



GUIDELINES FOR STUDENTS WITH LIFE THREATENING ALLERGIES

Central Valley School District No. 356
4/07

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INTRODUCTION

Life-threatening allergies and the incidence of anaphylactic shock seem to be on the rise. This document provides an overview of how life-threatening allergies should be addressed by staff within the Central Valley schools. It lists a variety of resources and suggests how staff can work together with students and parents to create a safe and healthy environment in our school district. Each situation is unique and needs to be addressed with a team approach. Any comments, ideas, or feedback that you are able to provide your building principal would be greatly appreciated.

KEY POINTS

- **You are never alone.** It takes a team to ensure the best for our students. Help is usually a phone call away.
- **Educate, Educate, Educate.** This is an ongoing process that changes with the students' needs and as the staff change. Food bans do not work because it creates a false sense of security. Today, processed foods contain trace amounts of food items that are not always identified on the food label. The best plan is to educate our school community about the issues that face students with life-threatening allergies.
- **Special events/Non-routine days.** The greatest risk for a life-threatening allergic reaction exists when the normal routine is broken. Examples are classroom parties, field trips, a substitute teacher, and after school events. **Be Prepared.** Always have the student's allergy care plan available, and think to prevent possible exposures to the allergen.
- **Symptoms vary greatly. Call 911** when anaphylactic symptoms occur or if ingestion is suspected. Use emergency medication (i.e., Epi-Pen) if needed and follow the allergy care plan.

ALLERGY OVERVIEW

- **Background.** Allergies are inappropriate or exaggerated reactions of the immune system to substances that, in the majority of people, cause no symptoms. Symptoms of the allergic diseases may be caused by exposure of the skin to a chemical, of the respiratory system to particles of dust or pollen (or other substances), or of the stomach and intestines to a particular food.
- **Milk, eggs, peanuts, tree nuts, fish, shellfish, soy and wheat** are the foods that cause the majority of allergic reactions.
- **Every child is different.** Some students will have gastro-intestinal (GI) symptoms long before any other symptoms develop; others have rash or hives and respiratory symptoms almost immediately. An estimated 40-45 million Americans (15-20% of the population) have some type of allergy and, in most people, these allergies first appear during infancy or childhood. Approximately 5% of children in the U. S. are affected by food allergies. Most are not life threatening. Many children with allergies will develop a **rash or hives just from touching a surface** that has a trace of their allergen.

- **Be safe, not sorry!** Take all complaints from children with allergies very, very seriously. It is important to respect the needs and rights of each student, especially those covered under Section 504.
- A child with a life-threatening food allergy should **NEVER eat unexamined food.**
- **Be prepared! Know your plan!**
- In the event a student has an allergic reaction at school, **call 911 and administer emergency medication** (i.e., antihistamine and EpiPen) as ordered by the student's health care provider. Key staff members should be trained to use emergency medications and know the location of those medications at school and on any special function. **If epinephrine (EpiPen) is used, the student should be taken to the hospital for evaluation even if the allergic reaction symptoms subside.** The school principal and the school nurse should be notified as soon as feasible. Emergency rescue should be called for **all** suspected allergic reactions. No one can predict how a reaction will progress. A mild reaction can blossom into a full blown anaphylactic reaction very quickly or over several hours. A reaction can also appear to subside or even appear to be under control and can blossom again into a more severe reaction.
- **Cross contamination:** It only takes a trace amount of the food protein to cause an allergic reaction. To prevent exposure to an allergen, **hand washing and washing of surfaces** (tables, chairs, mixing bowls, etc.) where an allergen (such as peanut butter) has been used is necessary. Soap and warm water are most effective for cleaning surfaces.

ANAPHYLAXIS (SEVERE ALLERGIC REACTION) OVERVIEW

What is anaphylaxis?

Anaphylaxis is an immediate, intense and often life-threatening allergic reaction. Also known as anaphylactic shock, anaphylaxis is an excessive reaction by the body to combat a foreign substance that has been ingested, injected, inhaled or absorbed through the skin.

When a foreign substance is detected by the body, the immune system responds by producing antibodies – proteins created by white blood cells to fight foreign substances. The antibodies attack the substance, but also cause cells to release potentially harmful chemicals.

Common allergic reaction such as difficulty breathing, itching, rashes and low blood pressure are the result of these chemicals. Anaphylaxis is a 'worst case,' severe, allergic reaction. The drastic changes in blood circulation and lung function are similar to those experienced in shock. As with shock, they are life-threatening and must be treated immediately.

Signs and symptoms

The symptoms of anaphylaxis can vary. Initial signs of an anaphylactic episode can be mild – a skin rash or a nondescript 'strange feeling.' These symptoms can rapidly progress to include difficulty breathing, swelling, dizziness or unconsciousness.

