

MORRISVILLE BOROUGH SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: MARCH 23, 2016

REVISED:

209.1-AR-0. FOOD ALLERGY MANAGEMENT

Every food-allergic reaction has the possibility of developing into a severe or life-threatening reaction and even with proper treatment can be fatal. A severe or life-threatening reaction can occur within minutes or hours after exposure to the allergen. A student's ability to learn may be drastically altered by their fears of a reaction. This administrative regulation outlines the related aids and services needed to prevent exposure to food allergens and to respond appropriately should an anaphylactic reaction occur.

Definitions

Licensed Health Room Staff - Certified School Nurse (CSN); Registered Nurse (RN); Licensed Practical Nurse (LPN).

Medical Plans of Care - written documents individualized for a particular student with a severe or life-threatening food allergy to address the student's needs throughout the school day, including:

1. **Emergency Care Plan (ECP)** - a medical plan of care based on the information provided in the student's Individualized Healthcare Plan (IHP) and distributed to all school personnel who have responsibilities for the student which specifically describes how to recognize a food allergy emergency and what to do when signs or symptoms of these conditions are observed.
2. **Individualized Healthcare Plan (IHP)** - a medical plan of care that provides written directions for school health personnel to follow in meeting the individual student's healthcare needs. The plan describes functional problem areas, sets goals for overcoming problems, and lists tasks/interventions to meet the goals. The IHP shall include a Food Allergy Medical Management Plan developed by a student's personal healthcare team and family, which shall outline the student's prescribed healthcare regimen and be signed by the student's board-certified allergist, family physician, physician assistant or certified registered nurse practitioner.
3. **Related Services Component in Individualized Education Program (IEP)** - that part of an IEP for a student receiving special education and related services which includes reference to development and implementation of an IHP and ECP for students with a documented severe or life-threatening food allergy as well as identifying the medical accommodations, educational aids and services to address the student's needs.

4. **Section 504 Service Agreement** - a medical plan of care which references development and implementation of an IHP and ECP as well as other accommodations, educational aids and services a student with a documented severe or life-threatening food allergy requires in order to have equal access to educational programs, nonacademic services and extracurricular activities as students without food allergies.

Date: ____/____/____ School: _____

Student Name: _____ Grade: _____ School Year: _____

Parent/Guardian Name: _____

FOLLOWING IS A SUMMARIZATION OF THE ACCOMMODATIONS THAT ARE NEEDED BY YOUR CHILD TO MEET HIS/HER NEEDS.

Provision Of Food Allergy Care

1. In Pennsylvania, most medications require the assistance of a licensed nurse during school hours, school-sponsored activities and/or on school-sponsored trips. Unlicensed school staff may be trained to administer epinephrine auto-injectors.
2. All staff members will be able to recognize symptoms of anaphylaxis and be able to react to these symptoms as per school district protocols and the Emergency Care Plan (ECP), Individualized Healthcare Plan (IHP), and Medical Management Plan (MMP).
3. The student will have immediate access to all items necessary for the treatment of an anaphylactic reaction, including epinephrine auto-injectors as provided by the parent/guardian and ordered by a medical provider.
4. The CSN, RN, LPN, parent/guardian, student or trained school staff can give epinephrine auto-injectors as ordered by the medical provider, with the written approval of the parent/guardian.
5. Health room staff may contact the student's medical provider for advice or consultation when necessary. Phone numbers will be provided by the parent/guardian and will be available in the health office and on the student's ECP.
6. The student's food allergy ECP will be made available to all staff, including substitute teachers, nutrition service personnel, bus drivers, etc., as appropriate per the CSN.

Student's Level Of Self-Care And Location Of Supplies And Equipment

1. The student is able to perform the following food allergy care tasks without help or supervision as per the MMP and as assessed by the professional nurse (CSN or RN):

NOTE: The student will be permitted to provide this self-care as directed by the MMP, IHP, and ECP as to time and locations, including all school-sponsored activities.

2. The student needs assistance or supervision with the following tasks:

3. The student needs a licensed nurse to perform the following tasks:

4. The student will be permitted to carry the following supplies and equipment with him/her at all times and in all locations:

5. Supplies and equipment that are not kept on/with the student will be kept:

6. Parent/Guardian is responsible for providing supplies, equipment, snacks and/or other food to meet the needs of the student as directed in the MMP, IHP and ECP.

