

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.

Agenda

- I. Call to Order
- II. Approval of February 10, 2014 Minutes
- III. Policy
  - Policy #5519 Students – Wellness
  - Policy #5515 Students – Protocol for Emergency Medications, Epinephrine
  - Policy #5516 Students – Management of Food Allergies in Schools
- 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: **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.

BOARD OF EDUCATION  
FAIRFIELD PUBLIC SCHOOLS  
FAIRFIELD, CT

**Policy Committee Meeting**

Monday, February 10, 2014  
Education Center  
501 Kings Highway East  
Superintendent's Conference Room  
3:30 p.m.

Minutes

- I. Call to Order – The meeting was called to order at 3:52 by Jennifer Kennelly, Chairperson. Committee members also present were Donna Karnal and John Convertito. Karen Parks was in attendance representing the administration and Tom Flynn, Jessica Curran, and Kevin Kiley were also present as members of the public.
- II. Approval of Minutes of December 2, 2013, and January 6, 2014 meetings – December 2 minutes approved 3:0:0 and January 6 minutes approved as amended 3:0:0.
- III. Policy
  - Policy #5519 Students – Wellness – Several changes suggested by committee members as reflected on document. Concerns expressed about whether a 20 minute lunch period was long enough for students, whether elementary students should have recess before or after lunch, and whether kindergarten students should have more than one recess during the day. The policy was tabled until the next meeting when elementary principals and teachers could attend to give feedback on suggested changes.
  - Policy #5515 Students – Protocol for Emergency Medications, Epinephrine – tabled to next meeting.
  - Policy #5516 Students – Management of Food Allergies in Schools
- IV. Open Discussion/Public Comment – Jessica Curran and Tom Flynn both requested that the Policy Committee consider updating Policy #5516 on Management of Food Allergies in Schools as soon as possible. They are concerned that we have many students in our schools with life threatening food allergies and that our policy does not reflect to most recent information on how they should be handled. It was also suggested that when the policy is updated that a committee be created to develop the regulations associated with the policy to spell out the administrative details. Jessica indicated that she has a wealth of resources to help the committee learn about the management of food allergies and Karen agreed to send those to the committee members upon receiving them from Jessica.
- V. Adjournment – Meeting adjourned at 5:25.

Students

## WELLNESS

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### PHILOSOPHY

The Fairfield Board of Education believes that all students who begin each day as healthy individuals have the potential to become better learners. The Board also believes that staff should model appropriate wellness behaviors for students. This policy encourages a comprehensive approach to staff and student wellness that is sensitive to individual and community needs.

### NUTRITION EDUCATION

Nutrition education shall be offered as part of a planned, ongoing, systematic, sequential, standards-based, comprehensive school health education program designed to provide students with the knowledge and skills necessary to promote and protect their health. Nutrition education shall use national or state-developed standards, such as the Connecticut State Department of Education's Healthy and Balanced Living Curriculum Framework. The District shall develop and implement a comprehensive, developmentally appropriate, curriculum approach to nutrition in all grades. Students shall be able to demonstrate competency through application of knowledge, skill development and practice. Nutrition education will be taught as part of the Health Education Program and will include the following:

- pParticipation in the Health/Nutrition Education Program shall be required for all students in grades preK-5. The district will strive to meet the Connecticut State Department of Education recommendation that Pre-K thru grade 4 receive 50 hours a year of Comprehensive Health Education and grade 5 – 12 receives 80 hours;
- hHealth/Nutrition Education is required each year for all students in grades 6-8;
- hHigh school students shall be required to take and pass Health Education each year for a total of 5 marking periods for graduation;
- sSchool officials shall disseminate information to parents, students and staff members about community programs that offer nutrition assistance to families;
- sSchool instructional staff members are encouraged to collaborate with agencies and groups (such as: local businesses, libraries, local health departments, local colleges and their students and local health care providers) conducting nutrition education in the community to send consistent messages to students and their families;
- tThe District shall ~~include~~ require appropriate training for teachers and other staff members;
- instructional staff are encouraged to integrate nutritional themes into daily lessons when appropriate, to reinforce and support health messages. Nutrition education is encouraged to be included in other classroom content areas such as math, science, physical education, language arts, social sciences, family and consumer sciences and elective subjects;

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### WELLNESS

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#### NUTRITION EDUCATION (continued)

- ~~h~~Healthy living skills is recommended to be taught as part of the regular instructional program and provides the opportunity for all students to understand and practice concepts and skills related to health promotion and disease prevention~~;~~
- ~~t~~The ~~school~~-District shall assess nutrition education lessons and materials for accuracy, completeness, balance and consistency with the state's/district's educational goals and curriculum standards.