Serious symptoms:

- Skin: Widespread hives, flushing or swelling.
- Mouth: Swelling of the tongue.
- Throat: Itching, tightness, hoarseness. A hacking cough.
- Stomach: Vomiting, nausea, cramps, and/or diarrhea.
- Lungs: Repetitive coughing, wheezing, trouble breathing.
- Heart: Rapid heart rate, lightheadedness, dizziness, loss of consciousness.

Emergency treatment

Epinephrine is the most commonly used emergency treatment for anaphylaxis. The EpiPen™ is an example of an easy, user-friendly device for the injection of epinephrine.

Epinephrine quickly widens air passages to make breathing easier. It also constricts blood vessels and raises blood pressure. When administered as early as possible, it is very effective. Allergic reactions usually improve within seconds after the injection. Even so, epinephrine's effects are short-lived.

In all allergic reaction cases, emergency medical services (911) must be contacted. Besides transport to the hospital, they might also administer intravenous fluids, oxygen or other treatments. Occasionally, these patients stay overnight at the hospital.

OVERVIEW OF COMMON TRIGGERS FOR ANAPHYLAXIS

Food Allergies

Peanuts, tree nuts, shellfish, milk, eggs, soy and wheat are the typical foods that cause the majority of allergic reactions. A child's allergy to one food might also extend to related foods. For example, an allergy to peanuts may mean an allergy to all members of the legume family. This family contains foods such as soy, peas and certain beans.

Not all adverse reactions to foods are due to an allergy. Some reactions to cow's milk, for example, are related to a deficiency of an enzyme that breaks down sugar in the milk and are considered a digestive disorder.

The first signs or symptoms of an allergic reaction can vary from a few minutes to a few hours after ingestion. The frequency and severity of symptoms may vary widely. The most common symptoms of food allergy involve the skin and intestines.

Once the diagnosis of food allergy is confirmed, the most effective treatment is to avoid the food in any form. The child and parent must always check the ingredients of all food products. A medical alert bracelet will provide crucial information in the case of an emergency.

Insect Sting Allergies

Most people are not allergic to insect stings. An allergic reaction is not the same as the localized pain, redness and swelling always associated with a common sting. Swelling may extend beyond the sting site.

For example, a sting on the forearm may cause the entire arm to swell. Although alarming in appearance, if no signs of allergic reaction are noted, the condition is treated as a normal sting. If in doubt, consult with a physician. In those with true allergic reactions to insect stings, future reactions can be prevented by venom immunotherapy. This treatment involves multiple visits to a health care provider. Increasing doses of venom are administered gradually to stimulate the child's own immune system. Over time, the child becomes resistant to reactions.

Latex allergies

Allergic reactions to latex have become more common in recent years because of an increased use of latex in medical products. Latex allergies are usually caused by natural latex derived from the *Hevea brasiliensis* tree, rather than by synthetic latex. While latex is found in many consumer products such as shoes, underwear waistbands and rubber toys, these uses seem to cause problems only with those who are very allergic to latex. The most common items that might be found in schools that could cause a problem are latex gloves and latex balloons.

Latex sensitive people frequently demonstrate allergic sensitivity to avocado, banana, chestnut, kiwi, raw potato, tomato, stone fruits (peach, plum, cherry), hazelnut, melons, celery, carrot, apple, pear, papaya and almonds.

The best treatment for latex allergy is avoidance. Inform health care providers of latex allergies prior to any dental or medical visits. Wear a medical alert bracelet identifying a latex allergy.

Drug allergies

People who have had an anaphylactic reaction to a drug in the past should avoid this medication in the future. They must get a medical alert bracelet identifying this allergy. Besides identifying medications to avoid, a physician can help determine safe alternative medications.

Drug allergies are *generally not* considered 'life-threatening' in the school setting because medications are not prescribed or recommended by school staff. All medication administered at school must be authorized in writing by both the physician and parent.

AWARENESS, PREVENTION, AND EMERGENCY PREPAREDNESS

By working together, parents, students, medical professional, school district team members, and community partners can create a safe and nurturing environment for all of our students, including those with life-threatening allergies. The first two keys to this safe environment are awareness and prevention.

Awareness means that students, staff, and the community become more aware of the impact of life-threatening allergies and a better understanding of its impact and implication to students and family who

have to live with this condition. It also means that key school team members know who in their school community has a life-threatening allergy.

Prevention addresses the need to limit or avoid possible exposure of student with life-threatening allergies to their allergen. The school district has reviewed and will continue to update key procedures and forms that help protect these students. One of the key ways to help prevent allergy problems in school is for the parent to ensure that all the necessary health information and forms are updated each year. A law is now in place (RCW 28A.210) that requires each family to provide the school a completed Emergency Action Plan (care plan) along with required medication and a completed medication request form before their child with a life-threatening allergy can attend school.

Another key to prevention is for the family to **provide meals and snack item from home** if possible. Local allergists recommend this, and foods provided from home offer the safest option for student with life-threatening allergies.

