

BOARD OF EDUCATION  
FAIRFIELD PUBLIC SCHOOLS  
FAIRFIELD, CT

**Policy Committee Meeting**

Monday, March 31, 2014  
Education Center  
501 Kings Highway East  
Superintendent's Conference Room  
4:15 p.m.

Agenda

- I. Call to Order
- II. Approval of March 3, 2014 Minutes
- III. Policy
  - Policy #5516 Students – Management of Food Allergies in Schools; review of CABE sample policies
  - Policy #5515 Students – Protocol for Emergency Medications, Epinephrine – discussion postponed to the April 28, 2014 meeting.
- IV. Open Discussion/Public Comment
- V. Adjournment
- VI. Future Items:
  - Policy #5225 Students – Requirements for Graduation
  - Policy #4240 Personnel – Electronic Mail
  - Policy #3552 Business – Lending School Owned Equipment
  - Policy #5340 Students – Lost/Damaged Equipment
  - Policy #4110 Personnel – Recruitment and Selection
  - Policy #5542 Students – On Campus Recruitment
  - Policy #6511 Instruction – Special Education

Future Mtg. Dates and Times: Future Mtg. Dates and Times: **Monday, April 28;**  
*Monday, May 12; Monday, June 2; Monday, June 16; Monday, August 25; TUESDAY,*  
*September 2 (Monday is Labor Day); Monday, September 15; Monday, October 13;*  
*Monday, November 17; Monday, December 1, 2014.*

All meetings will be held at 501 Kings Highway East, Superintendent's Conference Room unless otherwise noted.

BOARD OF EDUCATION  
FAIRFIELD PUBLIC SCHOOLS  
FAIRFIELD, CT

**Policy Committee Meeting**

Monday, March 3, 2014  
Education Center  
501 Kings Highway East  
Superintendent's Conference Room  
4:15 p.m.

Minutes

- I. Call to Order: The meeting was called to order by Jennifer Kennelly at 4:25. In attendance were committee members Donna Karnal, and Karen Parks representing the administration. John Convertito arrived at 4:45. Also in attendance were Philip Dwyer, BOE Chairperson, Eileen Roxbee, Principal Sherman Elementary, Frank Arnone, Principal Osborn Hill Elementary, Liz McGoey, Principal Stratfield Elementary, Anna Cutaia-Leonard, Director Elementary Education, several elementary teachers and 3 parents.
  
- II. Approval of February 10, 2014, Minutes – Approved 2:0:0
  
- III. Policy
  - Policy #5519 Students – Wellness: There was a lengthy discussion regarding whether lunch should be served to elementary students before or after recess and whether one recess is enough for elementary students, particularly kindergarten students. Both teachers and administrators present indicated that a wealth of research supports lunch after recess because students come to lunch ready to eat and relax. The principals reported that there is much less food thrown away since lunch was moved to after recess. They also indicated that the lunch period is long enough for all students to move through the lunch line and eat their lunch. Several teachers reported that having more than one recess is something that they can and do decide to do when they determine that students need more unstructured time. However, they believe it is not the case every day and would prefer to have the opportunity to make the decision about a second recess as a professional determining it is needed. In responding to the need for more unstructured time, especially for kindergarten, the teachers and administrators present shared the many times during the day when students have unstructured, creative play/social time other than during recess. Policy #5519, Wellness, was moved to the March 11, 2014 Agenda for a first read, 3:0:0.
  
  - Policy #5515 Students – Protocol for Emergency Medications, Epinephrine: No discussion, the committee voted to postpone a discussion of Policy #5515 to the April 28, 2014 Policy Committee Meeting, 3:0:0.

- Policy #5516 Students – Management of Food Allergies in Schools: There was agreement for those members who can attend the next Policy Committee Meeting scheduled for March 31, 2014, to look over the 4 sample Management of Food Allergies In Schools Policies from CAFE to determine which language best meets our needs. Each Policy Committee Member was also provided with extensive research materials on Life Threatening Food Allergies by Jessica Curran, a concerned parent. Some of the committee members indicated they will be attending the Board of Selectmen Meeting scheduled for the afternoon of March 31 to review the BOE Budget, while others indicated that they will meet to work on the policies.