#### SCHOOL MEALS/OTHER SCHOOL FOOD AND BEVERAGES

The Board supports nutrition programs and nutrition education as an integral part of a high-quality education. (Policy #3712)

The Board shall operate and maintain a school ~~lunch-meal~~ program, which shall function in accordance with ~~S~~state and ~~F~~federal program requirements. The program, insofar as possible, shall be self-supporting. The Manager of Food and Nutrition Services shall be responsible for the immediate operation and supervision of the school ~~lunch-meal~~ program and shall report to the Director of Operations. (Policy #3710)

The Board of Education supports nutrition programs and nutrition education as an integral part of a high-quality education. The Board believes that all students who begin each day as healthy individuals have the potential to become better learners. To achieve this belief:

- ~~t~~The Board of Education will strive to establish a breakfast program at schools, as appropriate, and operate and maintain a school ~~lunch-meal~~ program which shall function in accordance with ~~S~~state and ~~F~~federal program requirements~~;~~
- ~~f~~Foods beyond the school meals (a la carte) that are offered for sale to students in the cafeteria shall comply with ~~F~~federal guidelines, and ~~S~~state statutes, and district policy~~;~~
- ~~It is recommended that~~-when possible, foods offered for sale to students in the cafeteria are ~~lower~~ in fat, sugar, sodium, calories and trans fat free~~;~~
- ~~t~~The preferred methods for on-site food preparation are baked, boiled and steamed~~;~~  
~~Foods are never fried.~~
- ~~e~~Efforts to increase participation in school meal programs may include the use of
  - ⊖ ~~-~~ the District website,
  - ⊖ ~~-~~ posting menus,
  - ⊖ ~~-~~ newsletters/flyers,
  - ⊖ ~~-~~ printed menus sent home,
  - ⊖ ~~-~~ language translations,
  - ⊖ ~~-~~ multiple meal selections.

**Students**

**WELLNESS**

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**SCHOOL MEALS/OTHER SCHOOL FOOD AND BEVERAGES** (continued)

- ~~-~~ theme menus;
  - ~~-~~ specialty food bars;
  - ~~-~~ seasonal fresh fruits and vegetables;
  - ~~-~~ increase use of more whole grain and low fat products;
  - ~~-~~ vegetarian items;
- 
- ~~Students~~ ~~the~~ ~~District~~ shall ~~have~~ ~~offer~~ a minimum of a twenty minute lunch period scheduled between 10am and 2pm;
  - ~~It is recommended that~~ students should wash or sanitize their hands before snack, lunch and after using the restroom;
  - aAll staff and volunteers will not use food as a form of reward or punishment, except as part of a planned scientifically based intervention, e.g. ABA (Applied Behavioral Analysis) with administrative and parental approval;
  - ~~It is recommended that~~ the Manager of Food and Nutrition Services have a Bachelor Degree in Nutrition, Food Management, Institutional Food Service Administration, and Professional certifications such as those from the American Dietetic Association and School Nutrition Association are recommended;
  - ~~It is required that~~ cafeteria managers or their designee hold certification in sanitation;
  - ~~t~~The District shall provide the opportunity for foodservice staff to engage in professional development;
  - ~~t~~The District shall provide a clean, pleasant meal environment to ensure an enjoyable dining experience;
  - ~~t~~The District shall provide access to detailed information regarding the nutritional information of school meals and a la carte food;
  - ~~t~~The District will ~~strive to~~ limit the use of questionable ingredients (e.g. trans fats, and artificial sweeteners) based on scientific evidence;
  - nNon cafeteria/competitive foods and beverages accessible to students throughout the school day including school stores will be sold in compliance with Federal guidelines, State statutes and District policy;
  - ~~t~~The District will permit vending machines in the middle and high schools in accordance with Connecticut General Statutes;

Students

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**SCHOOL MEALS/OTHER SCHOOL FOOD AND BEVERAGES** (continued)

- ~~a~~All beverages offered for sale during the school day will comply with the nutrition and portion requirements as set forth in Connecticut General Statutes 10-221q; including portion sizes, sugar/calorie content, fat content, and caffeine content. ~~S~~soda and ~~s~~port drinks are not available for sale during the school day;:-
- ~~The Board of Education will allow the sale of beverages not listed in Section 10-221q and will meet the restrictions outlined.~~
- ~~Students are encouraged to access free drinking water provided from fountains located in all schools.~~
- ~~t~~The District will offer ~~½%, 1% and non fat~~ milk selections for sale in the cafeterias according to ~~S~~state and federal guidelines regulations;:-
- ~~t~~The District will ~~strive to~~ provide school groups with a list of suggestions for food/non-food fundraising and class parties, school celebrations and food from home for the whole class;:-
- ~~It is recommended that snack~~ foods available for purchase from the District before, during and after school shall follow but not be limited to the Connecticut Healthy Snack List gGuidelines.

**HEALTH EDUCATION AND LIFE SKILLS**

Healthy living skills shall be taught as part of the regular instructional program and provides the opportunity for all students to understand and practice concepts and skills related to health promotion and disease prevention. Participation in the Health Education Program shall be required for all students in grades PK-12 according to the curriculum as established by the Board of Education.