Snacks And Meals

1. When a student's medical plan of care requires exceptions or variations to a reimbursable meal, accommodations will be made that comply with the USDA Nutrition Standards in the National School Lunch and School Breakfast Programs.
2. The student will be provided with a seating accommodation which limits the chance of exposure to allergens and allows students with food allergies to eat with nondisabled students, as appropriate to the needs of the student with food allergies.
3. Staff trained in the administration of epinephrine will be located near the food service area to support rapid response.

4. School nutrition staff or contracted staff will monitor and enforce cleaning and sanitizing procedures to prevent cross-contamination.
5. Adult supervision will be available in the cafeteria to intervene when they observe students attempting to share or trade food or when students bully the student with food allergies.
6. Where included in a medical plan of care as necessary to protect a student with food allergies, students will wash their hands or use hand wipes before and after the handling/consumption of food.
7. The student's parent/guardian will provide a nonperishable safe lunch, to be kept at school, in case the student forgets to bring lunch.
8. The student's teacher will follow established school procedures for limiting exposure to food allergens in the classroom.
9. If a student inadvertently brings a restricted food to the classroom, it will be removed from his/her possession until lunch (using cafeteria seating which is not reserved for a student with food allergies) or until the end of the school day, and s/he will not be allowed to eat that snack in any setting where the student with a food allergy would be exposed to the allergen.
10. The parent/guardian will supply snacks needed in addition to or instead of any snacks supplied for all students.
11. The student's parents/guardians will be notified three (3) days in advance (or as soon as possible in emergency situations) with any changes in the school's schedule, including field trips, that may affect care.

Exposure To Food Allergen And/Or Signs Of Anaphylaxis

1. In the event the student reports exposure to a food allergen and/or shows signs/symptoms of anaphylaxis, s/he will be treated according to the IHP and the ECP and then escorted to the health room by a responsible person.
2. Any staff member finding the student unconscious will call 911, and then contact the nurse on duty in the building. If no nurse is in the building, the staff member will call the CSN assigned to the building and the parents/guardians, as per the ECP.

Field Trips And Extracurricular Activities

1. The teacher will take into consideration the potential for exposure to the student's food allergens when determining sites for field trips.
2. A parent/guardian will be allowed, but not required, to accompany the student on field trips.
3. All supplies necessary to carry out the student's medical plans of care will accompany the student on field trips/extracurricular activities.

4. The student may take his/her own food and lunch on field trips/extracurricular activities.
5. The student will be under the supervision of a responsible adult prepared to respond to symptoms of anaphylaxis per the ECP.
6. The teacher/coach will enforce a no-food policy on the bus.
7. During field trips and extracurricular activities, responsible adults will have an emergency communication device available.
8. Coordinators of before and after school activities will follow the food allergy management procedures established by the district.

Classroom Work

1. Teachers will implement lesson plans which do not include the student's allergens.
2. Volunteers and others assisting in the classroom will be made aware of the student's allergies and assist with prevention measures.
3. Students will be monitored for appropriate hand washing procedures before and after handling/consumption of food.
4. The teacher will develop and implement a lesson on food allergies for all students.

Communication

1. Encouragement is essential. The student will be treated in a way that encourages the student to report possible exposure to allergen and/or any symptoms and to progress toward self-care with his/her food allergy management skills.
2. Each substitute teacher and substitute school nurse will be provided with written instructions regarding the student's care (ECP) and a list of all school nurses with contact information.

IN THE EVENT OF AN EMERGENCY, THE STUDENT'S *EMERGENCY CARE PLAN (ECP)* ON FILE IN THE NURSE'S OFFICE AND COMMUNICATED WITH ALL WHO NEED TO KNOW, IS TO BE FOLLOWED. STUDENTS AND OTHER PARENTS/GUARDIANS WILL NOT HAVE ACCESS TO THE ECP FOR CONFIDENTIALITY REASONS.

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR RIGHTS OR THE ABOVE ACCOMMODATIONS, PLEASE FEEL FREE TO CONTACT ME.

School District Professional Employee and Phone Number

Date: _____

Central Office Approval

Date: _____

DIRECTIONS TO PARENTS/GUARDIANS: Please check one (1) of the options, sign, and return this form to:

Student Services
(NAME) School District, Administration Building
(School District) Address

- I agree and give permission to proceed as outlined above.
- I do not agree and do not give permission to proceed as outlined above and will schedule a planning conference.

My reason for disapproval is: _____

Parent/Guardian Signature: _____ Date: _____