- IV. Open Discussion/Public Comment: There were many comments from teachers and administrators in attendance as noted above regarding the Wellness Policy. The three parents in attendance spoke about the seriousness of life threatening food allergies, the need for training for all staff, the concerns for their children, and the hope that the Policy Committee will bring the current policy up to date with current state legislation.
- V. Adjournment: Meeting adjourned at 6:01 p.m.

Future Mtg. Dates and Times: Future Mtg. Dates and Times: **Monday, March 31;** *Monday, April 28; Monday, May 12; Monday, June 2; Monday, June 16; Monday, August 25; TUESDAY, September 2 (Monday is Labor Day); Monday, September 15; Monday, October 13; Monday, November 17; Monday, December 1, 2014.*

All meetings will be held at 501 Kings Highway East, Superintendent's Conference Room unless otherwise noted.

**Students**

**Welfare**

**MANAGEMENT OF FOOD ALLERGIES IN SCHOOLS**

**5516**

The Fairfield Board of Education recognizes the increasing prevalence of potentially life-threatening food allergies among children. Effective management of food allergies in the school setting includes implementing strategies for avoidance of offending foods by allergic children and emergency planning to ensure prompt identification and treatment of allergic reactions that may occur. The Board supports the education of school personnel, students, and parents or guardians regarding food allergy management to maintain a safe school environment for allergic children.

Approved 8/27/04

*A revised sample policy for consideration.*

## **Students**

### **Students with Special Health Care Needs**

#### **Accommodating Students with Special Dietary Needs (Food Allergy Management) Version I**

The purpose of this policy is to establish a safe environment for students with food allergies and glycogen storage disease and to support parents regarding food allergy management. In accordance with applicable law, it is the policy of the Board of Education to provide all students, through necessary accommodations where required, the opportunity to participate fully in all school programs and activities.

The Board recognizes the need to help the allergic child avoid foods to which the child is allergic and to establish emergency procedures to treat allergic reactions that may occur. In some cases, a student's disability may prevent him/her from eating meals prepared for the general school population.

Substitutions to the regular meal will be made for students who are unable to eat school meals because of their disabilities, when that need is certified in writing by a physician. Meal service shall be provided in the most integrated setting appropriate to the needs of the disabled student.

The nature of the student's disability, the reason the disability prevents the student from eating the regular school meals, including foods to be omitted from the student's diet, indication of the major life activity affected by the disability, the specific diet prescription along with the substitution(s) needed will be specifically described in a statement signed by a licensed physician. The district, in compliance with USDA Child Nutrition Division guidelines, will provide substitute meals to food-allergic students based upon the physician's signed statement.

An Individualized Health Care Plan (IHCP) and an Emergency Care Plan (ECP) shall be developed and implemented for students that are identified with food allergies and glycogen storage disease. In addition, the Board recognizes that students with documented life-threatening food allergies may be considered disabled and eligible for coverage under The Disabilities Act and Public Law 93-112 and Section 504 of The Rehabilitation Act of 1973. A clearly-defined "504 Accommodation Plan" shall be developed and implemented for all such identified students if it has been properly demonstrated that the child's impairment is such that it substantially limits one or more major life activities, (i.e., the disability must significantly affect a major life function) and necessary accommodations must be made to ensure full participation of identified students in student activities. Such plan shall be signed by the appropriate staff, the parent/guardian of the student and the student's physician.

All schools are also responsible for developing and implementing guidelines for the care of food-allergic students and glycogen storage disease. Such guidelines shall include, but not be limited to, staff development, strategies for identifying students at risk for life-threatening allergic reactions, means to manage the student's allergy including avoidance measures, designation of typical symptoms and dosing instructions for medications.

## **Students**

### **Students with Special Health Care Needs**

#### **Accommodating Students with Special Dietary Needs (Food Allergy Management) (continued)**

The District's plan for managing students with life-threatening food allergies shall be posted on the District's website (and/or on the website of each school within the District).

