

Students

Students with Special Health Care Needs

The Waterford 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 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, as developmentally appropriate. To this end, the Waterford Public Schools adopt the following administrative regulations related to the management of life threatening food allergies for students enrolled in district schools. Waterford Public Schools policy and regulations conform to the guidelines endorsed by both the American Academy of Allergy and Immunology, as well as, the Food Allergy Network.

1. 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.

2. Individualized Health Care Plans and Emergency Care Plans

- a. 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 address individual, school and community needs while fostering normal development of the child.
- b. 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.
- c. 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 identified school personnel. The IHCP may also include strategies to minimize the student's risk for exposure, such as considerations regarding:

Students

Students with Special Health Care Needs (continued)

- i. classroom environment, including allergy free considerations;
 - ii. cafeteria safety;
 - iii. participation in school nutrition programs;
 - iv. permitting parents to review/preview menus in order to select safe foods their child may eat;
 - v. hand-washing;
 - vi. location of emergency medication;
 - vii. risk management during lunch and recess times, special events, field trips, extracurricular activities and school transportation;
 - viii. staff notification; and
 - ix. transitions to new classrooms, grades and/or buildings.
- d. 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.
- e. 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:
- i. The child's name and other identifying information, such as date of birth, grade and photo;
 - ii. The child's specific allergy;
 - iii. The child's signs and symptoms of an allergic reaction;
 - iv. The medication, if any, or other treatment to be administered in the event of exposure;
 - v. The location and storage of the medication;
 - vi. Identification of school personnel who are authorized to administer the medication;
 - vii. Procedures regarding self-administration of medications (if appropriate);
 - viii. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
 - ix. Recommendations for what to do if the child continues to experience symptoms after the administration of medication; and
 - x. Emergency contact information for the parents/family and medical provider(s).

Students

Students with Special Health Care Needs (continued)

- f. 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. 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.
- g. 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 as disability, as that term is understood under 504, or the IDEA.
- h. 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.
- i. 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.
- j. 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, in accordance with applicable state and federal requirements as they may be amended from time to time.

3. Training/Education

- a. The district shall provide appropriate education and training for school personnel regarding the management of students with life threatening food allergies. 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 the school nurse and/or building administrator. Any such training regarding the administration of medication shall be done accordance with state law and Board policy.

Students

Students with Special Health Care Needs (continued)

Training/Education (continued)

- b. 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.

4. Prevention

- a. 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:
 - i. Encouraging handwashing.
 - ii. Discouraging students from swapping food at lunch or other snack/meal times.
 - iii. Using non-food items as incentives, rewards or in connection with celebrations.
 - iv. Encouraging parents to instruct their children in how to avoid contact with substances to which they are allergic.
 - v. Carefully monitoring identified children, especially in the younger grades.
 - vi. Encouraging parents limiting allergic children to eating foods that are only prepared at home.
 - vii. Encouraging students not to exchange foods or utensils with other students.
 - viii. Washing surfaces, toys and equipment clean of allergic containing foods.
 - ix. Instructing food personnel about necessary measures required to prevent cross contamination during food handling, preparation and serving of food.
 - x. Checking hand soap ingredients to be sure it does not contain peanut oils.
 - xi. Establishing a buddy system for identified students.
 - xii. Providing staff updates at monthly faculty meetings.
 - xiii. Considering a peanut-free table in the cafeteria.
- b. At risk students should have some means of identification, such as a medical alert bracelet.
- c. Most food-allergic children bring their lunch from home. However, guidelines established by the USDA Child Nutrition Division in charge of school lunches require school food service staff to provide substitute meals to allergic students if the physician of the student sends in written instructions certifying the child's allergy, what foods are to be avoided and safe substitutions. This issue should be addressed as part of a student's IHCP.

Students

Students with Special Health Care Needs (continued)

5. Communication

- a. As described above, the school nurse shall be responsible for coordinating the communication between parents, a student's individual health care provider(s) 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.
- b. Each school will ensure that there are appropriate communication systems available within each school (i.e. telephones, cell phones, walkie-talkies or other devices) and for off-site activities (i.e. field trips) to ensure that school personnel are able to effectively respond in case of emergency.
- c. 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.
- d. 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.

6. 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.