Unfortunately, total avoidance is simply not possible because many of the offending substances are so widespread or hidden in our daily environments. That is why **Emergency Preparedness** is so important. Each child with life-threatening allergies will have a Care Plan (Emergency Action Plan) in place, and key school team members will be trained.

TEAM ROLES

Family's Responsibility

- Notify the school of the child's allergies
- Work with the school team to develop a plan that accommodates the child's needs throughout the school, including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus.
- Provide written medical documentation, instructions, and medications as directed by a physician.
- Provide a small photo of the child to be used on an emergency care plan (approx. 1½" x 2").
- Replace medications after use or upon expiration.
- Ensure all necessary enrollment forms are filled out accurately and updated annually.
- Educate the child in the self-management of their allergy including:
 - Safe and unsafe food
 - Strategies for avoiding exposure to unsafe foods
 - Symptoms of allergic reactions
 - How and when to tell an adult they may be having an allergy related problem
 - How to read food labels (age appropriate)
- Review policies/procedures and the emergency care plan with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- Ensure student information and necessary forms are provided if the child transfers schools at any time during the school year.
- Notify school staff of any changes in the emergency care plan including emergency contact phone numbers.
- Share food allergy information, including a copy of the emergency care plan, and medication orders, with all after school programs/activities and transportation department.
- Provide safe snacks for classroom parties and other special events.

- Provide safe meals from home, if possible. This is the safest option for a child with life threatening allergies.
- Work with kitchen staff and district nutrition services to ensure safe school meal options are selected if the child will eat at school.

Student's Responsibility

- Should not share or trade food or eating utensils with others.
- Should not eat anything with unknown ingredients or know to contain any allergen.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
- Should notify an adult if they are being picked on or threatened by other students as it relates to their allergy.

Principal's Procedures/Responsibility

The building principal is the key team coordinator that pulls together the building, district, and school community team members that can best serve the particular student and circumstance. Key responsibilities are:

- **Meet with parents and LISTEN** to their needs and concerns. They often have become an expert for their child's specific allergy.
- Establish a care team. (Could include: Parent, Principal, Teacher, Student, School Nurse, Aide(s), kitchen manager)
- Help parent understand possible 504 implications.
- Inform parent when child may attend school.
- Develop school accommodation plan: Lunchroom, classroom, lunch menu, special events, parties, field trips, and science kits.
- Ensure necessary paperwork is completed/updated prior to attendance each year: enrollment forms, emergency care plans, medication forms.
- Ensure training takes place annually and as needed: emergency medication (i.e., Epi-Pen), emergency care plan, and accommodation plan at school.
- Ensure medications are stored appropriately, are accessible, and staff knows where they are located.
- Ensure district procedures for special events are followed: field trip plans, parties, and other special events.
- Ensure that emergency care plans are in designated areas, key staff are trained, and staff practice the emergency care plan at least once as early in the school year as possible.
- Ensure new staff and substitutes are alerted.

Office Staff's Procedures/Responsibility

- Review enrollment form and identify students with life threatening allergies.
- Hand out an *Allergy Alert* form and medication authorization forms to the parent and explain that **these forms must be returned and approved by the school nurse prior to the child attending school.** This is in compliance with state law.

- Notify the principal, school nurses, and teacher immediately that a student with a life threatening allergy will be enrolling (e-mail or call).
- Immediately inform the school nurse that the completed paper work is available.

Nurse's Procedures/Responsibility

The nurse is the key resource for medical direction and staff/student training. The nurse **MUST** be called as soon as a student is identified with an allergy. Key responsibilities are:

- Work with principal and parents to develop an emergency care plan and an individual health care plan (if appropriate).
- Review and approve emergency care plan and medication forms as they are submitted
- Distribute emergency care plan and medication request form to appropriate staff.
- Train staff, students and parents for emergency plan and the use of the EpiPen.
- Track/review school plan, emergency plan, training and expiration dates on medications.
- Review emergency care plan annually and update as needed. Communicate with parents and medical professionals as needed.

Teacher: The teacher has the greatest impact on the student and classroom environment. Making the school a place where the student can be accepted is very important. Key responsibilities are:

- Understand parent and student needs
- **Call 911 first** when allergy related symptoms occur or ingestion is suspected.
- Know the emergency care plan and school/classroom accommodations.
- Inform substitutes of the plan(s) and ensure all paper work is current and available.
- Help educate students about allergies and peer pressure. (Video available.)
- Review/rethink lesson plans and field trips in regard to foods.
- Be prepared for special events (parties) and field trips. The greatest risk for a student to have an allergic reaction is when class activity is outside the normal routine.
- Emphasize hand washing and surface washing before and after eating or handling food.
- Train all students not to share food or eating utensils.
- Review craft and science projects in regards to specific food allergies.
- Know the location of all Emergency information and medications.
- Know how medications are accessed after normal school hours and on special trips.
- Know how to contact emergency services at school or on a field trip.
 - Do you dial "9" first?
 - Know how to contact emergency services throughout the full course of your field trip.
 - Is 911 available throughout the entire itinerary? If not, what is the number to dial for the local emergency response service?
 - Be aware that your cell phone may not be operational in all areas.
 - **Know your alternatives.**

