut/peanut free table in cafeteria with maintenance and cafeteria staff. <p style="text-align: center;">INTERVENTIONS</p>	
			Teacher/classroom staff will: <ul style="list-style-type: none"> ✧ eliminate the use of nuts/peanuts in classroom snacks, educational tools, and arts and crafts projects. ✧ be trained in the administration of EpiPen, as appropriate. ✧ consult in advance of field trips with the school nurse and parents. ✧ [for food allergens other than peanut/nut] notify parents in advance regarding curriculum/projects that may contain [add these food allergens]. ✧ Follow the emergency care plan if Student has a reaction. Student will: <ul style="list-style-type: none"> ✧ not eat any foods except those that come from home or have been approved by the parent. ✧ inform teacher/staff if he/she is not feeling well, for any reason, but especially if he/she thinks he/she may be having an allergic reaction. 	

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

School Nurse: _____ Date: _____

Review by: Parent: _____ Date: _____ Student: _____ Date: _____

IHCP meeting attendees:

DRAFT

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

INDIVIDUALIZED HEALTH CARE PLAN (Middle)				
Name: _____ Birth Date: _____ Grade: _____ Teacher: _____				
Plan effective from _____ to _____				
ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	<p>Risk for life-threatening allergic response to <u>allergen</u>; history of asthma</p> <p>Student has an Individualized Emergency Care Plan (IECP)</p>	<p>Student will remain free of allergic reactions to peanuts while in school 100% of the time by following the IHCP requirements, especially food refusal and advocating for himself/herself when allergens may be present in the environment.</p> <p>Student will immediately initiate self administration of emergency medications OR immediately notify an adult and cooperate with staff administration of emergency medications in the event of suspected ingestion of peanut 100 % of the time.</p>	<p>Parents will:</p> <ul style="list-style-type: none"> ✧ inform school nurse and teacher of food allergy prior to the start of school each year. ✧ provide a physician's order and medication for medical intervention, both for Student to carry for self-administration and a back-up for the health office. Medication should not expire during the school year. ✧ inform school nurse of any changes in health status as relates to food allergy and treatment. ✧ educate Student in the self-management of his/her food allergies appropriate for his/her age level. ✧ provide emergency contact information. ✧ meet with school nurse and teacher to develop an IECP and IHCP. <p>Nurse will:</p> <ul style="list-style-type: none"> ✧ meet with parents and teacher to develop the IECP and IHCP. ✧ work with teacher to eliminate the use of allergen in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects. ✧ educate school staff who interact with Student regarding food allergy, and recognition of symptoms of allergic reactions, including local, general and anaphylactic types, with emphasis on recognition and emergency interventions for the latter. ✧ train certified personnel in EpiPen administration, as appropriate. ✧ develop and disseminate emergency care plan and transportation plan for student. ✧ implement the IECP and direct emergency actions in the event of anaphylaxis. ✧ review with student, at least annually, his/her knowledge of 	

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

INDIVIDUALIZED HEALTH CARE PLAN (Middle)				
Name: _____ Birth Date: _____ Grade: ____ Teacher: _____				
Plan effective from _____ to _____				
ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
			<p>the symptoms of anaphylaxis and skills needed for self administration of an EpiPen, including practice in injecting an EpiPen into an orange.</p> <p>Teacher/classroom staff will:</p> <ul style="list-style-type: none"> ✧ work to eliminate the use of allergen in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects. ✧ be trained in the administration of EpiPen, as appropriate. ✧ be prepared to implement the IECP if indicated. ✧ consult and collaborate in advance with the school nurse and parents to decide what accommodations are appropriate for each field trip. Parents' judgment will be respected. ✧ send to all parents the middle school notice of field trip form which shall contain a standard request that snacks and lunch be peanut/nut free. ✧ notify parents in advance of in-class food celebrations. <p>Student will:</p> <ul style="list-style-type: none"> ✧ not eat any foods at school, on field trips or in extracurricular activities that do not come from home or have not been approved by her parents. ✧ inform teacher/staff if he/she is not feeling well for any reason, but especially if he/she thinks he/she may be having an allergic reaction. ✧ <i>[For students carrying their own medications]</i> Follow the medication plan for self-administration of EpiPen and Benadryl. Accordingly, student will bring to and from school, and at all times carry (e.g., in belt-carrying case or in a purse) an up-to-date EpiPen and dissolvable Benadryl tablet, according to the physician's order. If a student chooses to keep emergency medications in her purse, she will keep the purse with her at all times in school, during extracurricular activities, and on field trips. 	

