

# MANAGING LIFE-THREATENING ALLERGIC CONDITIONS IN SCHOOLS

2008



Student Support and  
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## Introduction

Every school should expect at some point to have students with life-threatening allergies, especially students with food allergies. *Accidental* ingestion of the offending allergen occurs most often at school. A recent study from the journal, *Archives of Pediatrics and Adolescent Medicine*, states that 1 in 5 children with food allergies will have a reaction while in school. In addition, a student with an undiagnosed food allergy may experience his/her first food allergy reaction at school. Because of the potential life-threatening nature of these allergies, schools are strongly encouraged to have policies and practices in place which promote both of the prevention and management of severe allergic reactions, also known as anaphylaxis.

*Every food allergy reaction has the possibility of developing into a life-threatening and potentially fatal anaphylactic reaction. This can occur within minutes of exposure to the allergen.*

(Sampson, HA, "Food Allergy", from *Biology Toward Therapy, Hospital Practice*, 2000: May.)

In May, 2006, The Vermont legislature passed Act 158 – An Act Relating to Life-Threatening Allergies & Chronic Illnesses in Schools. The Department of Education and the Vermont Department of Health are now required to prepare and distribute policies, training materials and school guidelines for managing students with life-threatening allergies & chronic illnesses. This document provides school personnel with more detailed information about life-threatening allergies and best practices for schools, students and families. The Department of Education is currently working with Vermont School Boards Association to draft up a model policy.

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## Life-Threatening Allergies

### Food Allergies

Eight foods (peanut, tree nut, milk, egg, soy, wheat, fish and shellfish) account for 90% of total food allergies, although any food has the potential to cause an allergic reaction. Most, but not all, childhood allergies to milk, egg, soy and wheat are outgrown by age five. Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (touch) exposure or inhalation exposure.

The amount of food needed to trigger a reaction depends on multiple variables. Raw egg is more allergenic than cooked egg. Roasted peanuts are more allergenic than boiled or fried. (Virtually all peanut products in the U.S. are roasted.) In addition, the symptoms of a food allergy reaction are specific to each individual. Milk may cause hives in one person and anaphylaxis in another.

### Other Life-Threatening Allergies (Insects, Latex)

In the past ten years, some people have begun to have an immediate hypersensitivity to latex. Products made of latex, the sap of a Brazilian rubber tree, include: balloons, rubber bands, condoms, rubber household gloves, rubber balls and Band-Aids. Within minutes of contact, or even after inhaling glove dusting powder, an allergic person develops itching or hives, stuffy nose, sneezing, itchy eyes or asthma symptoms. They may experience anaphylaxis.

Most insect stings in the United States are caused by Hymenoptera—bees, wasps, hornets, yellow-jackets, and in the Southeast, fire ants. Nature has given these insects a toxic substance called venom, which is a powerful defense against their enemies. In humans, insect venom acts on the circulatory system, causing the blood vessels to dilate, or become wider. This effect ensures that the toxin will be carried quickly throughout the bloodstream. The venom also can disrupt blood cells and nerve cells and, in some persons, can trigger a powerful immune response. The response triggered by an insect sting can range from relatively mild, local symptoms to a severe allergic reaction. In some people, a sting triggers an allergic reaction with severe swelling over a large area of the body. The first time an allergic reaction occurs, the person becomes "sensitized" to the insect venom. The next time the person is stung, he or she may develop *anaphylaxis*. This is a *systemic* reaction—one that affects the entire body—and is a potentially life-threatening condition.

### Allergic Reaction Characteristics

Allergic reactions to foods, insect bites and latex vary and can range from mild to severe, life-threatening reactions. Some individuals may react to just touching or inhaling the allergen while for others consumption of as little as one five-thousandth of a teaspoon of an allergenic food can cause death.

For example, during an allergic reaction to a specific food, the immune system recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine.

These chemical mediators trigger inflammatory reactions in the tissues of the skin (**itching, hives, rash**), the respiratory system (**cough, difficulty breathing, wheezing**), the gastrointestinal tract (**vomiting, diarrhea, abdominal pain**), and the cardiovascular system (**decreased blood pressure, heartbeat irregularities, shock**).

When the symptoms are widespread and systemic, the reaction is termed “**anaphylaxis**,” a potentially life-threatening event. Anaphylaxis can occur immediately or up to two hours following allergen exposure. The severity and explosive speed of food anaphylaxis emphasizes the need for individual health care plans for students with known hypersensitivity and effective protocols for providing emergency care to students who have an unknown allergy. Anaphylaxis appears to be much more likely among children who have already experienced an anaphylactic reaction. Anaphylaxis does not require the presence of any skin symptoms such as itching and hives. In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma.

#### **Protocol for Responding to Students with an Unknown Allergy**

The only individual on the school grounds who is qualified to make an assessment about the student’s symptoms is the School Nurse (Registered R.N.) LPN’s and health assistants that are employed by schools are not qualified to make health assessment. Therefore, if the School Nurse (R.N.) is not on the school grounds, the school must call 911 *immediately*.

#### **Protocol for Responding to Students with a Known Hypersensitivity**

The following is an excerpt from the *Vermont Standards of Practice: School Health Services* manual.

If an exposure occurs or is strongly suspected to have occurred ***begin treatment immediately***. Do not wait for symptoms to develop. Treatment may be provided by the School Nurse (R.N.) or the individuals the nurse has trained should the he/she be unavailable.

- Monitor and maintain ABCs (airway, breathing, circulation) as needed.
- Administer oral diphenhydramine (dosage as prescribed by student's medical home).
- Administer epinephrine (dosage as prescribed by student's medical home).
- Epinephrine 1:10,000u
- Administer **EpiPen** for students **over 40 lbs** E= .3mg/cc .3cc\*
- **EpiPen Jr.** for students **under 40 lbs** E= .15/cc .3cc\*
- Administer oral steroid (dosage as prescribed by student's medical home).
- Diligently observe student.
- Activate EMS and transport to ER for further treatment.
- Notify medical home and parents.

