

SPRAGUE SCHOOL DISTRICT  
Baltic, Connecticut

POLICY REGARDING MANAGEMENT PLAN AND GUIDELINES FOR STUDENTS  
WITH FOOD ALLERGIES AND/OR GLYCOGEN STORAGE DISEASE

The Sprague Board of Education recognize that food allergies and glycogen storage disease may be life threatening. For this reason, the Sprague School 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 is also committed to appropriately managing and supporting students with glycogen storage disease. The district further recognize 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 and/or glycogen storage disease, as developmentally appropriate. To this end, the Sprague Public Schools adopt the following guidelines related to the management of life threatening food allergies and glycogen storage disease for students enrolled in district schools.

I. Identifying Student with Life-Threatening Food Allergies and/or Glycogen Storage Disease:

Early identification of students with life-threatening food allergies and/or glycogen storage disease (GSD) is important. The district therefore encourages parents/guardian of children with a life-threatening food allergy to notify the school of the allergy, providing as much medical documentation about the extent and nature of the food allergy as is known, as well as any known effective treatment for the allergy. The district also encourages parent/guardians of children with GSD to notify the school of the disease, providing as much medical documentation about the type of GSD, nature of the disease, and current treatment of the student.

II. Individualized Health Care Plans and Emergency Care Plans:

1. If the district obtains medical documentation that a child has a life-threatening food allergy or GSD, 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.

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. For the student with GSD, the IHCP may include strategies designed to ameliorate risks associated with such disease and support the student's participation in the classroom. IHCPs for such students may include such considerations:
  - a. classroom environment, including allergy free considerations, or allowing the student with GSD to have food/dietary supplements when needed;
  - 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. who will provide emergency and routine care in school;
  - i. risk management during lunch and recess times;
  - j. special events;
  - k. field trips, fire drills and lockdowns;
  - l. extracurricular activities;
  - m. school transportation
  - n. the provision of food or dietary supplements by the school nurse, or any school employee approved by the school nurse;
  - o. staff notification, including substitutes, and training; and
  - p. transitions to new classrooms, grades and/or building.
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. For a student with GSD, the IHCP shall not prohibit a parent or guardian, or a person designated by such parent or guardian, to provide food or dietary supplements to a student with GSD on school grounds during the day.
6. 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. For the student with a life-threatening food allergy, the ECP should include the following information:

- 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.
7. In addition to the IHCP, the district shall also develop an (ECP) for each child identified as having GSD. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. For the student with GSD, the ECP should include the following information:
- a. The child's name and other identifying information, such as date of birth, grade and photo;
  - b. Information about the disease or disease specific information (i.e. type of GSD);
  - c. The child's signs and symptoms of an adverse reaction (such as hypoglycemia);
  - d. The medication, if any, or other treatment to be administered in the event of an adverse reaction or emergency (i.e. Glycogen);
  - 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.

8. In developing the ECP, the school nurse should obtain current medical documentation from the parents/family and the student's health care provider, including the student's emergency plan and proper 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.
9. A student identified as having a life-threatening food allergy or GSD 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 of the Rehabilitation Act of 1973 ("Section 504"), or the Individuals with Disabilities Education Act ("IDEA")
10. The district shall ensure that the information contained in the IHCP and ECP is distributed to any school personnel responsible for implementing any provision of the IHCP and/or ECP, and that any procedures in the IHCP and/or ECP comply with the district's policies and procedures regarding the administration of medications to students.
11. Whenever appropriate, a student with a life-threatening food allergy and/or GSD should be referred to a Section 504 Team for consideration if/when there is reason to believe that the student has a physical or mental impairment that substantially limits one or more major life activities, as defined by Section 504. Whenever appropriate, students with life-threatening food allergies and/or GSD should be referred to a PPT for consideration of eligibility for special education and related services under the IDEA, if there is reason to suspect that the student has a qualifying disability and requires specialized instruction.
12. When making eligibility determinations under Section 504 and/or the IDEA, schools must consider the student's needs on an individual, 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 GSD. Such training may include an overview of life-threatening food allergies and GSD; prevention strategies; IHCPs and ECPs; and food safety and sanitation. Training shall also 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 the specific preventative strategies to minimize the risk of exposure to life-threatening allergens and prevent adverse reactions in students with GSD (such as the provision of food or dietary supplements for students). School personnel will also be educated on how to recognize symptoms of allergic reactions, and/or

symptoms of low blood sugar, as seen with GSD, and what to do in the event of an emergency. Staff training and education will be coordinated by an administrator and/or 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 and GSD, how to recognize systems of an allergic reaction and/or low blood sugar emergency and the importance of adhering to the school's policies regarding food and/or snacks.

IV. Prevention:

Each school within the district will develop appropriate practices to minimize the risk of exposure to life threatening allergens and the risks associated with GSD. Practices that 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.
4. Training staff in recognizing symptoms of anaphylaxis and hypoglycemia.
5. Planning for school emergencies, to include consideration of the need to access medication, food and/or dietary supplements.

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 and/or GSD. 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/or alterations in blood sugar levels and how to respond in the event of such 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 ensures 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.
5. The district shall make the Management Plan and Guidelines for Students with Food Allergies and/or Glycogen Storage Disease available on the Board's website.
6. The district shall provide annual notice to parents and guardians regarding the Management Plan and Guidelines for Students with Food Allergies and/or Glycogen Storage Disease. Such notice shall be provided in conjunction with the annual written statement provided to parents and guardians regarding pesticides applications in schools.

VI. Monitoring the District's Plan and Procedures:

The district should conduct periodic assessments of its Management Plan and Guidelines for Students with Food Allergies and/or Glycogen Storage Disease. Such assessments should occur at least annually and after each emergency event involving the administration of medication to a student with a life-threatening food allergy or GSD to determine the effectiveness of the process, why the incident occurred, what worked and what did not work.

The Superintendent shall annually attest to the Department of Education that the District is implementing the Management Plan and Guidelines for Students with Food Allergies and/or Glycogen Storage Disease.

Legal References:

State Law/Regulation/Guidance

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| Conn. Gen. Stat. § 10-212a | Administration of Medications in Schools   |
| Conn. Gen. Stat. § 10-212c | Life-threatening food allergies: Guidelines; district plans  |
| Conn. Gen. Stat. § 10-220i | Transportation of students carrying cartridge injectors  |
| Conn. Gen. Stat. § 10-231c | Pesticide applications at schools without an integrated pest management plan.                                |
| Conn. Gen. Stat. § 19a-900 | Use of cartridge injectors by staff members of before or after school program, day camp or day care facility |

Conn. Gen. Stat § 52-577b “Good Samaritan law.” Immunity from liability for emergency, medical assistance, first aid or medication by injector. School personnel not required to administer or render.

Regs. Conn. State Agencies § 10-212a-1 through 10-212a-7 Administration of Medication by School by School Personnel

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools, (Includes Guidelines for Managing Glycogen Storage Disease), Connecticut State Department of Education (Updated 2012)

Federal Law:

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794  
Individuals with Disabilities Education Act, 20 U.S.C. §1400 et seq.  
The Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 2101 et seq.

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