**PHYSICAL EDUCATION AND PHYSICAL ACTIVITY**

A certified physical education specialist will teach physical education. Physical education shall be an essential element of each school's instructional program. The sequential program shall provide cognitive content and learning experiences in basic movement skills, physical fitness, games and sports skills. The physical education program shall foster physical, mental, emotional and social development in addition to promoting activities and sports that all students can enjoy and participate in for a lifetime of healthy physical activity. Students will be provided a variety of opportunities for enjoyment, challenge, self-expression, social interaction and learning how to work cooperatively in a group setting that will lead to a physically active lifestyle. The curriculum's alignment will be maintained with state and national standards and include performance assessments for each content area. Physical educators are encouraged to promote student participation in moderate to vigorous physical activity during physical education class time. The physical education program shall be designed to encourage healthy active lifestyles.

## Students

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#### PHYSICAL EDUCATION AND PHYSICAL ACTIVITY (continued)

- Physical Education shall be required of all students in grades PreK-12. Currently, preschool students receive one class each week of 20 minutes, elementary students (~~K-5~~) receive two classes each week of 30 minutes, middle school students receive two classes each week of 40 minutes and high school students receive two classes each week of 45 minutes during a marking period.
- ~~• The Board of Education encourages the district to strive to provide physical education instructional periods for a period of time up to 150 minutes per week for elementary schools and up to 225 minutes per week for middle and high schools as recommended by the National Association of Sport and Physical Education.~~
- ~~• Each school is encouraged to develop reasonable class size, provide a safe facility for students to participate in physical education and make available to all students safe and sufficient equipment to access the curriculum.~~
- ~~• The district shall provide the opportunity for physical education teachers to engage in professional development.~~
- The district will continue to implement the 3<sup>rd</sup> ~~Generation~~ Connecticut Physical Fitness Assessment to all 4<sup>th</sup>, 6<sup>th</sup>, 8<sup>th</sup> and 10<sup>th</sup> grade students.

#### PHYSICAL ACTIVITY

~~Recess should not be viewed as a reward but as a necessary educational support component for all children. Students should not be denied recess as a means of punishment or to be used as a measure to enforce completion of academic work. Physical activity exercise is a necessary education support component for all students. No elementary student shall be denied involvement in the required period of physical exercise during the regular school day as a form of discipline. No student in grades kindergarten through grade 12 shall be required to engage in physical activity exercise as a form of discipline. Appropriate alternative strategies should be developed as consequences for negative or undesirable behaviors.~~

- ~~• All school employees All teachers, including those that teach physical education, shall not prohibit participation in recess as a form of punishment unless the safety of the student and/or others is at risk.~~
- Elementary schools are encouraged to develop schedules that provide time ~~to the extent possible~~, within every school day for students to enjoy supervised recess preferably outdoors.
- Students shall be encouraged to be physically active during recess to supplement the daily recommended activity time for children.

## Students

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#### PHYSICAL ACTIVITY (continued)

- It is recommended that elementary schools schedule recess before lunch.
- All staff, including certified and non-certified, including teachers and coaches, shall not order the performance of physical activity as a form of discipline or punishment.
- The classroom teachers shall not prohibit participation in physical education class as a form of punishment or as a measure to enforce the completion of academic work.
- Staff members are encouraged to integrate physical activity as part of the learning process.
- Middle and high schools are encouraged to provide intramural opportunities for all students and encourage their participation. The high schools shall maintain opportunities for students through their interscholastic athletic program.
- When appropriate, the District shall work together with local public works and the police department to make it safer and easier for students to walk and bike to school.
- The District will maintain its relationship with the recreation department and other groups to continue to make available opportunities to students and the community for physical activity outside of the regular school day.
- The Board of Education values the health and well being of staff members and supports their efforts to maintain healthy lifestyles. Staff members are encouraged to serve as role models for a healthy lifestyle.

#### COMMUNICATION AND PROMOTION

A District-wide Wellness Coalition shall be established with the purposes of monitoring the implementation of the District's policy, evaluating policy progress, serving as a resource to school sites, developing and revising the policy as necessary and sharing positive strides being made to endorse a high level of wellness within buildings. The Coalition will meet regularly throughout the school year. Coalition membership shall consist of, but not limited to:

- District Food Service Coordinator,
- Parent representatives,
- Student representatives,
- Staff member representatives,
- Administrative Representative,
- School Nurse,
- Health Education Coordinator/Teacher,
- Physical Education Coordinator/Teacher.



## Students

### WELLNESS

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#### COMMUNICATION AND PROMOTION (continued)

It is recommended that this team use the Centers for Disease Control and Prevention's Coordinated School Health Program model to work as a cohesive group when evaluating the District Wellness Policy.

- It is recommended that students receive positive, motivating messages, both verbal and nonverbal, about healthy eating and physical activity throughout the school environment. All school personnel are encouraged to help reinforce these positive messages.
- The District is encouraged to develop long-term effective partnerships in order to communicate and receive feedback on the planning and implementation of health promotion projects and events throughout the school district and community.
- In order to promote family and community involvement in supporting and reinforcing nutrition education in the schools, it is recommended that the building Principal provides:

- ~~1. - N~~utrition education materials and cafeteria menus are sent home with students;
- ~~2. - R~~equests to parents to send healthy snacks/meals to school;
- ~~3. - F~~amilies with invitations to attend exhibitions of student nutrition projects or health fairs;
- ~~4. - N~~utrition education workshops and offers screening services.