Nutrition Services' Procedures/Responsibility:

Nutrition Services have access to educational resources and staff that are trained in nutrition, labeling, and food production. Their role is to clearly communicate with the principal and parent what allergens may exist on the schools' menu. Key responsibilities are:

- Know the ingredients of school food items.
- Annually review food labels.
- Label peanut and nut products that are produced and/or served by nutrition services.
- Participate with care team as needed.
- **Minimize cross contamination of allergenic food products.**
- Make menu accommodations as needed. Communicate these changes with the principal and nutrition services supervisor.
- Review the emergency care plans for each student with food allergies.
- Provide appropriate food substitutions.

SNACK DISTRIBUTION AT SCHOOL

Schools occasionally purchase snacks for distribution during group testing situations. The safest option for student with severe food allergies is to bring safe snacks from home and not eat any snacks provided by school.

Please review the handout *Reading Food Labels* for information to note when selecting food/snack items when students with severe food allergies are in the testing group.

Please note: It is **NOT** recommended that food purchased by schools be distributed to students with severe food allergies.

If you have questions, please contact your School Nurse. More information is available at the Food Allergy Network website at: www.foodallergy.org.

SCIENCE KITS – Allergen Labeling & Procedures

- Non-allergenic contents are used whenever possible.
- A master roster of all kits is kept, with kits that contain potential allergens highlighted and the potential allergen is noted.
- The shelf in the kit assembly area that contains one of these allergens is marked with a bright terra green sticker, noting the items need to be labeled in the science kit.
- Each science kit inventory sheet identifies the item that contains the allergen with the allergen **highlighted**.
- Kits with **latex, nuts, and/or peanuts** have a notation at the bottom of the inventory sheet and a note to “Add a bright terra green flyer to the top of each kit.”
- All kits with potential allergens have a bright terra green notice stuck on the lid for the teacher to “Check the kit inventory list for any allergens that might cause a problem for one of their students.”
- Each item that contains a potential allergen is assembled or prepared in a separate area away from the kit assembling area. Bulk items are placed in zip lock bags and labeled. Left over kit items are stored in a plastic tub in the appropriate kit area.
- Like kits are assembled at the same time, cross contamination/contact is minimized, and the area is cleaned prior to a different kit being assembled.
- Kit order forms have potential allergens noted.

RESOURCES

The Food Allergy and Anaphylaxis Network (FAAN): FAAN is a great resource for current research, informational newsletter, support groups, and information of food products. Their phone number is 800-929-4040, and the Web address is: <http://www.foodallergy.org>

Allergy, Asthma Information Association of Canada (AAIA):
http://www.aaia.ca/ENGLISH/Main_Pages/Links.htm

American Academy of Allergy, Asthma and Immunology (AAAAI): <http://www.aaaai.org/>

Asthma & Allergy Foundation of America: <http://www.aafa.org/>

Inland Food Allergy Support Team (IFAST): <http://home.comcast.net/~ifast/>

School Nurse Organization of Washington (SNOW):
<http://www.schoolnurseorganizationofwashington.org/links.php>

Classroom Resources:

The following classroom resources have been purchased from the Food Allergy Network (FAN) and are available for your use. They can be checked out from your school nurse and/or the Interventionist Library.:

- **The School Food Allergy Program Manual** (A detailed resource on how to manage allergies in the school environment).
- **It Only Takes One Bite:** A short video for adults/staff that provides an overview of allergies and how they can be managed.
- **Alexander, The Elephant Who Couldn't Eat Peanuts:** A short video targeting elementary students and the issues of peer pressure and allergies.
- **Friends Helping Friends: Make It Your Goal:** A video, discussion guide, poster and reproducible certificates for middle school age students.

APPENDIX A

NURSES PHONE NUMBERS

Nurses Phone Numbers – 2006/2007

Building assignments may vary from year to year. The nurses all carry a pager or a cell phone.

Cheryl Funke, School Nurse Specialist	cell: 995-2540
Kathy Anderson	pager: 622-3254
JoAnn Brown	cell: 435-2620
Debbie Cochran	cell: 435-6280
Jeanne Dowling	cell: 570-2337
Heather Graham	cell: 270-2505
Angela Kittridge	pager: 622-3284
Cynthia LeBlanc	pager: 623-7640
Lori Parisot	pager: 622-3233
Lani Richards	CVKC: 228-5380

APPENDIX B

MEDICATION AUTHORIZATION FORM

Central Valley School District #356
19307 E. Cataldo, Spokane Valley, WA 99016

AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION AT SCHOOL

Student Name: _____ Birthdate: _____

School: _____ Grade: _____

THIS PORTION TO BE COMPLETED BY LICENSED HEALTH PROFESSIONAL (LHP) WITH PRESCRIPTIVE AUTHORITY

Name of Medication	Dosage	Methods of Administration	Time of day to be taken

Diagnosis: _____

If given 'as needed' (prn), specify the length of time between doses: _____

May student carry inhaler on his/her person?*** Yes No

*****This student has demonstrated to a licensed health professional in my office the ability to correctly administer this medication.*****

Is student trained to self-administer emergency injectable medicine? Yes No

Possible side effects of medication: _____

Emergency procedure in case of serious side effects: _____

I request and authorize that the above named student be administered the above identified oral medication in accordance with the instructions indicated above from _____ to _____ (Not to exceed current school year), as there exists a valid health reason that makes administration of the medication advisable during school hours.