EMERGENCY HEALTH CARE PLAN

Place Child's Picture Here	ALLERGY TO:	
	Student's Name:	
	DOB:	
	Teacher	
	Asthmatic	Yes <input type="checkbox"/> * No <input type="checkbox"/>
	* Denotes HIGH RISK for severe reaction	

SIGNS OF AN ALLERGIC REACTION INCLUDE	
Systems:	Symptoms:
MOUTH	itching & swelling of the lips, tongue, or mouth
THROAT	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
SKIN	hives, itchy rash, and/or swelling about the face or extremities
GUT	nausea, abdominal cramps, vomiting, and/or diarrhea
LUNG	shortness of breath, repetitive coughing, and/or wheezing
HEART	"thready" pulse, "passing out"
The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation!	

Action:

1. If ingestion is suspected, give (*medication/dose/route*) _____ and _____ **immediately!**
2. CALL RESCUE SQUAD: _____
3. CALL: Mother _____ Father _____
or emergency contacts.
4. CALL: Dr. _____ at _____

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD
EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!**

<i>Parent Signature</i>	<i>Date</i>	<i>Doctor's Signature</i>	<i>Date</i>
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Emergency Contacts		Trained Staff Members	
1.		1.	
<i>Name/Relation</i>	<i>Phone</i>	<i>Name</i>	<i>Room</i>
2.		2.	
<i>Name/Relation</i>	<i>Phone</i>	<i>Name</i>	<i>Room</i>
3.		3.	
<i>Name/Relation</i>	<i>Phone</i>	<i>Name</i>	<i>Room</i>

For children with multiple food allergies, use one form for each food.

SELF-MEDICATION ASSESSMENT

Student: _____ School: _____

D.O.B.: _____ Age: _____ Grade: _____

Physical/behavioral limitations: _____

Name of medication: _____

Self-Medication Criteria:

A. Student is capable of identifying individual medication. Yes No
Comments: _____

B. Student is knowledgeable of purpose of individual medication. Yes No
Comments: _____

C. Student is able to identify/associate specific symptom occurrence and need for medication administration. Yes No
Comments: _____

D. Student is capable/knowledgeable of medication dosage. Yes No
Comments: _____

E. Student is knowledgeable about method of medication administration. Yes No
Comments: _____

F. Student is able to state side effects/adverse reactions to medication. Yes No
Comments: _____

G. Student is knowledgeable of how to access assistance for self if needed in an emergency. Yes No
Comments: _____

H. An Individual Health Care Plan has been developed for the student which will monitor and evaluate the student's health status. Yes No

Based on assessment:

_____ The student is not a candidate for a self-medication program at this time.

_____ The student is a candidate for a self-medication program with supervision.

_____ The student has successfully completed self-medication training and has demonstrated appropriate self-administration.

Comments: _____

Principal/Teacher notified Yes No

Nurse's Signature _____ Date _____

**Medical Statement for Children *without* Disabilities
Requiring Special Meals in Child Nutrition Programs**

Part I (To be filled out by School)

Date: _____ Name of Child: _____

School Attended by Child: _____

Part II (To be filled out by Medical Authority)

Patient's Name: _____ Age: _____

Diagnosis: _____

Describe the medical or other special dietary needs that restrict the child's diet:

List food(s) to be omitted from the diet and food(s) to be substituted (Diet Plan):

List foods that require a change in texture:

Cut up or chopped to bite-size pieces: _____

Finely ground: _____

Pureed: _____

Special Equipment Needed:

Date _____ Signature of Medical Authority _____

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Connecticut State Department of Education, April 2004

**Medical Statement for Children *with* Disabilities
Requiring Special Meals in Child Nutrition Programs**

Part I (To be filled out by School)

Date: _____ Name of Child: _____

School Attended by Child: _____

Part II (To be filled out by Physician)

Patient's Name: _____ Age: _____

Diagnosis: _____

Describe the patient's disability and the major life activity affected by the disability:

Does the disability restrict the individual's diet? Yes No

If yes, list food(s) to be **omitted** from the diet and food(s) to be **substituted** (Diet Plan):

List foods that require a change in texture:

Cut up or chopped to bite-size pieces: _____

Finely ground: _____

Pureed: _____

Special Equipment Needed:

Date _____ Signature of Physician _____

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