- Schools are encouraged to promote healthy food choices and ~~encouraged to~~ not allow advertising that promotes less nutritious food and beverage choices. The promotion of nutrient-dense foods, including fruits, vegetables, whole grains and low-fat dairy products, shall be encouraged.

The following procedure is recommended in order to evaluate the effectiveness of the Wellness Policy:

- ~~T~~he District-wide Wellness Coalition shall monitor the implementation of the Wellness Policy; evaluate progress in implementing policy; serve as a resource to school sites; and recommend revisions of the policy through the Superintendent or ~~her~~ designee;
- ~~• It is encouraged that the policy shall be annually reviewed the Wellness Policy to determine if it is meeting current needs and promoting healthy eating and physical activity;~~
- ~~T~~he ~~D~~istrict will strive to support the district-wide wellness policy through local education budget, public and private grants and local community contributions.

**Students**

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Legal Reference: Connecticut General Statutes

10-215 Lunches, breakfasts and the feeding programs for public school children and employees.

10-215a Non-public school participation in feeding program.

10-215b Duties of state board of education re: feeding programs.

10-216 Payment of expenses.

10-215b-1 State board of education regulation.

10-221o Lunch periods. Recess (as amended by P.A. 12-116, An Act Concerning Educational Reform, and P.A. 13-173, An Act Concerning Childhood Obesity and Physical Exercise in Schools)

Approved on 6/27/2006  
Revised and Approved 08/04/2009

## Students

## Welfare

# PROTOCOL FOR EMERGENCY MEDICATIONS

5515

## EPINEPHRINE

### Anaphylactic Reaction

Anaphylactic Reaction may occur following:

- the administration of medication;
- ingestion of, inhalation of, or contact with food or other substance;
- insect bite, or sting;
- exercise.

When an anaphylactic reaction is considered likely, epinephrine should be administered immediately.

Epinephrine will be maintained in each school to be administered for treatment of anaphylaxis by the following school personnel: the nurse, or, in the absence of the nurse, a qualified principal, teacher, occupational therapist or physical therapist. The nurse will review the use of epinephrine at least semiannually in the fall and spring with qualified principals, teachers, occupational therapists and physical therapists. Medicinal preparations administered by injection shall be consistent with provisions of the Needlestick Safety Act and pertinent OSHA regulations.

Common Symptoms of Anaphylaxis: Administer epinephrine immediately if symptoms pertaining to any system marked with an asterisk (\*) occur or if skin symptoms are combined with neurological symptoms.

System	Symptom
* Mouth	Itching and swelling of the lips, tongue, and/or mouth
*Throat	Itching, swelling, or sense of tightness in the throat; hoarseness, repetitive throat clearing, difficulty swallowing
Skin	Itchy rash, hives, and/or swelling about face and extremities
* Gastrointestinal	Nausea, vomiting, abdominal cramps, and/or diarrhea
* Respiratory	Shortness of breath; repetitive cough; wheeze; chest tightness; cyanosis; repetitive sneezing
* Cardiovascular	Increased heart rate, “thready” pulse, low blood pressure, dizziness or faintness
Neurological	Feeling of impending doom; apprehension; weakness

**Students**

**Welfare**

**PROTOCOL FOR EMERGENCY MEDICATIONS**

**5515**

**EPINEPHRINE (continued)**

Epinephrine Dosage

Dosage: Children in third grade and older and adults: 0.3 mg. (supplied as Epipen auto-injector).

Children two (2) years to second grade: 0.15 mg. (supplied as Epipen, Jr. auto-injector).

Children under two (2) years: 0.05 to 0.1 mg. (0.01 mg. per Kg of body weight). (Supplied as ampoules of epinephrine 1:1000) Refer to dosage chart below:

<u>Child's Weight</u>		<u>Dose</u>	<u>Amount (ml) To Draw Up</u>
<u>Kgs</u>	<u>lbs.</u>	<u>0.01 mg / kg</u>	<u>Using Tuberculin Syringe</u>
5.5 Kg	12 lbs.		
& under	& under	0.05mg	0.05 ml
5.9 Kg	13 lbs.	0.06 mg	0.06 ml
6.4 Kg	14 lbs.	0.06 mg	0.06 ml
6.8 Kg	15 lbs.	0.07 mg	0.07 ml
7.3 Kg	16 lbs.	0.07 mg	0.07 ml
7.7 Kg	17 lbs.	0.08 mg	0.08 ml
8.2 Kg	18 lbs.	0.08 mg	0.08 ml
8.6 Kg	19 lbs.	0.09 mg	0.09 ml
9.1 Kg	20 lbs.	0.09 mg	0.09 ml
9.5 Kg	21 lbs.	0.1 mg	0.1 ml

Epinephrine dosage may be repeated in 10 minutes if no improvement or if further deterioration has occurred.