Date of Signature: _____ Licensed Health Professional's Signature: _____

Telephone #: _____ Fax #: _____ Print Name: _____

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I have reviewed the parent information regarding medication at school and request/authorize the school to administer medication to my student in accordance with the LHP's instructions for the period from _____ to _____ (not to exceed current school year). District Policy, 3416 AP, states that due to the schedule and other responsibilities, it is possible for a dosage(s) to be delayed or missed.

I will allow my student to carry his/her own inhaler: Yes No

My student may carry and is trained to self-administer his/her own emergency injectable medication: Yes No

The district shall incur no liability as a result of any injury arising from the self-administration of this medication.

Date of Signature: _____ Parent/Guardian Signature: _____

Home phone #: _____ Work/cell phone #: _____

This record must be kept for a period of 8 years

Student demonstrated appropriate self-usage of the inhaler/EpiPen to the School Nurse: Nurse signature: _____

Parent Information on Medication at School

Pursuant to the State of Washington laws, administration of oral medication may be provided at school if all conditions are met. District Policy, 3416AP, states that 'due to the schedule and other responsibilities, it is possible for a dosage(s) to be delayed or missed.' If a dose is delayed or missed, parents will be notified.

I All Medication

1. A signed '**Authorization**' form must accompany **all** medications.
2. Medications must be brought to the school office by the parent and **not the student**.
3. **Pills need to be broken prior to being brought to school for half dosages.**
4. Medication left at school shall be destroyed the last day of school, according to district policy.

II Prescription Medication

1. An '**Authorization**' form must be completed and signed by the **health care provider and parent**.
2. All medication must be in the **original prescription bottle** and properly labeled with the student's name, name of medication, exact dosage, name of health care provider, date and time of day to be given.
3. The directions of the 'Authorization' form **must match** the directions on the prescription bottle.
4. **Sample** medication must also be properly labeled and in the original container or package.
5. **Inhalers** - The health care provider **and** parent must state in writing on the 'Authorization' form if the student is to **carry** an inhaler. The school Nurse will also be part of this decision. **The school shall not be responsible for documentation of medication carried and self-administered by the student.**
6. **No more than a 20 (twenty) day supply of Schedules II-V medications** (i.e. Ritalin, cough syrup with codeine) should be brought to school by the parent.
7. All medications to be given by nebulizer must be provided in individual unit doses.

III Non-Prescription Medication (e.g. cough drops, vitamins, aspirin, cough syrup, or any over-the-counter medication)

1. An '**Authorization**' form must be completed and signed by the **health care provider and parent**.
2. **No medication** shall be given without this 'Authorization' form.
3. Non-prescription medication must be in the original package and **must be labeled by the parent**, with the student's name, name of health care provider, exact dosage and time of day to be given.

IV Over-the-counter Oral Medication to be self-carried – grades 9 through 12

1. A '**Permission**' form must be completed and signed by the **parent and principal or school nurse**.
2. Medication must be in the original labeled container.
3. Student will carry written permission from the parent indicating the name and dosage of the medication.

V Administering Medication 15 Days or Less

1. An '**Authorization**' form must be completed and signed by the **parent**.
2. The **health care provider** must write, on either a prescription blank or an 'Authorization' form, a request for medication to be administered at school.

VI Administering Medication 15 Days or More

1. An '**Authorization**' form must be completed and signed by the parent and health care provider.
2. This 'Authorization' form must contain complete physician instructions. A prescription blank is not sufficient for medications over 15 days.

VII Non-Oral Medication

1. School personnel will not administer eye drops, ointments, or topical medication. They must be self-administered by the student or they may be administered by a parent/guardian/or an adult designated by the parent who comes to the school for this purpose.
2. **Injectables – May only be given by a licensed nurse (available only on a few days/week at most buildings), the student, or a parent/guardian except as listed below:**
 - a. If a student is susceptible to a predetermined, life-endangering situation, trained school personnel may assist the student with an auto-injection, i.e. Epipen. The health care provider **and** parent must state in writing on the "Authorization" form if the student is to **carry** an Epipen.
 - b. The parents of a student with diabetes may authorize a Parent Designated Adult (PDA) who may or may not be a school district employee, to give injections and/or administer blood glucose monitoring. The PDA must receive additional training from a health care professional or expert in diabetic care selected by the parents.