*(Note: In the absence of a district or individual school website, it is suggested that the plan for managing students with life-threatening allergies be included in the student/parent handbook of each school.)*

#### **Version II**

The focus of a Districtwide Food Allergy Management Plan shall be prevention, education, awareness, communication and emergency response. The management plan shall strike a balance between the health, social normalcy and safety needs of the individual student with life threatening food allergies and the education, health and safety needs of all students. The District Food Allergy Management Plan shall be the basis for the development of the procedural guidelines that will be implemented at the school level and provide for consistency across all schools within the district.

The goals for the Districtwide Plan include:

1. To maintain the health and protect the safety of children who have life-threatening food allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
2. To ensure that interventions and individual health care plans for students with life-threatening food allergies are based on medically accurate information and evidence-based practices.
3. To define a formal process for identifying, managing, and ensuring continuity of care for students with life-threatening food allergies across all transitions. (Pre-K-Grade 12)

It is the policy of the Board of Education to follow the guidelines developed and promulgated by the Connecticut Department of Public Health and Department of Education for students within the District with life-threatening food allergies and glycogen storage disease. Such guidelines include (1) education and training for school personnel on the management of students with life-threatening food allergies and glycogen storage disease, including training related to the administration of medication with a cartridge injector and the provision of food or dietary supplements, (2) procedures for responding to life threatening allergic reactions to food, (3) a process for the development of individualized health care and food allergy action plans for every student with a life-threatening food allergy, (4) a process for the development of individualized health care and glycogen storage disease action plans for every student with glycogen storage disease and such plan shall include, but not be limited to, the provision of food or dietary supplements by the school nurse or by any school employee approved by the school nurse, to a student with glycogen storage disease provided such plan does not prohibit a parent/guardian or a person they so designate, to provide food or dietary supplements on school grounds during the school day, and (5) protocols to prevent exposure to food allergens.

## Students

### Students with Special Health Care Needs

#### Accommodating Students with Special Dietary Needs (Food Allergy Management) (continued)

It is the Board's expectation that specific building-based guidelines/actions will take into account the health needs and well-being of all children without discrimination or isolation of any child. It is the Board's belief that education and open and informative communication are vital for the creation of an environment with reduced risks for all students and their families. In order to assist children with life-threatening allergies to assume more individual responsibility for maintaining their safety as they grow, it is the policy of the Board that guidelines shift as children advance through the primary grades and through secondary school.

The District's plan for managing students with life-threatening food allergies shall be posted on the District's website (and/or on the website of each school within the District).

*(Note: In the absence of a district or individual school website, it is suggested that the plan for managing students with life-threatening allergies be included in the student/parent handbook of each school.)*

- (cf. 5141 - Student Health Services)
- (cf. 5141.21 - Administering Medication)
- (cf. 5141.23 - Students with Special Health Care Needs)
- (cf. 5141.3 - Health Assessments)
- (cf. 5145.4 - Nondiscrimination)

- Legal Reference:        Connecticut General Statutes
- 10-15b Access of parent or guardian to student's records.
  - 10-154a Professional communications between teacher or nurse and student.
  - 10-207 Duties of medical advisors.
  - 10-212a Administrations of medications in schools
  - 10-212c Life threatening food allergies; Guidelines; district plans, as amended by P.A. 12-198)
  - 10-212a(d) Administration of medications in schools by a paraprofessional.
  - 10-220i Transportation of students carrying cartridge injectors
  - 19a-900 Use of cartridge injectors by staff members of before or after school programs, day camp or day care facility.
  - 52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection

## Students

### Students with Special Health Care Needs

#### Accommodating Students with Special Dietary Needs (Food Allergy Management) (continued)

Legal Reference: Connecticut General Statutes (continued)  
The Regulations of Connecticut State Agencies section 10-212a through 10-212a-7, Administration of Medication by School Personnel.  
Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools, Connecticut State Department of Education (2006)  
Federal Legislation  
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)  
Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. §12101 et seq.; 29C.F.R. §1630 et seq.)  
The Family Education Rights and Privacy Act of 1974 (FERPA)  
*Land v. Baptist Medical Center*, 164F3d423 (8<sup>th</sup> Cir. 1999)  
The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C. § 1400 et seq.); 34 C.F.R. § 300 et seq.  
FCS Instruction 783-2, Revision 2, Meal substitution for medical or other special dietary reasons.  
P.A. 09-155 An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto-Injectors While at School.