\* The pounds per students may differ depending on a particular doc or allergist specifies otherwise for a particular patient.

#### **Creating a Safer Environment for Students with Life-Threatening Allergies**

Vermont schools are required to annually inform parents of students with life-threatening allergies or chronic illnesses of the applicable provisions of Section 504 of the Rehabilitation Act of 1973 and other applicable federal statutes, state statutes, federal regulations and state rules.

Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition, the 504 Coordinator should be notified to determine whether the student has a qualifying disability under Section 504. (Under Section 504, a student with a physical or mental impairment which substantially limits a major life activity, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, and learning, may meet the definition of a student with a disability. <http://www.ed.gov/policy/rights/reg/ocr/edlite-34cfr104.html>).

If the student meets these qualifications, the school must convene a Section 504 team meeting to determine eligibility and as needed, prepare and implement an individualized Section 504 plan to ensure that appropriate supports and services to address the student's individual needs are provided.

### **Individualized Health Care Plan (IHCP)**

Regardless of whether the student meets the qualifications for a 504 plan, the **school nurse** should meet with the **parent/guardian** to develop an Individualized Health Care Plan (IHCP) to create strategies for management of the student's life-threatening allergy.

The plan shall include the student's name, method of identifying the student, specific offending allergens, warning signs of reactions and emergency treatment. The plan should include, but not be limited to, risk reduction and emergency response at the following times: (a) travel to and from school, the school day and field trips.

The plan should also identify who is trained in administering the EpiPen, where the EpiPens shall be stored (including a backup storage) and how they should be monitored for currency. The plan should include an assessment of the student's ability to self-administer epinephrine. The IHCP should be signed by the parent, and school nurse.

The parent/guardian should provide the following to the school nurse:

- Licensed provider documentation of allergy
- Licensed provider order for epinephrine by auto-injector as well as other medications needed. Medication orders must be renewed at least annually and it is recommended that the order be from an asthma and allergy specialist.
- Parent/guardian's signed consent to administer all medications.
- Parent/guardian's signed consent to share information with other school staff.
- A minimum of two up-to-date EpiPens (More may be necessary based on the student's activities and travel during the school day.)
- Description of the student's past allergic reactions, including triggers and warning signs.
- A description of the student's emotional response to the condition and need for support.
- Name/telephone number of the student's primary care provider and allergist.
- Method to reach parent/parent designee should an emergency occur.
- Age-appropriate ways to include the student in planning for care and implementing the plan.
- Assessment for self-administration (It is important that students take more responsibility as they are developmentally ready to accept responsibility.)

### **Multi-Disciplinary Team Involvement**

To manage the individual student's health needs, the 504 Coordinator (if the student qualifies) and/or the school nurse may bring together a team that includes a variety of school staff. The team may include but is not limited to:

- Administrative representative
- Food service director/staff
- Teachers and specialists (e.g., art, music, science, computer, family and consumer sciences)
- School counselor
- Coaches and physical education teachers

- Custodian
- Bus driver
- Local EMS
- Other learning support staff and aides based on the student's curriculum and activities
- Student with food allergy (if age appropriate)

At the team meeting, the school nurse may want to provide an overview of the life-threatening allergies, anaphylaxis and the student's Individual Health Care Plan. Team members should then discuss how to best prevent and manage this student's life-threatening allergies using the following questions as guidance. Roles and responsibilities should be identified and assigned.

### **Working with Families**

Schools can provide invaluable resources to children with food allergies and their families by helping children feel accepted within the school community. They can teach children to:

- keep themselves safe
- ask for help, learn how to trust others
- develop healthy and strong friendships
- acquire social skills
- accept more responsibility
- improve their self-esteem
- increase their self confidence

Raising a child with life-threatening allergies is challenging. Parents must ensure strict food avoidance, understand food labeling and be on a constant alert. Parents of children with food allergies have crafted ways to keep their children safe in a world that is not food allergic friendly. As their children grow and their world expands, so do the demands for parents to readjust their own thinking and strategies for maintaining a normal but safe environment for their children. The threat to this balance is never greater than when a child begins school. What had worked so well in their own home is now being given to unfamiliar people, some knowledgeable about food allergies and supportive of parents, while others are not.

## **Best Practice Measures to Reduce Exposure to Allergens**

Protecting a student from exposure to offending allergens is the most important way to prevent anaphylaxis. Schools are often considered high risk settings because of cross contamination of tables, desks and other surfaces and exposures to allergic foods because of food sharing, hidden ingredients, craft, art and science projects; bus transportation; fundraisers; bake sales; parties and holiday celebrations; field trips; and substitute teaching staff being unaware of the food allergic student. The following are recommended best practices for schools.

### **General**

- Develop procedures to address life-threatening allergy reaction prevention in the classrooms and gym, food services/cafeteria, for art, science and mathematics projects, crafts, outdoor activity areas, school buses, field trips and before and after school activities.
- Determine who should be familiar with the student's 504 and/or individual health care plan.
- Teach faculty and staff about the signs and symptoms of possible anaphylaxis and how to respond to a child with a known allergy as well as a child with a previously unknown allergy.

### **In the Classroom**

- Design communication systems in schools that permit swift response.
- Maintain information about the students' food allergies in the classroom and make sure these foods are not used for class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, or other purposes.
- Educate all students and their parents, teachers, aides, substitutes, and volunteers about the risk of food allergies.
- Eliminate the use of food rewards, and substitute non-food items for candy. For birthday parties, consider a once-a-month celebration, with a non-food treat.
- Ask the parent or guardian of a student with food allergies to provide classroom snacks for his/her own child. These snacks should be kept in a separate snack box or chest.
- Determine what the policy will be if a student inadvertently brings a restricted food to the classroom; he/she will not be allowed to eat that snack in the classroom.
- Wash tables with soap and water before and after meals.
- Discourage or prohibit sharing or trading food in the class.
- Teach students proper hand-washing technique. Hand-washing should be required before and after the handling/consumption of food.
- Establish a "peanut-safe" table, in classrooms used for meals in schools that do not have a central cafeteria, as an option for students with peanut allergies. This is an extremely potent allergen and often a hidden ingredient. Designate these tables by a universal symbol. Take steps that may be needed so that these areas are not contaminated.