APPENDIX C

ALLERGIC REACTION/ANAPHYLAXIS MANAGEMENT

ALLERGIC REACTION/ANAPHYLAXIS MANAGEMENT

Anaphylaxis is an allergic reaction that may be triggered by asthma, an insect bite, a drug allergy or a food allergy. The following procedure should be followed by a school nurse or designated first aid provider.

ALLERGIC REACTIONS

Severe allergic reactions in children are usually due to an insect sting (bees, wasps, hornets) or may be caused by drugs or foods.

SYMPTOMS TO WATCH FOR:

MILD SYMPTOMS (Local Reaction):

- **Mild Skin Reactions** – Hives, itching and swelling only in area of exposure

SERIOUS SYMPTOMS (Systemic Reaction):

- **Skin** – *wide spread hives* and flushing, widespread swellings
- **Mouth** – swelling of the tongue
- **Throat** – itching, or a sense of tightness in the throat, hoarseness, hacking cough
- **Gut** – vomiting, nausea, cramps, diarrhea
- **Lungs** – repetitive coughing, wheezing, trouble breathing
- **Heart** – rapid heart rate, lightheadedness, dizziness, loss of consciousness

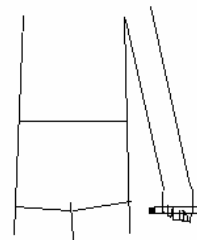
IF AN ALLERGIC REACTION OCCURS, DO THE FOLLOWING:

- **Do not allow student to walk to the office; call for assistance**
- Call 911 for moderate or severe reaction
- Administer EpiPen, if prescribed
- Stay with student
- Monitor pulse and respiration
- For absent breathing/pulse, initiate CPR

The EpiPen is the only injectable medication that can be used for students in Central Valley School District for an anaphylactic reaction. An “Authorization for Medication” form must be on file and an EpiPen provided to the school by the parent/guardian.

DIRECTIONS FOR USING THE EPIPEN

1. Check for color – don't use if fluid is brown.
2. Pull off *gray* safety cap.
3. Place *black* tip on thigh at right angle to leg.
4. Press hard into thigh (can be injected through light layer of clothing, if necessary).
5. Hold in place for 10 seconds.
6. Remove EpiPen and massage area for 10 seconds.



APPENDIX D

ALLERGY ALERT (ALLERGY INFORMATION FORM)



ALLERGY ALERT



ATTENTION: PARENTS OF STUDENTS WITH ALLERGIES
Please complete this form and return to your School Nurse as soon as possible.

Student's name: _____ Date: _____ School: _____

Grade: _____ Teacher: _____

Parent/guardian: _____

Telephone (home): _____ (work): _____

Physician's Name: _____ Telephone: _____

Please list all items (i.e., foods, bees, animals, etc.) your child is allergic to: _____

(NOTE: If your child needs a special diet provided at school you will need to provide a written prescription from a Physician.)

Type of reaction your child has: _____

Who should be contacted if your child has a reaction at school? _____

Telephone _____

What steps should be taken if your child has a reaction? _____

Does your child use an Epipen? Yes No

(NOTE: A signed "Authorization for Administration of Medication at School" form must be signed if a child must have an Epipen at school.)

Has your child been trained to self-administer the Epipen? Yes No

In event of classroom/school parties, food treats will be handled as follows:

- Student will eat treat without concern for allergy
- Student will **not** eat treat if it is on the list of food allergies
- Student will **not** eat treat if ingredients are unknown
- Replace with parent-supplied alternative
- Modify the treat as follows: _____

Food treats are occasionally provided during regular class time. These treats will be handled as follows:

- Student will eat treat without concern for allergy
- Student will **not** eat treat if it is on the list of food allergies
- Student will **not** eat treat if ingredients are unknown
- Replace with parent-supplied alternative
- Modify the treat as follows: _____

Parent's signature: _____

Date: _____

Rev. 12/01

APPENDIX E

FOOD ALLERGY ALERT TO PARENTS (CLASSROOM LETTER)



FOOD ALLERGY ALERT TO PARENTS

Date: _____

Dear Parent/Guardian:

This letter is to inform you that a student in your child's classroom has a severe food allergy to - _____ that could be life-threatening. That means that they cannot eat anything that contains this food substance or been prepared or cooked with the same dishes or utensils as this food substance. Even trace elements of this food could result in a severe allergic reaction.

It is our goal to ensure that every student in our school is safe. Therefore, we are requesting that you avoid, if possible, sending in these foods to school for snacks or treats.

We would also request that you speak with your child about the ways that he/she can help keep their classmate safe including:

- Do not offer, share or exchange any foods with other students at school.
- Handwashing with soap and water after eating is necessary to decrease the chance of cross contamination on surfaces at school.
- If your child rides the bus, remind them that there is a 'no eating on the bus' policy.