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

INDIVIDUALIZED HEALTH CARE PLAN (Middle)				
Name: _____ Birth Date: _____ Grade: ____ Teacher: _____				
Plan effective from _____ to _____				
ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
			<ul style="list-style-type: none"> ✧ not self-administer Benadryl or EpiPen without immediately notifying the school nurse, or another responsible adult, in the absence of the school nurse. ✧ not keep any medication in his/her locker. ✧ participate with school nurse in review of emergency self-administration of medication plan and implementation skills. 	

School Nurse: _____ Date: _____

Review by: Parent: _____ Date: _____ Student: _____ Date: _____

IHCP meeting attendees: _____

(Sample) **FOOD ALLERGY TREATMENT PLAN AND PERMISSION FOR THE ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL**

PATIENT'S NAME: _____ DATE OF BIRTH: _____

PATIENT'S ADDRESS: _____ TELEPHONE: _____

CAAC PHYSICIAN'S NAME: _____ PATIENT'S PCP: _____

ASTHMA YES NO

SPECIFIC FOOD ALLERGY: _____

IF PATIENT INGESTS OR THINKS HE/SHE HAS INGESTED THE ABOVE NAMED FOOD:

_____ Observe patient for symptoms of anaphylaxis** X 2 hours

_____ Administer **adrenaline** before symptoms occur, IM EpiPen Jr. Adult

_____ Administer **adrenaline** if symptoms occur, IM EpiPen Jr. Adult

_____ Administer Benadryl _____ tsp. _____

_____ Administer _____

_____ Call 911, transport to ER if symptoms occur for evaluation, treatment and observation X 4 hours

IF REACTION OCCURS, PLEASE NOTIFY THIS OFFICE! _____ Physician's Signature Today's Date

1. Is this a controlled drug? Yes No Time of administration: _____
2. Medication shall be administered from _____ to _____ (dates)
3. Relevant side effects, if any, to be observed: _____
4. Other Suggestions: Please allow child to self-administer medication if able to. _____

****SYMPTOMS OF ANAPHYLAXIS**
 Chest tightness, cough, shortness of breath, wheezing
 Tightness in throat, difficulty swallowing, hoarseness
 Swelling of lips, tongue, throat
 Itching mouth, itchy skin
 Hives or swelling
 Stomach cramps, vomiting, or diarrhea
 Dizziness or faintness

Signature _____ M.D.

I HAVE RECEIVED, REVIEWED, AND UNDERSTAND THE ABOVE INFORMATION

Patient/parent/guardian signature

Date/Initials

CAAC/DMC Food Allergy Treatment Plan 01/05

Emergency Response Protocol - Severe Food Allergy to Peanuts

Student Name: (Child's First and Last Name)
Teachers: (Mr/s. Teacher's Name)
Parent Contact: (Mother Full Name, Home phone: xxx-xxx-xxxx)
 (Mother's Cell: xxx-xxx-xxx Father's Cell: xxx-xxx-xxx)
Doctor Contact: (Dr. Full Name, Allergy Specialist: xxx-xxx-xxxx)

Key safety rules of the classroom & outside play area:

- The regular and specials classrooms and play-areas are peanut- and tree nut-free environments.
- (Child's name) travel EpiPen® medicine kit and a walkie-talkie will remain with (child's name) at all times during the day and be managed by a trained adult.
- (Child's Name) eats only foods provided and labeled by parent/guardian. Adult will assist (child) daily in washing his/her hands thoroughly with soap and water for 15 seconds before eating. Adult in charge will approve daily snacks and other foods consumed by students.
- Students and adults should wipe their hands with wipes upon entering the classroom and practice good hand washing techniques after eating.
- If (child's name) asks to see the nurse, allow him/her to do so immediately with an adult for any reason.