### **School Food Service/Cafeteria:**

- Review menus (breakfast, lunch and after school snack), a la carte items, vending machines, recipes, food products, and ingredients to identify potential allergens.
- Identify food handling practices, cleaning and sanitation practices, and responsibility of various staff members to prevent cross-contamination. Cross contamination of a food

allergen poses a serious risk to a child with food allergies. Training for all food service personnel about cross contamination should be a part of the school's federally required food safety plan.

- Establish communications and training for all school food service staff and related personnel at the student's school.
- Be prepared to make food ingredient lists used in food production and service available.
- Maintain food labels from each food served to a child with allergies for at least 24 hours following service in case the student has a reaction from a food eaten in the cafeteria.
- Maintain contact information with vendors and purveyors to access food content information.

### **Field Trips**

- Choose field trips carefully to ensure that students with allergies have little to no allergen exposure. The school nurse should be responsible for determining the appropriateness of each field trip and consideration of safety of the student with life-threatening allergies. Therefore, protocols for field trips should include timely notification to the nurse.
- Include the name and phone number of the nearest hospital in the chaperone's emergency plan. A cell phone or other communication device must be available on the trip for emergency calls.
- Ensure medications including epinephrine auto-injector and a copy of the student's emergency plan accompany the student.
- Discuss the field trip in advance with parents of a student at risk for anaphylaxis and invite them to attend.

### **Medication Protocol for Field Trips**

- The school health office should be notified of any field trip at least a week in advance.
- The school personnel responsible for the administration of medication shall come to the school health office to pick up meds the morning of the trip.
- The medication will be dispensed in a labeled container with the date and time that it is to be given. The adult giving the medication shall initial that the medication was given on the date and note the time.
- The adult who is to administer the medication will be given a medication fact sheet and shall sign indicating that they received the instructions about the medication.
- All medications, including over-the-counter medications, shall be given to the adult designated by the school nurse/associate school nurse. Exceptions to this policy are those medications deemed "rescue drugs" such as Insulin, EpiPen and Ventolin inhaler. Written permission shall be on file for any student to carry self-administering medications.

### **School Bus**

- Prohibit eating on school buses.
- Train school bus drivers in risk reduction procedures, recognition of allergic reaction, and implementation of bus emergency plan procedures.
- Provide school bus drivers with specific information pertaining to all students with life-threatening allergies, if parents agree.
- Provide a cell phone or other means of communication for emergency calls on every school bus.

### **Physical Education and Recess**

- Train teachers and staff responsible for physical education or recess to recognize and respond to exercise-induced anaphylaxis, as well as anaphylaxis caused by other allergens.
- Provide communications such as a walkie-talkie, cell phone or similar communication device for emergency communication for staff in the gym, playground and other sites used for recess.
- Remind the student to replace his/her medical alert identification (i.e. ID bracelet) immediately after the activity is completed, if for safety reasons, it has been removed during specific activities.
- Make a current epinephrine by auto-injector readily accessible for previously diagnosed students, and assure that an adult staff member onsite has been trained in its use.

### **Afterschool Activities**

- Post instructions for accessing EMS in all activity areas.
- Ensure that after school activities sponsored by the school comply with school policies and procedures regarding life-threatening allergies.
- Identify who is responsible for keeping epinephrine by auto injector during sporting events. A current epinephrine by auto-injector should be readily accessible, and an adult staff member onsite should be trained in its use, for previously diagnosed students.
- Provide school coaches or other program adults with specific information pertaining to all students with life-threatening allergies, if parents agree.
- Assure that bake sales held on school grounds comply with school policies and procedures regarding life-threatening allergies. Food should be tightly wrapped or sealed. The display table should be washed after use.

## **School Interventions Following a Student's Return to School After a Severe Allergic Reaction**

Students who have experienced an allergic reaction at school need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether their classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parents and re-examining the IHCP. In the event that a student has a moderate to severe reaction, the following actions should be taken.

- Obtain as much accurate information as possible about the allergic reaction.
- Identify those who were involved in the medical intervention and those who witnessed the event.
- Meet with the adults to discuss what was seen and dispel any rumors.
- Provide factual information. Although the school may want to discuss this with the parents, factual information that does not identify the individual student can be provided to the school community without parental permission (e.g., a letter from the principal to parents and teachers that doesn't name names but reassures them the crisis is over, if appropriate.)
- If an allergic reaction is thought to be from a food provided by the school food service, request assistance of the Food Service Director to ascertain what potential food item was served/consumed. Review food labels from Food Service Director and staff.
- Agree on a plan to disseminate factual information and review knowledge about food allergies to schoolmates who witnessed or were involved in the allergic reaction, after both the parents and the student consent.
- Explanations shall be age appropriate.
- Review the AAP described in the IHCP, or if a student does not have an IHCP then consider initiating one.
- Amend the student's AAP and/or the emergency response plan to address any changes that need to be made.
- Review what changes need to be made to prevent another reaction; do not assign blame.

The student and parent(s) shall meet with the nurse/staff who were involved in the allergic reaction and be reassured about the student's safety, what happened and what changes will be made to prevent another reaction. If a student demonstrates anxiety about returning to school, checking in with the student on a daily basis would be indicated until his/her anxiety is alleviated. If a child has a prolonged response to an anaphylactic event, strategies should be reviewed and clinical intervention may be recommended. Collaboration with the student's medical provider would be indicated to address any medication changes.