Thank you for your consideration and help in this matter. If you have any questions or concerns please call the school nurse.

Sincerely,

APPENDIX F

EMERGENCY HEALTH CARE PLAN

EMERGENCY HEALTH CARE PLAN



ALLERGY TO: _____

Student: _____ D.O.B.: _____ Teacher: _____

Asthmatic Yes* No *High risk for severe reaction

◆ **SIGNS OF AN ALLERGIC REACTION** ◆

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 change quickly.
* All above symptoms can potentially progress to a life-threatening situation.

◆ **ACTION FOR MINOR REACTION** ◆

If only symptom(s) are: _____, give _____
Medication/dose/route

Then call:

1. Mother _____, Father _____, or emergency contacts.
2. Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps 1-3 below.

◆ **ACTION FOR MAJOR REACTION** ◆

If ingestion is suspected and/or symptom(s) are: _____,
give _____ **IMMEDIATELY!**
Medication/dose/route

Then call:

1. 911 (ask for advanced life support)
2. Mother _____, Father _____, or emergency contacts.
3. Dr. _____ at _____

DO NOT HESITATE TO CALL 911

Parent's Signature _____ Date _____ Doctor's Signature _____ Date _____

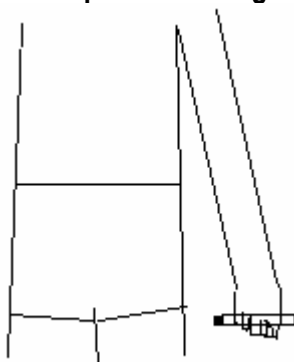
EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____ Relation: _____ Phone: _____ 2. _____ Relation: _____ Phone: _____ 3. _____ Relation: _____ Phone: _____	1. _____ Room _____ 2. _____ Room _____ 3. _____ Room _____

EPIPEN® AND EPIPEN JR.® DIRECTIONS

1. Pull off gray safety cap



2. Place black tip on outer thigh (always apply to thigh)



3. Using a quick motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and Discarded. Massage the injection area for 10 seconds.

For children with multiple (food) allergies, use one form for each food/allergy.

APPENDIX G

SAMPLE INDIVIDUAL HEALTH PLAN

CENTRAL VALLEY SCHOOL DISTRICT #356
19307 E. Cataldo, Spokane Valley, WA 99016

INDIVIDUALIZED HEALTH CARE PLAN / SECTION 504 PLAN

I. IDENTIFYING INFORMATION	
Student's Name	School
Birthdate	Teacher
Age	Grade
CONTACTS	
PARENTS/GUARDIANS	
Mother's Name _____	
Mother's Address _____	
Mother's Home Telephone _____ Work Telephone _____ Cell/Pager _____	
Father's Name _____	
Father's Address _____	
Father's Home Telephone _____ Work Telephone _____ Cell/Pager _____	
PHYSICIAN	
Physician _____	
Physician Address _____ Telephone _____	
HOSPITAL	
Hospital preference _____	
SCHOOL	
School _____ Telephone _____	
School Nurse _____ Cell/Pager _____	
II. MEDICAL OVERVIEW	
Medical Condition _____ Any Known Allergies _____	
Medications _____	
Possible Side Effects _____	
Necessary Health Care Procedures at School _____	

Health Care Plan for Period _____ to _____	

III. OTHER IMPORTANT INFORMATION

Nurse presence required (minimum):

- full-time with student full-time in building weekly annually

IV. BACKGROUND INFORMATION/NURSING ASSESSMENT

Brief Medical History

Check if additional information is attached

Specific Health Care Needs

Check if additional information is attached

Social/Emotional Concerns

Check if additional information is attached

Academic Achievement

Check if additional information is attached

V. HEALTH CARE ACTION PLAN

Attach physician's order and other standards for care.

Procedures and Interventions (student specific)

Procedure	Administered by	Equipment	Maintained by	Auth/trained by
1.				
2.				
3.				

V. HEALTH CARE ACTION PLAN (cont.)

Medications

Check if medication given at school. Attach copy of Medication Authorization

Diet

Check if additional information is attached

Transportation

Check if additional information is attached

Classroom School Modifications (including adapted PE)

Check if additional information is attached

Equipment – List necessary equipment/supplies

Provided by Parent	Provided by District
1.	
2.	
3.	
4.	
<input type="checkbox"/> None Required	

Safety Measures

Check if additional information is attached

Emergency Care Plan Attached Transportation Plan Attached Training Plan Attached

Substitute/Backup Staff (when primary staff not available)

Possible Problems to be Expected

Training

VI. HEALTH CARE PLAN REVIEW

Next review date of Health Care Plan _____

VII. DOCUMENTATION OF PARTICIPATION

We have participated in the development of the Health Care Plan and agree with its contents.