Asthmatic and at increased risk for severe reaction Yes X No __

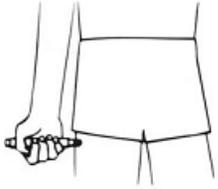
SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems	Symptoms
Mouth*	itching and swelling of the lips, tongue, or mouth.
Skin*	hives, itchy rash, and/or swelling about the face or extremities.
Gut*	nausea, abdominal cramps, vomiting and/or diarrhea.
Throat*	itching and/or sense of tightness in the throat, hoarseness, hacking cough.
Lung*	shortness of breath, repetitive coughing, and/or wheezing.
Heart*	"thready" pulse, "passing-out."



EpiPen® Directions

Pull off gray safety cap. Place black top on thigh, at right angle to leg (Always apply to thigh.) Using a quick motion, press hard into thigh until auto-injector mechanism functions and hold in place for 10 seconds. The EpiPen Jr unit should then be removed and discarded. Massage the injection area for 10 seconds.



MEDICINE KIT LOCATION: Kit #1: Classroom Med Kit located in classroom, Kit #2: Travel Med Kit to be with adult with (child's name) at all times, Kit #3: Nurses Med Kit located in nurses office with albuterol and nebulizer. Kit #4 located in front pouch of child's backpack. The medicine in the EpiPen Jr. cannot hurt (child's name) under any circumstances; it will save his/her life.

WHAT TO DO: If you suspect or know (child's name) has come into SKIN CONTACT with peanuts but not ingested them, contact the nurse. If nurse cannot respond immediately: wash point(s) of contact where the welt is located with warm soapy water, rinse and dry. Apply small amount of topical Benadryl cream. If she is uncomfortable, administer 2 teaspoons of Children's Benadryl. Symptoms should stop progressing within five minutes.

If other welts are appearing quickly or you notice any other *symptoms: ALL of the above symptoms can progress to a life-threatening situation. If you suspect or know peanuts have entered his/her mouth or he/she has ingested them, **stay calm, call the nurse.**

If the nurse cannot respond immediately, administer the EpiPen Jr. in thigh. Once needle is in, count to 10; then call 911 and transport to hospital!

Appendix E

State Statutes

Connecticut General Statutes (C.G.S.) Section 10-212a. *Administration of medications in schools, at athletic events and to children in school readiness programs.*

The Regulations of Connecticut State Agencies Section 10-212a-1 through 10-212a-10 *Administration of Medications by School Personnel and Administration of Medication During Before- and After-School Programs and School Readiness Programs.*

Public Act No. 12-198 (HB 5348) *An Act Concerning the Administration of Medicine to Students with Diabetes, the Duties of School Medical Advisors, the Availability of CPR and AED Training Materials for Boards of Education and Physical Exercise During the School Day.*

C.G.S. Section 10-220i. *Transportation of Students carrying cartridge injectors.*

C.G.S. Section 10-221o. *Lunch periods. Recess.*

C.G.S. Section 10-221p. *Boards to make available for purchase nutritious and low-fat foods.*

C.G.S. Section 10-215. *Lunches, breakfasts and other feeding programs for public school children and employees.*

C.G.S. Section 10-217a. *Health services for children in private nonprofit schools. Payments from the state, towns in which children reside and private nonprofit schools.*

C.G.S. Section 52-557b. *"Good samaritan law". Immunity from liability for emergency medical assistance, first aid or medication by injection. School personnel not required to administer or render. Immunity from liability re automatic external defibrillators.*

Appendix F

Steps for Developing Districtwide Policy

The process of policy development is just as important as the final product – the policy. Individuals could work independently to write a policy, but it will be ineffective if it is not supported and implemented district-wide. This requires a team with appropriate representation from the school and community to come to consensus regarding best practices based on local needs.

Step 1: Identify Members of the Food Allergy and GSD Management Team

The district-wide policy development team works to develop, implement, monitor, review, and revise policy to manage life-threatening food allergies and GSD effectively. The district-wide team should be multi-disciplinary and may include:

- school superintendent or designee;
- building principal or designee;
- school nurse supervisor (or coordinator);
- school nurse;
- teacher representative;
- parent representative;
- student representative;
- school medical advisor;
- school food service director or representative;
- coach;
- transportation coordinator;
- supervisor of custodial staff;
- other school staff (such as, school psychologist or counselor);
- community health care provider(s) (such as, pediatrician, APRN, dietitian, nutrition or health consultant, local EMS representative; and
- other community members.