## **Appendix A**

### **Roles of Specific Individuals**

#### **Students with Life-Threatening Allergies**

	Do not trade or share foods.
	Wash hands before and after eating.
	Learn to recognize symptoms of an allergic reaction.
	Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
	Take more responsibility for your allergies as you get older (refer to parent responsibilities outline).
	Develop a relationship with the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the allergy in school.

### Parent of a Student with Life-Threatening Allergies

	Inform the school nurse of your child's allergies prior to the opening of school (or as soon as possible after a diagnosis).
	Provide the school with a way to reach you (cell phone, beeper, etc.).
	Provide a list of foods and ingredients to avoid.
	Consider providing a medical alert bracelet for your child.
	Provide the school nurse with medication orders from the licensed provider.
	Participate in developing an Individual Health Care Plan with the school nurse.
	Provide the school nurse with at least annual updates on your child's allergy status.
	Provide the school with up-to-date epinephrine auto-injectors.
	Discuss with the school nurse the possibility of keeping the epinephrine auto-injector in the classroom with instructions (this can also be taken on field trips).
	Decide if additional epinephrine auto-injectors will be kept in the school, aside from the one in the nurse's office, and if so, where.
	Provide the school nurse with the licensed provider's statement if student no longer has allergies.
	Participate in team meetings or communicate with all staff members who will be in contact with the child (preferably before the opening of school) to: <ul style="list-style-type: none"> <li>• Discuss implementation of IHCP.</li> <li>• Establish prevention plan.</li> <li>• Periodically (halfway through the year) review prevention and emergency action plans with the team.</li> </ul> Help decide upon an "allergy-free" eating area in the classroom and/or cafeteria.
	Leave a bag of "safe snacks" in your child's classroom so there is always something your child can choose from during an unplanned special event.
	Be willing to provide safe foods for special occasions, e.g. bring in a treat for the entire class so that your child can participate.
	Be willing to go on your child's field trips if possible and if requested.

Periodically teach your child to:

	Recognize the first symptoms of an allergic/anaphylactic reaction.
	Know where the epinephrine auto-injector is kept and who has access to the epinephrine.
	Communicate clearly as soon as s/he feels a reaction is starting.
	Carry his/her own epinephrine auto-injector when appropriate.
	Not share snacks, lunches, or drinks.
	Understand the importance of hand-washing before and after eating.
	Report teasing, bullying and threats to an adult authority.
	Take as much responsibility as possible for his/he own safety.

It is important that children take on more responsibility for their food allergies as they grow older and are developmentally ready. Consider teaching them to:

	Communicate the seriousness of the allergy.
	Communicate symptoms as they appear.
	Read labels.
	Carry own epinephrine auto-injector.
	Administer own epinephrine auto-injector and be able to train others in its use.

## School Administration

	<p>Provide training and education for faculty and staff regarding:</p> <ul style="list-style-type: none"> <li>• Foods, insect stings, medications, latex.</li> <li>• Risk reduction procedures.</li> </ul> <p>Emergency procedures.</p>
	<p>Provide special training for food service personnel.</p>
	<p>Provide emergency communication devices (two-way radio, intercom, walkie-talkie, cell phone) for all school activities, including transportation, that involve a student with life-threatening allergies.</p>
	<p>Inform parent/guardian if any student experiences an allergic reaction for the first time at school.</p>
	<p>Make sure a contingency plan is in place in case of a substitute teacher, nurse or food service personnel.</p>

## School Nurse

	Meet with the student's parent/guardian and develop an Individual Health Care Plan (IHCP) for the student. This meeting should be held prior to entry into school or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition.
	Assure that the IHCP includes the student's name, photo, allergens, symptoms of allergic reactions, risk reduction procedures, emergency procedures, and required signatures.
	Arrange and convene a team meeting (preferably before the opening of school) to develop the plan with all staff who come in contact with the student with allergies, including principal, school physician, teachers, specialists, food service personnel, aides, physical education teacher, custodian, bus driver, local EMS, etc.
	Familiarize teachers with the IHCPs of their students by the opening of school, or as soon as the plans are written. Other staff members who have contact with students with life-threatening allergies should be familiar with their IHCPs on a need-to-know basis.
	Provide information about students with life-threatening allergies and their photos (if consent given by parent) to all staff on a need-to-know basis (including bus drivers).
	Conduct in-service training and education for appropriate staff regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures.
	Introduce yourself to the student and show him/her how to get to the nurse's office.
	Periodically check medications for expiration dates and arrange for them to be current.
	Arrange periodic follow-up on semi-annual basis, or as often as necessary, to review effectiveness of the IHCP.
	Make sure there is a contingency plan in place in the case of a substitute school nurse.
	Meet with parents on a regular basis to discuss issues relating to plan implementation.
	Communicate with local EMS about location of student and type of allergy. Assure the local EMS carry epinephrine and have permission to use it.

**Classroom Teacher/Specialist**

	Receive the IHCP information for any student(s) in your classroom with life-threatening allergies.
	Request that the classroom has a functioning intercom, walkie-talkie or other communication device for communication with the school nurse.
	Participate in a team meeting for the student with life-threatening allergies and in-service training regarding: <ul style="list-style-type: none"> <li>• Allergens that cause life-threatening allergies (such as foods, insect stings, medications, latex).</li> <li>• Steps to take to prevent life-threatening reactions and accidental exposures to allergens.</li> <li>• How to recognize symptoms of the student's life-threatening allergic reaction.</li> </ul> Steps to manage an emergency.
	Keep accessible the student's emergency information with photo in classroom or keep with lesson plan.
	Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies and necessary safeguards.
	Leave information in an organized, prominent and accessible format for substitute teachers.
	Coordinate with parent on providing a lesson plan about food allergies for the class and discuss anaphylaxis in age appropriate terms, with student's permission.
	Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated; enforce school rules about bullying and threats.
	Work with the school nurse to educate other parents about the presence and needs of the child with life-threatening allergies in the classroom. Enlist their help in keeping certain foods out of the classroom (see Appendix E).
	Inform parents of any school events where food will be served.
	Participate with the planning for student's re-entry to school after an anaphylactic reaction.
	Never question or hesitate to act if a student reports signs of an allergic reaction.
	Establish procedures in the classroom to ensure that the student with life-threatening food allergies eats only what s/he brings from home.
	Prohibit students from sharing or trading snacks.
	Encourage parents/guardians to send in a box of "safe" snacks for their child.
	Encourage the student to take advantage of an eating area in the classroom that is free of the food to which s/he is allergic.
	Avoid cross-contamination of foods by wiping down eating surfaces with soap and water before and after eating. Tables should also be washed with soap and water in the morning if an after-school event has been held in the classroom the day before.
	Reinforce hand-washing before and after eating.
	Avoid use of foods for classroom activities (e.g., arts and crafts, counting, science