Route of Administration: Intramuscular or Subcutaneous (IM or SC)

Preferred Site: Anterolateral thigh. If anterolateral thigh cannot be used, use deltoid. Avoid use of buttocks.

## Students

## Welfare

### PROTOCOL FOR EMERGENCY MEDICATIONS

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#### EPINEPHRINE (continued)

Contraindications to use of epinephrine: There are no absolute contraindications to the use of epinephrine in a life-threatening situation. Hyperthyroid individuals, individuals with cardiovascular disease, hypertension, or diabetes, elderly individuals, pregnant women, and children under 30 kg (66 lbs.) may be theoretically at greater risk of developing adverse reactions after epinephrine administration. Despite these concerns, epinephrine is essential for the treatment of anaphylaxis.

After administration of epinephrine, call an ambulance and notify the parent or guardian. Anaphylactic reactions can subside then reoccur up to several hours later after epinephrine is given. Victim must receive medical attention even if initial symptoms subside. When calling the ambulance, state that anaphylaxis is suspected and request ALS personnel.

The nurse or person qualified to administer epinephrine should accompany the victim in the ambulance unless ambulance personnel are qualified to administer epinephrine.

If the victim has an apparent allergic reaction which does not indicate the need for epinephrine, (i.e., a reaction involving only the skin, or involving only a feeling of apprehension, impending doom, or weakness) observe, contact the parent or guardian, and refer to private physician for follow-up care.

For a student with a known allergy to food or insect bites/stings, refer to medical orders from student's private physician and student's Individualized Health Care Plan. If orders from private physician are not available, proceed as follows:

- I. If a child with an allergy to a food thinks he ate the food or knowingly ate the food,
  - observe child for at least two (2) hours for any signs of a reaction;
  - notify the parent or guardian and urge the parent or guardian to contact the child's physician; and
  - if any symptoms occur indicating need for epinephrine:
    - a) administer epinephrine;
    - b) transport to hospital via ambulance for further management;
    - c) contact the parent or guardian;
    - d) observe vital signs;
    - e) position to prevent shock; and
    - f) CPR will be performed as indicated.

## Students

## Welfare

### PROTOCOL FOR EMERGENCY MEDICATIONS

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#### EPINEPHRINE (continued)

- II. If a child with a known insect sting allergy (either being treated with immunotherapy or not being treated) is stung,
  - treat the site of the sting (see *Bites-Insect Stings* in the Fairfield School Health Manual);
  - notify the parent or guardian and urge the parent or guardian to contact the child's physician;
  - observe patient for one (1) hour for signs of anaphylaxis; and
  - if any symptoms occur indicating need for epinephrine:
    - a) administer epinephrine;
    - b) transport to hospital via ambulance for further treatment;
    - c) contact the parent or guardian;
    - d) observe vital signs;
    - e) position to prevent shock; and
    - f) CPR will be performed as indicated.

#### Severe Asthma

For severe asthma that is not relieved by positioning, pursed lip breathing, relaxation, prescribed medication, or by emergency interventions specified in the student's Individualized Health Care Plan (e.g., nebulizer treatment), observe the following protocol:

- Call an ambulance and notify the parent or guardian;
- If student exhibits signs of severe respiratory distress, the nurse shall administer epinephrine.

Indicators of severe respiratory distress include:

- Victim is unable to speak in complete sentences without taking a breath
  - Lips, nails, mucous membranes are gray or blue
  - Severe retractions and/or nasal flaring
  - Absent or minimal breath sounds
  - Reduction in wheezing not accompanied by improvement in general condition
  - Deterioration in energy and level of consciousness
  - Severe restlessness
  - Tachypnea-respiration greater than 30/minute
  - Tachycardia-pulse greater than 120/minute
- Administer CPR if indicated.

**Students**

**Welfare**

**PROTOCOL FOR EMERGENCY MEDICATIONS**

**5515**

**EPINEPHRINE (continued)**

**Severe Asthma (continued)**

Epinephrine Dosage

Dosage: Children in third grade and older and adults: 0.3 mg. (supplied as Epipen auto-injector).

Children two (2) years to second grade: 0.15 mg. (supplied as Epipen, Jr., auto-injector).

Children under two (2) years: 0.05 to 0.1 mg. (0.01 mg. per Kg of body weight). (Supplied as ampoules of epinephrine 1:1000.) Refer to dosage chart below:

<u>Child's Weight</u>		<u>Dose</u>	<u>Amount (ml) To Draw Up</u>
<u>Kgs.</u>	<u>lbs.</u>	<u>0.01 mg/kg</u>	<u>Using Tuberculin Syringe</u>
5.5 Kg	12 lbs.		
& under	& under	0.05 mg	0.05 ml
5.9 Kg	13 lbs.	0.06 mg	0.06 ml
6.4 Kg	14 lbs.	0.06 mg	0.06 ml
6.8 Kg	15 lbs.	0.07 mg	0.07 ml
7.3 Kg	16 lbs.	0.07 mg	0.07 ml
7.7 Kg	17 lbs.	0.08 mg	0.08 ml
8.2 Kg	18 lbs.	0.08 mg	0.08 ml
8.6 Kg	19 lbs.	0.09 mg	0.09 ml
9.1 Kg	20 lbs.	0.09 mg	0.09 ml
9.5 Kg	21 lbs.	0.1 mg	0.1 ml

Epinephrine dosage may be repeated in 10 minutes if no improvement or if further deterioration has occurred.