#### Policy adopted:

cps 1/99  
rev. 3/06  
rev. 1/07  
rev. 7/09  
rev 8/09  
rev 5/12



*A version of this policy developed by Shipman and Goodwin update to reflect new legislation.*

## **Students**

### **Students with Special Health Care Needs**

#### **Food Allergy Management Plan and Guidelines**

The \_\_\_\_\_ Public Schools recognize that food allergies may be life threatening. For this reason, the District is committed to developing strategies and practices to minimize the risk of accidental exposure to life threatening food allergens and glycogen storage disease and to ensure prompt and effective medical response should a child suffer an allergic reaction while at school. The district further recognizes the importance of collaborating with parents and appropriate medical staff in developing such practices and encourages strategies to enable the student to become increasingly proactive in the care and management of his/her food allergy, or glycogen storage disease as developmentally appropriate. To this end, the \_\_\_\_\_ Public Schools adopt the following guidelines related to the management of life threatening food allergies for students enrolled in district schools.

#### **I. Identifying Students with Life-Threatening Food Allergies**

Early identification of students with life-threatening food allergies is important. The district therefore encourages parents/guardians of children with a life-threatening food allergy to notify the school of the allergy, providing as much information about the extent and nature of the food allergy as is known, as well as any known effective treatment for the allergy.

#### **II. Individualized Health Care Plans and Emergency Care Plans**

1. If the District determines that a child has a life-threatening food allergy, the district shall develop an individualized health care plan (IHCP) for the child. Each IHCP should contain information relevant to the child's participation in school activities, and should attempt to strike a balance between individual, school and community needs, while fostering normal development of the child.
2. The IHCP should be developed by a group of individuals, which shall include the parents, and appropriate school personnel. Such personnel may include, but are not limited to, the school nurse, school or food service administrator(s); classroom teacher(s); and the student, if appropriate. The school may also consult with the school's medical advisor, as needed.

## Students

### Students with Special Health Care Needs

#### Food Allergy Management Plan and Guidelines

#### II. Individualized Health Care Plans and Emergency Care Plans (continued)

3. IHCPs are developed for students with special health needs or whose health needs require daily interventions. The IHCP describes how to meet the child's health and safety needs within the school environment and should address the student's needs across school settings. Information to be contained in an IHCP should include a description of the functional health issues (diagnoses); student objectives for promoting self care and age appropriate independence; and the responsibilities of parents, school nurse and other school personnel. The IHCP may also include strategies to minimize the student's risk for exposure, such as considerations regarding:
  - a. classroom environment, including allergy free considerations;
  - b. cafeteria safety;
  - c. participation in school nutrition programs;
  - d. snacks, birthdays and other celebrations;
  - e. alternatives to food rewards or incentives;
  - f. hand-washing;
  - g. location of emergency medication;
  - h. risk management during lunch and recess times;
  - i. special events;
  - j. field trips;
  - k. extracurricular activities;
  - l. school transportation;
  - m. staff notification; and
  - n. transitions to new classrooms, grades and/or buildings.
4. The IHCP should be reviewed annually, or whenever there is a change in the student's emergency care plan, changes in self-monitoring and self-care abilities of the student, or following an emergency event requiring the administration of medication or the implementation of other emergency protocols.
5. In addition to the IHCP, the district shall also develop an Emergency Care Plan (ECP) for each child identified as having a life threatening food allergy. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. The ECP should include the following information:

## Students

### Students with Special Health Care Needs

#### Food Allergy Management Plan and Guidelines

#### II. Individualized Health Care Plans and Emergency Care Plans (continued)

- a. The child's name and other identifying information, such as date of birth, grade and photo;
  - b. The child's specific allergy;
  - c. The child's signs and symptoms of an allergic reaction;
  - d. The medication, if any, or other treatment to be administered in the event of exposure;
  - e. The location and storage of the medication;
  - f. Who will administer the medication (including self-administration options, as appropriate);
  - g. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
  - h. Recommendations for what to do if the child continues to experience symptoms after the administration of medication; and
  - i. Emergency contact information for the parents/family and medical provider.
6. An individualized health care plan and glycogen storage disease action plan shall also be developed for any student with glycogen storage disease. Such plan shall include, but is not limited to, the provision of food or dietary supplements by the school nurse or by an employee approved by the school nurse to a student with glycogen storage disease. Such plan may not prohibit a parent/guardian or a person they so designate, for providing food or dietary supplements to the affected student on school grounds during the school day.
  7. In developing the ECP, the school nurse should obtain current health information from the parents/family and the student's health care provider, including the student's emergency plan and all medication orders. If needed, the school nurse or other appropriate school personnel, should obtain consent to consult directly with the child's health care providers to clarify medical needs, emergency medical protocol and medication orders.
  8. A student identified as having a life-threatening food allergy is entitled to an IHCP and an ECP, regardless of his/her status as a child with a disability, as that term is understood under 504, or the IDEA.
  9. The District shall ensure that the information contained in the IHCP and ECP is distributed to any school personnel responsible for implementing any provisions of the IHCP and/or ECP.

## **Students**

### **Students with Special Health Care Needs**

#### **Food Allergy Management Plan and Guidelines**

##### **II. Individualized Health Care Plans and Emergency Care Plans (continued)**

10. Whenever appropriate, a student with a life-threatening food allergy should be referred to a Section 504 Team for consideration if/when there is reason to believe that the student has a disability that substantially limits a major life activity, as defined by Section 504. Whenever appropriate, students with life-threatening food allergies should be referred to a PPT for consideration of eligibility for special education and related services if there is reason to suspect that the student has a qualifying disability and requires specialized instruction.
11. When making eligibility determinations under Section 504 and/or the IDEA, schools must consider the student's needs on an individualized, case-by-case basis.

##### **III. Training/Education**

1. The District shall provide appropriate education and training for school personnel regarding the management of students with life threatening food allergies and glycogen storage disease. Such training shall include, as appropriate for each school (and depending on the specific needs of the individual students at the school) training in the administration of medication with cartridge injectors (i.e., epi-pens) and/or preventative strategies to minimize a child's risk of exposure to life-threatening allergens. School personnel will be also be educated on how to recognize symptoms of allergic reactions, and what to do in the event of an emergency. Staff training and education will be coordinated by [insert name of appropriate administrator/school nurse]. Any such training regarding the administration of medication shall be done accordance with state law and Board policy.
2. Each school within the district shall also provide age-appropriate information to students about food allergies, how to recognize symptoms of an allergic reaction and the importance of adhering to the school's policies regarding food and/snacks.

##### **IV. Prevention**

Each school within the district will develop appropriate practices to minimize the risk of exposure to life threatening allergens. Practices which may be considered may include, but are not limited to:

1. Encouraging hand-washing;
2. Discouraging students from swapping food at lunch or other snack/meal times;
3. Encouraging the use of non-food items as incentives, rewards or in connection with celebrations.

## **Students**

### **Students with Special Health Care Needs**

#### **Food Allergy Management Plan and Guidelines (continued)**

##### **V. Communication**

1. As described above, the school nurse shall be responsible for coordinating the communication between parents, a student's individual health care provider and the school regarding a student's life threatening allergic condition. School staff responsible for implementing a student's IHCP will be notified of their responsibilities and provided with appropriate information as to how to minimize risk of exposure and how to respond in the event of an emergency.
2. Each school will ensure that there are appropriate communication systems available within each school (i.e. telephones, cell phones, walkie-talkies) and for off-site activities (i.e. field trips) to ensure that school personnel are able to effectively respond in case of emergency.
3. The District shall develop standard letters to be sent home to parents, whenever appropriate, to alert them to food restrictions within their child's classroom or school.
4. All district staff are expected to follow district policy and/or federal and state law regarding the confidentiality of student information, including medical information about the student.