	projects, parties, holidays and celebrations, cooking, or other projects).
	Welcome parental involvement in organizing class parties and special events. Consider non-food treats. Use stickers, pencils or other non-food items as rewards instead of food.
	<p>Collaborate with the school nurse, prior to planning a field trip to:</p> <ul style="list-style-type: none"> <li>• Ensure epinephrine auto-injectors and instructions are taken on field trips.</li> <li>• Ensure that functioning two-way radio, walkie talkie, cell phone or other communication device is taken on field trip.</li> <li>• Review plans for field trips; avoid high risk places. Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.</li> <li>• Know where the closest medical facilities are located, 911 procedures and whether the ambulance carries epinephrine.</li> <li>• Invite parents of a student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone. However, the student's safety or attendance must not be conditioned on the parent's presence.</li> <li>• Ensure that one to two people on the field trip are trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedures.</li> </ul> <p>Consider ways to wash hands before and after eating (e.g. provision of hand wipes, etc.).</p>

## Food Services Manager

	Attend the team meeting with appropriate members at the time of the student's entry into school.
	Post the student's Individual Health Care Plan with consent of parent(s).
	Review the legal protections for a student with life threatening allergies.
	Read all food labels and recheck routinely for potential food allergens.
	Train all food service staff and their substitutes to read product food labels and recognize food allergens.
	Maintain contact information for manufacturers of food products (Consumer Hotline).
	Review and follow sound food handling practices to avoid cross contamination with potential food allergens.
	Strictly follow cleaning and sanitation protocol to avoid cross-contamination.
	Set up policies for the cafeteria regarding food allergic students.
	Create specific areas that will be allergen safe.
	Train monitors.
	Enforce hand washing for all students.
	Thoroughly clean all tables, chairs and floors after each meal.
	After receiving a doctor's medical statement make appropriate substitutions or modifications for meals served to students with food allergies.
	Plan ahead to have safe meals for field trips.
	Avoid the use of latex gloves by food service personnel. Use non-latex gloves instead.
	Provide advance copies of the menu to parents/guardian and notification if menu is changed.
	Have at least two people in the eating area trained to administer epinephrine by auto-injector.
	Have readily accessible epinephrine auto-injector.
	Have a functioning intercom, walkie-talkie or other communication device to support emergencies.
	Take all complaints seriously from any student with a life-threatening allergy.
	Be prepared to take emergency action.

### **School Bus Company**

	Provide a representative from the bus company for team meetings to discuss implementation of a student's IHCP.
	Provide training for all school bus drivers on managing life-threatening allergies (provide own training or contract with school).
	Provide functioning emergency communication device (e.g., cell phone, two-way radio, walkie-talkie or similar).
	Know local Emergency Medical Services procedures.
	Maintain policy of no food eating allowed on school buses.

## **Appendix B**

### **Food Service Guidelines**

#### **Food Allergens**

There are eight major food allergens: milk, eggs, peanuts, tree nuts (such as walnuts and almonds), soy, wheat, fish and shellfish. These eight foods are the most common food allergens and cause more than 90 percent of all food allergic reactions. Peanuts and tree nuts alone account for 92% of severe and fatal reactions. Among children, allergies to milk and eggs are most common. However, individuals can be allergic to any food. Some children may be allergic to more than one food.

Reading food labels to identify these ingredients in the products used by a school's food service department is an essential and ongoing process in prevention. As food manufacturers continuously refine and improve food products, food labels must be read for every product each time it is purchased. In the school cafeteria, personnel should know their products and ingredients by carefully reading labels. Some students may react to a minute trace of these ingredients, so complete elimination is essential.

Many food manufacturers have consumer response departments to provide information about their products. If there are any questions about a product ingredient, call the consumer hot line number listed on most products food labels. Be specific. (For example, "Does your product include peanuts? Is there a risk of cross-contamination with peanuts in your food manufacturing process?" etc.) Knowing how to read a food label helps avoid problems caused by ingredients in foods. Refer to Appendix C: *Guidelines on Reading Food Labels* for more information.

#### **Cross Contamination**

Cross contamination happens when different foods are prepared, cooked or served using the same utensils and surfaces. When preparing and serving food, it is critical to make sure that food preparation and serving utensils are not exposed to allergens and then used for another food. Food production surface areas should be cleaned before, during and after food preparation. Some examples of cross contamination would be:

- Lifting peanut butter cookies with a spatula and then using the same spatula to lift sugar cookies.
- Using a knife to make peanut butter sandwiches, wiping the knife and then using that same knife to spread mustard on a peanut allergic child's cheese sandwich.

#### **Cleaning and Sanitation**

Any surfaces used for the preparation and service of meals need to be properly cleaned and sanitized. For preparation areas, the work surface and all utensils and pots and pans need to be washed with hot soapy water (soap is used because it deactivates the protein that causes the allergy). The work surface areas, counters and cutting surfaces, need to be cleaned thoroughly between uses. The use of the color-coded cutting board system implemented for food safety can also help minimize risk of cross contamination when preparing foods for children with food allergies. Examples of areas of concern include:

- After using a food slicer to slice cheese, the slicer must be cleaned thoroughly before being used to slice other foods to prevent contamination with cheese protein.
- Wash trays or cookie sheets after each use as oils can seep through wax paper or other

liners and contaminate the next food cooked on the sheet or tray.