Route of Administration: IM or SC

Preferred Site: Anterolateral thigh. If anterolateral thigh cannot be used, use deltoid. Avoid use of buttocks.

## **Students**

## **Welfare**

### **PROTOCOL FOR EMERGENCY MEDICATIONS**

**5515**

#### **EPINEPHRINE (continued)**

##### **Severe Asthma (continued)**

Contraindications to use of epinephrine: There are no absolute contraindications to the use of epinephrine in a life-threatening situation. Hyperthyroid individuals, individuals with cardiovascular disease, hypertension, or diabetes, elderly individuals, pregnant women, and children under 30 kg (66 lbs.) may be theoretically at greater risk of developing adverse reactions after epinephrine administration.

#### **INSTANT GLUCOSE**

##### **Diabetic Hypoglycemic Reaction or Insulin Shock**

1. Assess the victim for signs of hypoglycemic reaction or insulin shock. Symptoms may include dizziness, nervousness or trembling, incoherent speech, confusion, weakness, moist, pale skin, drowsiness, headache, intense hunger, blurred vision, poor coordination, abdominal pain, or nausea. If no specific order for blood testing, and it is uncertain whether student is having a hypoglycemic reaction, TREAT.

If the reaction is severe (unconsciousness or convulsions), call an ambulance. If able to react and swallow, give sugar, instant glucose, or other fast-acting carbohydrate per Individualized Health Care Plan (e.g., juice or regular soda pop) for the student as long as the student is conscious. The student may need coaxing to eat. If non-responsive, do not administer anything by mouth and administer first aid for victim in an unconscious state.

If fast-acting carbohydrate is needed and the victim does not have his or her own supply, administer Insta-Glucose Glucose Gel. Dosage for Insta-Glucose Glucose Gel: Entire contents of tube by mouth (delivers 24 grams of carbohydrate). Repeat every 10 minutes if needed.

Give complex carbohydrate food (e.g., 4 peanut butter crackers or ½ meat sandwich) per Individualized Health Care Plan when blood sugar stabilized / symptoms dissipated or when blood sugar/symptoms continue deviant after 45 minutes of treatment with fast-acting carbohydrate.

2. Call an ambulance unless prompt recovery.
3. Notify the parent or guardian.

Approved 8/27/04

Revised and Approved 1/22/08



## Students

## Welfare

### PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS 5515

#### EPINEPHRINE BY SCHOOL PERSONNEL

#### Anaphylactic Reaction

Anaphylactic Reaction may occur following:

- the administration of medication;
- ingestion of, inhalation of, or contact with food or other substance;
- insect bite, or sting; or
- exercise.

When an anaphylactic reaction is considered likely, epinephrine should be administered immediately.

Epinephrine will be maintained in each school to be administered for treatment of anaphylaxis by the following school personnel: ~~the nurse, or, in the absence of the nurse,~~ a qualified principal, teacher, occupational therapist or physical therapist. The nurse will review the use of epinephrine at least semiannually in the fall and spring with qualified principals, teachers, occupational therapists and physical therapists. Medicinal preparations administered by injection shall be consistent with provisions of the Needlestick Safety Act and pertinent OSHA regulations.

Common Symptoms of Anaphylaxis: Administer epinephrine immediately if symptoms pertaining to any system marked with an asterisk (\*) occur or if skin symptoms are combined with neurological symptoms.

<u>System</u>	<u>Symptom</u>
* Mouth	Itching and swelling of the lips, tongue, and/or mouth
*Throat	Itching, swelling, or sense of tightness in the throat; hoarseness, repetitive throat clearing, difficulty swallowing
Skin	Itchy rash, hives, and/or swelling about face and extremities
* Gastrointestinal	Nausea, vomiting, abdominal cramps, and/or diarrhea
* Respiratory	Shortness of breath; repetitive cough; wheeze; chest tightness; cyanosis; repetitive sneezing
* Cardiovascular	Increased heart rate, “thready” pulse, low blood pressure, dizziness or faintness
Neurological	Feeling of impending doom; apprehension; weakness

**Students**

**Welfare**

**PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS 5515**

**EPINEPHRINE BY SCHOOL PERSONNEL (continued)**

Epinephrine Dosage

Dosage: Children in third grade and older and adults: 0.3 mg. (supplied as EpiPen auto-injector).