##### **VI. Monitoring the District's Plan and Procedures**

The District should conduct periodic assessments of its Food Allergy Management Plan and Procedures. Such assessments should occur at least annually and after each emergency event involving the administration of medication to determine the effectiveness of the process, why the incident occurred, what worked and what did not work.

Legal Reference: Connecticut General Statutes  
10-15b Access of parent or guardian to student's records.  
10-154a Professional communications between teacher or nurse and student.  
10-207 Duties of medical advisors.  
10-212a Administrations of medications in schools  
10-212c Life threatening food allergies; Guidelines; district plans

## Students

### Students with Special Health Care Needs

#### Accommodating Students with Special Dietary Needs (Food Allergy Management) (continued)

Legal Reference: Connecticut General Statutes (continued)

10-212a(d) Administration of medications in schools by a paraprofessional.

10-212c Life threatening food allergies; Guidelines; district plans, as amended by P.A. 12-198)

10-220i Transportation of students carrying cartridge injectors

19a-900 Use of cartridge injectors by staff members of before or after school programs, day camp or day care facility.

52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection

The Regulations of Connecticut State Agencies section 10-212a through 10-212a-7, Administration of Medication by School Personnel.

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools, Connecticut State Department of Education (2006)

#### Federal Legislation

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)

Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. §12101 et seq.; 29C.F.R. §1630 et seq.

The Family Education Rights and Privacy Act of 1974 (FERPA)

*Land v. Baptist Medical Center*, 164F3d423 (8<sup>th</sup> Cir. 1999)

The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C. § 1400 et seq.); 34 C.F.R. § 300 et seq.

FCS Instruction 783-2, Revision 2, Meal substitution for medical or other special dietary reasons.

P.A. 09-155 An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto-Injectors While at School.

Policy adopted:

cps 8/09

rev 5/12

*Another version developed by Redding to consider, revised to reflect recent legislation.*

## **Students**

### **Students with Special Health Care Needs**

#### **Management of Food Allergies in Schools**

The Board of Education recognizes the existence of potentially life-threatening food allergies and glycogen storage disease among children. Effective management of food allergies and glycogen storage disease in the school setting includes implementing strategies for avoidance of offending foods by allergic children, emergency planning to ensure prompt identification and treatment of allergic reactions that may occur and the provision of food or dietary supplements to a student with glycogen storage disease. The Board supports the education of school personnel, students, and parents regarding food allergy management to maintain a safe school environment for allergic children.

Recognizing the need for identified students to avoid specific allergens, the elements of a plan may include, but are not limited to, the following provisions, as may be warranted by the needs of the individual \*identified allergic student:

- A. The provisions to provide parents, staff, and students with detailed information regarding the ingredients of the school lunch.
- B. The provision of an identified allergen-free table in the school cafeteria, which is thoroughly washed prior to the first lunch shift and in between lunch shifts.
- C. The provision for washing classroom desktops as necessary to remove identified allergens.
- D. The provisions for staff and students who have been in contact with an identified allergen to wash thoroughly before resuming contact with an allergic student.
- E. The provision to implement a transportation plan for the student.
- F. The provision on field trips, if an allergic student will eat lunch/snacks other than those brought from home, for the menu to be reviewed by the parent prior to the trip to determine whether the child may eat the food. If the parent is unable to make the determination or the menu is unavailable, the parent will send a safe food on the trip with the student. High school students may be able to make their own safe choices. Epinephrine shall accompany the allergic student on field trips and be readily available. A communication system for calling an EMS shall be available at all times on field trips.
- G. The provision for all classroom lessons in art, home economics, mathematics, and other subjects that use food for instructional purposes to not knowingly include offending foods when an allergic student is present.
- H. The provision for epinephrine to be available as required by the severity of the student's allergy.
- I. Education and training for school personnel on managing students with life threatening food allergies, including training in the administration of medication by cartridge injector in accordance with existing law.

## Students

### Students with Special Health Care Needs

#### Management of Food Allergies in Schools (continued)

A student with glycogen storage disease shall have a plan developed by the District which is based upon the guidelines promulgated by the State Department of Education, for the management of this disease during the school day.