### **In the Cafeteria**

- Consider creating a peanut-free table (same practice applies for other allergies).
- Train cafeteria monitors to take note of the situation surrounding a child with allergies and intervene quickly to help prevent trading of food or bullying.
- All students eating meals in the cafeteria should be encouraged to wash their hands before and after eating so that no traces of allergens will be left on their hands.
- After each meal service, all table and chairs should be thoroughly washed with soap and water.
- Use disposable wipes and dedicated water to avoid cross contamination.

### **Food for Field Trips**

- Clearly specify any special meals needed before the field trip.
- Avoid meals that may be food allergy related.
- Package meals appropriately to avoid cross-contamination.
- Provide two hand wipes with each meal (for cleaning hands before and after meals).

## **Appendix C**

### **Reading Food Labels**

In 2006 a new federal law (FALCPA) took effect that requires manufacturers to clearly identify on the food label any ingredients that contain proteins from the eight major allergenic foods and food groups: milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat and soybeans. The label must clearly identify in plain English the source of any ingredient that is or contains protein from one of the eight foods or food groups. The law also requires that the label identify the type of tree nut (e.g. almonds, pecans, walnuts); the type of fish (e.g. bass, flounder, cod); and the type of crustacean shellfish (e.g. crab, lobster, shrimp). The law applies to all foods, both domestic and imported, except meat, poultry and egg products regulated by USDA's Food Safety and Inspection Service (FSIS) but FSIS is in the process of adopting the same standards through their rulemaking process.

Food manufacturers are required to label foods in one of two ways, if allergenic foods are present:

1. In the list of ingredients, put the name of the food source of the major food allergen in parenthesis after the common name of the ingredient when the name does not already appear in the ingredient statement.

OR

2. Immediately after or adjacent to the list of ingredients, put the word "Contains" followed by the name of the food for each major food allergens present in the food's ingredients.

A food product is subject to recall if it contains a major food allergen ingredient that is not declared on the label. However, knowing how to read a food label will help to avoid food allergy problems caused by ingredients in foods. The following terms are "labelese" for common foods. You may find it helpful to keep these lists handy when you order foods. The lists are updated frequently. Contact The Food Allergy Network for current lists.

Terms that <b>indicate</b> the presence of:						
<b>Cow's Milk</b>	<b>EGG Protein</b>	<b>PEANUT Protein</b>	<b>SOYBEAN Protein</b>	<b>WHEAT Protein</b>	<b>SHELLFISH Protein</b>	<b>TREE NUTS</b>
<ul style="list-style-type: none"> <li>• Artificial butter flavor</li> <li>• Butter, butter fat, butter oil</li> <li>• Buttermilk</li> <li>• Casein</li> <li>• Caseinates (ammonium, calcium, magnesium, potassium, sodium)</li> <li>• Cheese</li> <li>• Cream</li> <li>• Cottage cheese</li> <li>• Curds</li> <li>• Custard</li> <li>• Ghee</li> <li>• Half &amp; Half ®</li> <li>• Hydrolysates (casein, milk protein, protein, whey, whey protein)</li> <li>• Lactalbumin, lactalbumin phosphate</li> <li>• Lactoglobulin</li> <li>• Lactose</li> <li>• Lactulose</li> <li>• Milk (derivative, powder, protein, solids, malted, condensed, evaporated, dry, whole, low-fat, non-fat, skimmed and goat's milk)</li> <li>• Nougat</li> <li>• Pudding</li> <li>• Rennet casein</li> <li>• Sour cream, sour cream solids</li> <li>• Sour milk solids</li> <li>• Whey (in all forms, including sweet, delactosed, protein concentrate)</li> </ul>	<ul style="list-style-type: none"> <li>• Albumin</li> <li>• Egg (white, yolk, dried, powdered, solids)</li> <li>• Egg substitutes</li> <li>• Egg Nog</li> <li>• Globulin</li> <li>• Livetin</li> <li>• Lysozyme (used in Europe)</li> <li>• Macaroni</li> <li>• Mayonnaise</li> <li>• Meringue</li> <li>• Ovalbumin</li> <li>• Ovomucin</li> <li>• Ovomuroid</li> <li>• Simplese®</li> <li>• Surimi</li> </ul>	<ul style="list-style-type: none"> <li>• Beer nuts</li> <li>• Nu-Nuts®</li> <li>• Cold pressed, expelled, or extruded peanut oil</li> <li>• Peanuts</li> <li>• Nut pieces</li> <li>• Ground nuts</li> <li>• Peanut butter</li> <li>• Mixed nuts</li> <li>• Peanut flour</li> <li>• Monkey nuts</li> </ul>	<ul style="list-style-type: none"> <li>• Edamame</li> <li>• Hydrolyzed soy protein</li> <li>• Miso</li> <li>• Shoyu Sauce</li> <li>• Soybean (granules, curds)</li> <li>• Soy (albumin, flour, grits, milk, nuts, sprouts)</li> <li>• Soy Protein (concentrate, isolate)</li> <li>• Soy sauce</li> <li>• Tamari</li> <li>• Tempeh</li> <li>• Textured vegetable protein (TVP)</li> <li>• Tofu</li> </ul>	<ul style="list-style-type: none"> <li>• Bran</li> <li>• Bread crumbs</li> <li>• Bulgur</li> <li>• Cereal extract</li> <li>• Couscous</li> <li>• Cracker meal</li> <li>• Durum, durum flour</li> <li>• Farina</li> <li>• Flour (all purpose, enriched graham, high gluten, high protein, pastry, soft wheat)</li> <li>• Gluten</li> <li>• Seitan</li> <li>• Semolina</li> <li>• Spelt</li> <li>• Vital gluten</li> <li>• Wheat (bran, germ, gluten, malt, starch)</li> <li>• Whole wheat berries</li> <li>• Whole wheat flour</li> </ul>	<ul style="list-style-type: none"> <li>• Abalone</li> <li>• Clams (cherry-stone, littleneck, pismo, quahog)</li> <li>• Cockle (periwinkle, sea urchin)</li> <li>• Crab</li> <li>• Crawfish (crayfish, ecrevisse)</li> <li>• Lobster (Langouste, langousine, scampo, Coral, tomalley)</li> <li>• Mollusks</li> <li>• Mussels</li> <li>• Octopus</li> <li>• Oysters</li> <li>• Prawns</li> <li>• Scallops</li> <li>• Shrimp (crevette)</li> <li>• Snails (escargot)</li> <li>• Squid (calamari)</li> </ul>	<ul style="list-style-type: none"> <li>• Walnut: walnut, pecan</li> <li>• Mango: pistachio, cashews</li> <li>• Legythis: brazil</li> <li>• Beech: beechnut, chestnut</li> <li>• Birch: hazelnut, filbert, hickory nut</li> <li>• Plum: almond</li> <li>• Macadamia</li> </ul>