~~Children in second grade and younger: 0.15 mg. Children two (2) years to **second grade: 0.15 mg.** (supplied as EpiPen, Jr. auto-injector).~~

~~Children under two (2) years: 0.05 to 0.1 mg. (0.01 mg. per Kg of body weight). (Supplied as ampoules of epinephrine 1:1000) Refer to dosage chart below:~~

<del>Child's Weight</del>	<del>Dose</del>	<del>Amount (ml) To Draw Up</del>
<del>Kgs lbs.</del>	<del>0.01 mg / kg</del>	<del>Using Tuberculin Syringe</del>
<del>5.5 Kg 12 lbs.</del>		
<del>&amp; under &amp; under</del>	<del>0.05mg</del>	<del>0.05 ml</del>
<del>5.9 Kg 13 lbs.</del>	<del>0.06 mg</del>	<del>0.06 ml</del>
<del>6.4 Kg 14 lbs.</del>	<del>0.06 mg</del>	<del>0.06 ml</del>
<del>6.8 Kg 15 lbs.</del>	<del>0.07 mg</del>	<del>0.07 ml</del>
<del>7.3 Kg 16 lbs.</del>	<del>0.07 mg</del>	<del>0.07 ml</del>
<del>7.7 Kg 17 lbs.</del>	<del>0.08 mg</del>	<del>0.08 ml</del>
<del>8.2 Kg 18 lbs.</del>	<del>0.08 mg</del>	<del>0.08 ml</del>
<del>8.6 Kg 19 lbs.</del>	<del>0.09 mg</del>	<del>0.09 ml</del>
<del>9.1 Kg 20 lbs.</del>	<del>0.09 mg</del>	<del>0.09 ml</del>
<del>9.5 Kg 21 lbs.</del>	<del>0.1 mg</del>	<del>0.1 ml</del>

Epinephrine dosage may be repeated in (15-20) **10** minutes if no improvement or if further deterioration has occurred.

Route of Administration: Intramuscular or Subcutaneous (IM or SC)

Preferred Site: Anterolateral thigh. If anterolateral thigh cannot be used, use deltoid. Avoid use of buttocks.

**Students**

**Welfare**

**PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS 5515**

**EPINEPHRINE BY SCHOOL PERSONNEL (continued)**

Contraindications to use of epinephrine: There are no absolute contraindications to the use of epinephrine in a life-threatening situation. Hyperthyroid individuals, individuals with cardiovascular disease, hypertension, or diabetes, elderly individuals, pregnant women, and children under 30 kg (66 lbs.) may be theoretically at greater risk of developing adverse reactions after epinephrine administration. Despite these concerns, epinephrine is essential for the treatment of anaphylaxis.

After administration of epinephrine, call an ambulance and notify the parent or guardian. Anaphylactic reactions can subside then reoccur up to several hours later after epinephrine is given. Victim must receive medical attention even if initial symptoms subside. When calling the ambulance, state that anaphylaxis is suspected and request ALS personnel.

The nurse or person qualified to administer epinephrine should accompany the victim in the ambulance unless ambulance personnel are qualified to administer epinephrine.

If the victim has an apparent allergic reaction which does not indicate the need for epinephrine, (i.e., a reaction involving only the skin, or involving only a feeling of apprehension, impending doom, or weakness) observe, contact the parent or guardian, and refer to private physician for follow-up care.

For a student with a known allergy to food or insect bites/stings, refer to medical orders from student's private physician and student's Individualized Health Care Plan. If orders from private physician are not available, proceed as follows:

- I. If a child with an allergy to a food thinks he ate the food or knowingly ate the food,
  - observe child for at least two (2) hours for any signs of a reaction;
  - notify the parent or guardian and urge the parent or guardian to contact the child's physician; and
  - if any symptoms occur indicating need for epinephrine:
    - a) administer epinephrine;
    - b) transport to hospital via ambulance for further management;
    - c) contact the parent or guardian;
    - d) observe vital signs;
    - e) position to prevent shock; and
    - f) CPR will be performed as indicated.

**Students**

**Welfare**

**PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS 5515**

**EPINEPHRINE BY SCHOOL PERSONNEL (continued)**

- II. If a child with a known insect sting allergy (~~either being treated with immunotherapy or not being treated~~) is stung,
- treat the site of the sting (see *Bites-Insect Stings* in the Fairfield School Health Manual);
  - notify the parent or guardian and urge the parent or guardian to contact the child's physician;
  - observe patient for one (1) hour for signs of anaphylaxis; and
  - if any symptoms occur indicating need for epinephrine:
    - a) administer epinephrine;
    - b) transport to hospital via ambulance for further treatment;
    - c) contact the parent or guardian;
    - d) observe vital signs;
    - e) position to prevent shock; and
    - f) CPR will be performed as indicated.