\*An "identified allergic student" is one for whom the school nurse/team has a written plan for allergy management and a written emergency plan to be followed in the event an allergic student ingests or believes he/she has ingested an offending food. The school nurse will require documentation of the food allergy by the student's health provider as specified by State law and/or regulations.

(cf. 5141 - Student Health Services)  
(cf. 5141.21 - Administering Medication)  
(cf. 514123 - Students With Special Health Care Needs)  
(cf. 5141.3 - Health Assessments)  
(cf. 5145.4 - Nondiscrimination)

Legal Reference: Connecticut General Statutes  
10-15b Access of parent or guardian to student's records.  
10-154a Professional communications between teacher or nurse and student.  
10-207 Duties of medical advisors.  
10-212a Administrations of medications in schools  
10-212a(d) Administration of medications in schools by a paraprofessional  
10-212c Life threatening food allergies; Guidelines; district plans, as amended by P.A. 12-198)  
10-220i Transportation of students carrying cartridge injectors  
52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection  
PA 05-104 An Act Concerning Food Allergies and the Prevention of Life-Threatening Incidents in Schools  
PA 05-144 and 05-272 An Act Concerning the Emergency Use of Cartridge Injectors  
The Regulations of Connecticut State Agencies section 10-212a through 10-212a-7  
Federal Legislation  
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)



## Students

### Students with Special Health Care Needs

Legal Reference: Federal Legislation (continued)  
Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. §12101 et seq.;  
29C.F.R. §1630 et seq.  
The Family Education Rights and Privacy Act of 1974 (FERPA)  
The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C.  
§ 1400 et seq.); 34 C.F.R. § 300 et seq.  
FCS Instruction 783-2, Revision 2, Meal substitution for medical or other  
special dietary reasons.  
*Land v. Baptist Medical Center*, 164F3d423 (8<sup>th</sup> Cir. 1999)

Policy adopted:

REDDING PUBLIC SCHOOLS  
Redding, Connecticut

cps 4/08  
rev 5/12

*A concise version of this policy, revised to reflect new legislation.*

## **Students**

### **Students with Special Health Care Needs**

#### **Food Allergy**

The Board of Education recognizes the increasing prevalence of potentially life-threatening food allergies and glycogen storage disease among children. While the primary responsibility for managing food allergies and glycogen storage disease lies with the students/parents, the school district will assist them with their responsibilities in the school setting. Effective management of food allergies and glycogen storage disease in the school setting includes implementing strategies for avoidance of offending foods by allergic children emergency planning to ensure prompt identification and treatment of allergic reactions that may occur and the provision of food or dietary supplements to a student with glycogen storage disease. The Board supports the education of school personnel, students, and parents regarding food allergy management to maintain a safe school environment for allergic children.

A plan based upon the guidelines promulgated by the State Department of Education, shall be implemented for each student for the management of students with life-threatening food allergies and glycogen storage disease.

(cf. 5141 - Student Health Services)  
 (cf. 5141.21 - Administering Medication)  
 (cf. 5141.23 - Students with Special Health Care Needs)  
 (cf. 5141.3 - Health Assessments)  
 (cf. 5145.4 - Nondiscrimination)

Legal Reference: Connecticut General Statutes  
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 10-212c Life threatening food allergies; Guidelines; district plans, as amended by P.A. 12-198)  
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 PA 05-104 An Act Concerning Food Allergies and the Prevention of Life-Threatening Incidents in Schools  
 PA 05-144 and 05-272 An Act Concerning the Emergency Use of Cartridge Injectors

## Students

### Students with Special Health Care Needs

Legal Reference: (continued)

The Regulations of Connecticut State Agencies section 10-212a through 10-212a-7

#### Federal Legislation

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)

Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. §12101 et seq.; 29C.F.R. §1630 et seq.)

The Family Education Rights and Privacy Act of 1974 (FERPA)

The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C. § 1400 et seq.); 34 C.F.R. § 300 et seq.

FCS Instruction 783-2, Revision 2, Meal substitution for medical or other special dietary reasons.

Policy adopted:

cps 12/06

rev 5/12