Terms that <b>indicate</b> the presence of:						
<b>Cow's Milk</b>	<b>EGG Protein</b>	<b>PEANUT Protein</b>	<b>SOYBEAN Protein</b>	<b>WHEAT Protein</b>	<b>SHELLFISH Protein</b>	<b>TREE NUTS</b>
<ul style="list-style-type: none"> <li>• Yogurt</li> <li>• The letter "D" on the front label of a product indicates the product may contain cow's milk protein</li> </ul>						

Terms that <b>may indicate</b> the presence of:					
<b>MILK Protein</b>	<b>PEANUT Protein</b>	<b>SOYBEAN Protein</b>	<b>WHEAT Protein</b>	<b>SHELLFISH Protein</b>	<b>CORN Protein</b>
<ul style="list-style-type: none"> <li>• Chocolate</li> <li>• High protein flour</li> <li>• Luncheon meat, hot dogs, sausages</li> <li>• Margarine</li> <li>• Natural and artificial flavoring: Simplese®</li> </ul>	<ul style="list-style-type: none"> <li>• African, Chinese, Indonesian, Thai and Vietnamese dishes</li> <li>• Baked goods</li> <li>• Candy</li> <li>• Chocolate (candies, candy bars)</li> <li>• Egg rolls</li> <li>• Hydrolyzed plant protein</li> <li>• Hydrolyzed vegetable protein</li> <li>• Marzipan Candy</li> <li>• Natural and artificial flavoring</li> <li>• Nougat</li> <li>• Sunflower seeds</li> </ul>	<ul style="list-style-type: none"> <li>• Hydrolyzed protein</li> <li>• Natural and artificial flavoring</li> <li>• Vegetable gum</li> <li>• Vegetable starch</li> <li>• Vegetable broth</li> </ul>	<ul style="list-style-type: none"> <li>• Gelatinized starch</li> <li>• Modified starch</li> <li>• Soy sauce</li> <li>• Natural and artificial flavoring</li> <li>• Starch</li> <li>• Vegetable gum</li> <li>• Hydrolyzed vegetable protein</li> <li>• Vegetable starch</li> <li>• Modified food starch</li> </ul>	<ul style="list-style-type: none"> <li>• Bouillabaisse</li> <li>• Fish stock</li> <li>• Natural and artificial flavoring</li> <li>• Seafood flavoring (such as crab or clam extract)</li> <li>• Surimi</li> </ul>	<ul style="list-style-type: none"> <li>• Food starch</li> <li>• Modified food starch</li> <li>• Vegetable gum</li> <li>• Vegetable starch</li> <li>• Hydrolyzed plant protein</li> </ul>

## **Appendix D**

### **Medical Statement for School Food Service Program**

**National School Lunch Program and School Breakfast Program Regulations (7 CFR 210 and 220)** - The regulations of the National School Lunch Program and the School Breakfast Program make it clear that substitutions to the regular meal must be made for students who are unable to eat school meals because of their disabilities, when that need is certified by a physician. Schools are encouraged, but not required, to make accommodations for students who have a special dietary need but do not have a disability. In the case of nondisabled students, the medical statement can be signed by a recognized medical authority.

Specifically, the regulations state:

*7 CFR 210.10(g) Exceptions. Lunches claimed for reimbursement shall meet the nutrition requirements of this section. However, lunches served which accommodate the exceptions and variations authorized under this paragraph are also reimbursable. Exceptions and variations are restricted to the following:*

*(1) Medical or dietary needs. Schools shall make substitutions in foods listed in this Section for students who are considered handicapped under 7 CFR Part 15b and whose handicap restricts their diet. Schools may also make substitutions for nonhandicapped students who are unable to consume the regular lunch because of medical or other special dietary needs.*

*Substitutions shall be made on a case by case basis only when supported by a statement of the need for substitution that includes recommended alternate foods, unless otherwise exempted by FNS. Such statement shall, in the case of a handicapped student, be signed by a physician or, in the case of a nonhandicapped student, by a recognized medical authority.*

### Medical Statement for Children: Requiring Modifications in School Meals

Name of Student:	Birth date:
Name of Parent/Guardian:	Daytime Phone:

<b>Disability or Medical Condition</b> requiring modification of school meals:	<b>Major life activity affected</b> by student's disability ( <i>please circle all that apply</i> ):  caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working
--	--

**Required Meal Modification** (*check all which apply*):

<input type="checkbox"/> RESTRICTED NUTRIENT	<input type="checkbox"/> INCREASED NUTRIENT	<input type="checkbox"/> MODIFIED TEXTURE
<input type="checkbox"/> Calorie <input type="checkbox"/> Controlled Carbohydrate <input type="checkbox"/> Protein <input type="checkbox"/> Sodium <input type="checkbox"/> Fat/Cholesterol	<input type="checkbox"/> Calorie <input type="checkbox"/> Protein <input type="checkbox"/> Fiber <input type="checkbox"/> Other:	Describe required modification:

FOODS TO BE OMITTED FROM THE DIET

List all that apply	Foods that may be substituted
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Special Utensils Needed:

Tube Feeding Required:

Other Accommodations needed:

For student with a disability:	Signature of Physician:
	Date:

For non-disabled student:	Signature of Other Medical Authority
	Date:

## Instructions for Completing the Medical Statement

1. This form may be completed by a parent but must be signed by a physician if the child has a disability. A *Major Life Activity* must be circled if the child has a disability. In many cases it is "eating".
2. If the child does not have a disability it may be signed by a recognized "medical authority" which includes a physician, physician assistant, registered dietitian, registered nurse, or occupational therapist or other health professional specified by the Vermont Department of Education.
3. Check the required meal modification(s) the student needs. Both the modification category and the detailed type of modification should be checked. The more information provided, the better able the school is to meet the students needs.
4. Food omission is most often needed due to a food allergy. Specify to what extent a food must be avoided. For example: "omit milk as a beverage", "omit foods which have milk or other dairy products as a major ingredient", "milk and all dairy products must be completely omitted from the diet".  
  
Food to be Substituted: Be as specific as is reasonable. Typical substitutions would be: "juice for milk", "any other vegetable for tomatoes", "equivalent menu item which does not contain eggs", "fresh or unsweetened fruit for dessert", etc
5. Special Utensils refers to special silverware, plates, cups or other items the student needs in order to eat the meal.
6. Other information includes needs which do not directly relate to the modification of a food such as: fluid intake at other than meal time; additional time to eat or specific timing of a meal or snack; feeding techniques.

Once completed, this form should be returned to the Food Service Manager who, with the input of the parents and appropriate school staff, will establish the necessary routines to provide the modified meal. The original copy of this Medical Statement should be kept on permanent file in the nurses office or food service office. It remains in effect until replaced or inactivated.

## Appendix E Federal Laws

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act* (ADA) of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

### Section 504

The term "physical or mental impairment" includes many diseases and conditions, a few of which may be:

- orthopedic, visual, speech, and hearing impairments;
- cerebral palsy;
- epilepsy;
- muscular dystrophy;
- multiple sclerosis;
- cancer;
- heart disease;
- metabolic diseases, such as diabetes or phenylketonuria (PKU);
- food anaphylaxis (severe food allergy);
- mental retardation;
- emotional illness;
- drug addiction and alcoholism;
- specific learning disabilities;
- HIV disease; and
- tuberculosis.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

### Individuals with Disabilities Education Act:

The term child with a "disability" under Part B of the *Individuals with Disabilities Education Act* (IDEA) means a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services.

IDEA recognizes thirteen disability categories which establish a child's need for special education and related services. These disabilities include:

- autism;
- deaf-blindness;
- deafness or other hearing impairments;
- mental retardation;
- orthopedic impairments;
- other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, tuberculosis;
- emotional disturbance;
- specific learning disabilities;

- speech or language impairment;
- traumatic brain injury; and
- visual impairment; including blindness which adversely affects a child's educational performance, and
- multiple disabilities.

The term child with a "disability" under Part B of the *Individuals with Disabilities Education Act* (IDEA) means a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services.

The Individualized Education Program or IEP means a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. The IEP is the cornerstone of the student's educational program that contains the program of special education and related services to be provided to a child with a disability covered under the IDEA.

USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify:

- the child's disability;
  - an explanation of why the disability restricts the child's diet;
  - the major life activity affected by the disability;
  - the food or foods to be omitted from the child's diet,
  - and the food or choice of foods that must be substituted.
- (See Appendix D for a sample medical statement form.)

## **Appendix F**

### **Sample Letter to Parent**

(School Letter Head)

(Date)

Dear Parent/Guardian:

It is our goal to ensure a safe and supportive environment to all of our students. In 2006 the legislature passed Act 158 to address safe and supportive environments for students with life threatening allergies or chronic illnesses. Act 158 requires \_\_\_\_\_ School District/SU to annually inform parents of students with life-threatening allergies or life-threatening chronic illnesses of the applicable provisions of Section 504 of the Rehabilitation Act of 1973 and other applicable federal statutes, state statutes, federal regulations and state rules. The intent of this notice is to inform you of your student's rights and protections that promote safe participation in our school's programs.

If your student has a life-threatening allergy or life threatening chronic illness, please notify either \_\_\_\_\_, school nurse, at (802) \_\_\_\_\_ or \_\_\_\_\_, the Section 504 coordinator, at (802) \_\_\_\_\_. Section 504 protects students from discrimination due to a disability that substantially limits a major life activity.. If a student is suspected of having a qualifying disability under Section 504, the school will convene a Section 504 team to determine eligibility and as needed, appropriate supports and services to address the student's individual needs. Under Section 504, a student with a physical or mental impairment which substantially limits a major life activity, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, and learning, may meet the definition of a student with a disability. If the student has a qualifying disability, the 504 team will look at how the disability limits access to school programs and whether the student is eligible for protection from discrimination under Section 504. If the student is protected under Section 504, an individualized Section 504 plan will be developed and implemented to provide the needed supports so that the student can access his or her education as effectively as students without disabilities.

Not all students with life-threatening allergies and life-threatening chronic illnesses may be eligible under Section 504. The \_\_\_\_\_ School District/SU may also be able to appropriately meet a student's needs through the Educational Support System with an Educational Support Team plan and an individualized health plan.

Other students may not only be protected by Section 504, but may also be eligible for special education. The Section 504 coordinator or the school nurse may help with referrals to the special education administrator for the district.

Thank you.

Sincerely,  
(School Administrator)

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