To optimize success, it is also strongly recommended that districts include other members as appropriate, to local needs, such as:

- nonprofit health organizations (such as, Food, Allergy and Anaphylaxis Network and School Food Allergy Program);
- local hospitals; and
- public health representatives (such as, local health departments).

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Step 2: Identify Local Policy Development Process

The district-wide policy team members will need to understand and follow the local school district's process for policy development and adoption. The team should be informed about who the decision-makers are, what format should be

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[Step 1: Identify Members of the Food Allergy and GSD Management Team](#)

[Step 2: Identify Local Policy Development Process](#)

[Step 3: Conduct Local Assessment Process](#)

[Step 4: Draft Policy Language](#)

[Step 5: Build Awareness and Support](#)

[Step 6: Adopt and Implement the Policy](#)

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used, the review and approval process and timeline requirements. Compliance with all local, state and federal requirements is essential. Districts may have existing health policies that can be expanded to include food allergy and GSD concerns.

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Step 3: Conduct Local Assessment Process

Before making plans to develop policies, the team should assess the district's current policies and protocols regarding the care of students with life-threatening allergies and GSD (if they exist), school and student needs, then identify areas that need improvement or development. The results of school-by-school assessments can be compiled at the district level to prioritize needs.

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Step 4: Draft Policy Language

Effective policies should be brief and provide the overarching goals for the district regarding the care of students with life-threatening allergies and GSD.

These policies should include:

- a commitment to planning and prevention;
- a collaborative process;
- a formal process for identifying and developing individualized care plans and action plans for students;
- provisions for education and training;
- maintaining a balance between individual, school and community needs; and
- fostering normal development.

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Step 5: Build Awareness and Support

Educating various audiences such as administrators, teachers, food service staff, parents, students and the community, about your policy is essential to success. Using your local or regional board of education's Web site, individual schools' Web site, local media (such as, newspaper articles, brochures and facts sheets) may be avenues to spread awareness. Managing life-threatening food allergies and GSD will need significant support from students, parents, school staff and the community.

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Step 6: Adopt and Implement the Policy

Leadership, commitment, communication and support are critical to successful adoption and implementation of district policy. After the policy is adopted by the local or regional board of education, it must be implemented in order to achieve the intended purpose.

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Step 7: Maintain, Measure and Evaluate

In order for policies to be successful, school districts must establish a plan for measuring implementation and sustaining local efforts, including evaluation, feedback and documentation based on sound evidence. Examples of evaluation methods include student, staff and parent surveys; and quantitative data regarding managing life-threatening food allergies and GSD. Schools may also use experts in the field to evaluate the school policy and obtain current information on food allergies and GSD.

Appendix G

References and Resources

IN THIS SECTION

[General References](#)

[Web Site Resources](#)

[Other Resources](#)

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Web Site Resources

[Administration of Epinephrine for Life-Threatening Allergic Reactions in School Settings](#)

[Fact Sheets and Statistics from American Academy of Allergy, Asthma and Immunology\(AAAAI\)](#)

[Food Allergy and Anaphylaxis Network](#)

[Food Allergy information from Medline Plus](#)

[Genetic and Rare Diseases Information Center](#)

[Power Point Presentations on food allergies from AAAAI](#)

Connecticut State Department of Education, nutrition education resources:

- [Healthy Celebrations](#)
- [Healthy Fundraising](#)
- [Food As Reward](#)

[Spokane Public Schools, Nutrition Services](#)

[U.S. Department of Food and Drug Administration, Center for Food Safety and Applied Nutrition, information on food labeling](#)

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Other Resources

The Office of Civil Rights (OCR) office for Connecticut is located at:

Boston Office

Office for Civil Rights

US Department of Education, 8th Floor

5 Post Office Square

Boston, MA 02109-3921

Telephone: 617-289-0111

FAX: 617-289-0150; TDD: 877-521-2172

E-mail: OCR.Boston@ed.gov

The OCR National Headquarters is located at:

U.S. Department of Education

Office for Civil Rights

Lyndon Baines Johnson Department of Education Bldg

400 Maryland Avenue, SW

Washington, DC 20202-1100

Telephone: 800-421-3481

FAX: 202-453-6012; TDD: 877-521-2172

E-mail: OCR@ed.gov

Food Allergy Association of Connecticut

<http://www.FAACT.org>

Food and Latex Allergy Awareness Group

<http://www.flaag.org>

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