**Severe Asthma**

~~For severe asthma that is not relieved by positioning, pursed lip breathing, relaxation, prescribed medication, or by emergency interventions specified in the student's Individualized Health Care Plan (e.g., nebulizer treatment), observe the following protocol:~~

- ~~• Call an ambulance and notify the parent or guardian;~~
- ~~• If student exhibits signs of severe respiratory distress, the nurse shall administer epinephrine.~~

Indicators of severe respiratory distress include:

- ~~-Victim is unable to speak in complete sentences without taking a breath~~
- ~~-Lips, nails, mucous membranes are gray or blue~~
- ~~-Severe retractions and/or nasal flaring~~
- ~~-Absent or minimal breath sounds~~
- ~~-Reduction in wheezing not accompanied by improvement in general condition~~
- ~~-Deterioration in energy and level of consciousness~~
- ~~-Severe restlessness~~
- ~~-Tachypnea-respiration greater than 30/minute~~
- ~~-Tachycardia-pulse greater than 120/minute~~

- ~~• Administer CPR if indicated.~~

**Students**

**Welfare**

**PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS 5515**

**EPINEPHRINE BY SCHOOL PERSONNEL(continued)**

**Severe Asthma (continued)**

Epinephrine Dosage

~~Dosage: Children in third grade and older and adults: 0.3 mg. (supplied as Epipen auto-injector);~~

~~Children two (2) years to second grade: 0.15 mg. (supplied as Epipen, Jr., auto-injector);~~

~~Children under two (2) years: 0.05 to 0.1 mg. (0.01 mg. per Kg of body weight). (Supplied as ampoules of epinephrine 1:1000.) Refer to dosage chart below:~~

<u>Child's Weight</u>		<u>Dose</u>	<u>Amount (ml) To Draw Up</u>
<u>Kgs.</u>	<u>lbs.</u>	<u>0.01 mg/kg</u>	<u>Using Tuberculin Syringe</u>
5.5 Kg	12 lbs.		
& under	& under	0.05 mg	0.05 ml
5.9 Kg	13 lbs.	0.06 mg	0.06 ml
6.4 Kg	14 lbs.	0.06 mg	0.06 ml
6.8 Kg	15 lbs.	0.07 mg	0.07 ml
7.3 Kg	16 lbs.	0.07 mg	0.07 ml
7.7 Kg	17 lbs.	0.08 mg	0.08 ml
8.2 Kg	18 lbs.	0.08 mg	0.08 ml
8.6 Kg	19 lbs.	0.09 mg	0.09 ml
9.1 Kg	20 lbs.	0.09 mg	0.09 ml
9.5 Kg	21 lbs.	0.1 mg	0.1 ml

~~Epinephrine dosage may be repeated in (15-20) 10 minutes if no improvement or if further deterioration has occurred.~~

~~Route of Administration: IM or SC~~

~~Preferred Site: Anterolateral thigh. If anterolateral thigh cannot be used, use deltoid. Avoid use of buttocks.~~

## Students

## Welfare

### PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS 5515

#### EPINEPHRINE BY SCHOOL PERSONNEL (continued)

##### **Severe Asthma (continued)**

~~Contraindications to use of epinephrine: There are no absolute contraindications to the use of epinephrine in a life-threatening situation. Hyperthyroid individuals, individuals with cardiovascular disease, hypertension, or diabetes, elderly individuals, pregnant women, and children under 30 kg (66 lbs.) may be theoretically at greater risk of developing adverse reactions after epinephrine administration.~~

## INSTANT GLUCOSE

### Diabetic Hypoglycemic Reaction or Insulin Shock

1. Assess the victim for signs of hypoglycemic reaction or insulin shock. Symptoms may include dizziness, nervousness or trembling, incoherent speech, confusion, weakness, moist, pale skin, drowsiness, headache, intense hunger, blurred vision, poor coordination, abdominal pain, or nausea. If no specific order for blood testing, and it is uncertain whether student is having a hypoglycemic reaction, TREAT.

If the reaction is severe (unconsciousness or convulsions), call an ambulance. If able to react and swallow, give sugar, instant glucose, or other fast-acting carbohydrate per Individualized Health Care Plan (e.g., juice or regular soda pop) for the student as long as the student is conscious. The student may need coaxing to eat. If non-responsive, do not administer anything by mouth and administer first aid for victim in an unconscious state.

If fast-acting carbohydrate is needed and the victim does not have his or her own supply, administer Insta-Glucose Glucose Gel. Dosage for Insta-Glucose Glucose Gel: Entire contents of tube by mouth (delivers 24 grams of carbohydrate). Repeat every 10 minutes if needed.

Give complex carbohydrate food (e.g., 4 peanut butter crackers or ½ meat sandwich) per Individualized Health Care Plan when blood sugar stabilized / symptoms dissipated or when blood sugar/symptoms continue deviant after 45 minutes of treatment with fast-acting carbohydrate.

**Students**

**Welfare**

**PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS 5515**

**EPINEPHRINE BY SCHOOL PERSONNEL (continued)**

2. Call an ambulance unless prompt recovery.
3. Notify the parent or guardian.

Approved 8/27/04

Revised and Approved 1/22/08  
by Town of Fairfield Board of Education

Revised and Approved 9/9/13  
by Town of Fairfield Board of Health

**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 Instruction783-2, 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

eps 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  
                              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.  
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                              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

## 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