<u>Signature</u>	<u>Date</u>	<u>Title</u>
_____		<u>Principal or Designee</u>
_____		<u>Teacher</u>
_____		<u>School Nurse</u>
_____		_____
_____		_____

VIII. PARENT AUTHORIZATION FOR SPECIAL HEALTH SERVICES

We (I), the undersigned, who are parents/guardians of _____
(Student Name) (Birthdate)
request and approve the attached Individualized Health Care / Section 504 Plan

We (I) will notify the school immediate if the health status of _____
(Student Name)
changes, we change physicians, or there is a change or cancellation of the procedure.

We (I) agree to provide the following, if any needed: medical equipment and supplies, medication, dietary supplements.

_____ Parent Signature	_____ Parent Signature
_____ Date	_____ Date

APPENDIX H

FIELD TRIP TIPS

Tips for Field Trips

Field Trip Tips for Parents

- Keep yourself up-to-date on upcoming special events in your child's school. The more time you have to plan ahead, the better.
- Remember that you and your child's teacher need to work together as a team to keep your child safe.
- Role-play with your child and practice what your child should do if a reaction is occurring what to do if your child starts to have a reaction.
- Oftentimes children are reluctant to mention that they're having symptoms for fear of creating a scene. Teach your child to be persistent that, in the event of a reaction, rapid treatment is essential.

After the event, briefly call or meet with your child's teacher to discuss what went well and what, if anything, should be changed in the future. Be sure to give praise for a job well done; a thank-you note reinforces the idea of teamwork and builds a positive atmosphere.

Field Trip Tips for Educators

- Review the student's Emergency Health Care Plan. Ask the parents to review the Plan you have on file and note any updated information. Also ask parents to check the expiration dates on any medications that will be taken on the field trip.
- Determine how to contact emergency services to and from location. Find out where the nearest hospital is, and discuss how a student would be transported there in case of an emergency.
- Brief the staff and chaperones that will be supervising students during the event or trip. Explain the symptoms of an allergic reaction, and review the Emergency Health Care Plan.
- Identify the food-allergic student and discuss what foods must be avoided. Designate a staff member to check the safety of any food served to that student.
- The day of the event or trip, carry the allergic student's medications wherever the student goes. In the case of a severe allergic reaction (anaphylaxis) speedy access to medications can be the difference between life and death. Keep all staff and chaperones informed about who will be carrying the student's medications.
- Carry a cell phone to place emergency calls, if necessary. (Confirm coverage for trip area.) Make certain all staff and chaperones know where the phone will be kept.

Take all complaints seriously. If a student with a life-threatening allergy notifies the staff that he or she is not feeling well, compare the symptoms with those listed on that student's Emergency Health Care Plan. If the student is having an allergic reaction, activate emergency procedures immediately. Remember, if epinephrine is administered but not needed, the student may experience increased heart rate and nervousness. If epinephrine is needed but not administered, the student may experience a severe or fatal allergic reaction.

Adapted from *Managing Food Allergies in School*, Food Allergy Network, and Spokane Public Schools *Field Trip Check List for Life Threatening Conditions*

APPENDIX I

FOOD ALLERGIES AND SCHOOL BUSES

Food Allergies and School Buses

There are thousands of children with life-threatening allergies who safely ride the bus each day to and from school. Below are some of the accommodations that have been made.

- Make sure the bus driver knows the allergic child, their allergy and symptoms that they may suffer during a reaction.
- The bus driver will use the two-way radio to request a call for 911 if a reaction occurs.
- Have the child with a life-threatening allergy sit in the front seat near the driver.
- Enforce a "no food on the bus" policy.
- Some children have permission to carry his or her own EpiPen® in their backpack.

Adapted from *Managing Food Allergies in School*, The Food Allergy Network.

APPENDIX J

NUTRITION SERVICES AND THE FOOD-ALLERGIC STUDENT

Nutrition Services and the Food-Allergic Student in CVSD

The CVSD Nutrition Services Department wants to create a partnership with parents, teachers, nurses, custodians, kitchen staff, and principals to ensure the safest possible environment for students. We have students with a wide variety of life-threatening food allergies in our district. It is virtually impossible to eliminate any food allergen totally from the schools due to the number of sources of foods that come into the schools, the potential for hidden ingredients, and the possibility for contamination of food where it is packaged. Another possible problem is that ingredient lists for food items may be changed by the manufacturer without prior notice. Actions that we *are* taking include:

- Identifying the common food allergens, trying to limit their use within reasonable limits, and notifying staff and students when they appear in a menu.
- Since nuts are one of the most common allergens we have taken the step by identifying them with a squirrel symbol on our written menus. We will provide lists of foods with other allergens to parents upon request.
- Spokane Public Schools have developed an allergy list for school menu items that is posted online at <http://www.spokaneschools.org/NutritionServices/Allergies/Menu.stm>. Since we use many of the same menu items this might be an additional resource for families.
- In tandem with the School Nurses an effort is made to identify all students with specific food allergies. We try not to serve the student a food to which he/she is allergic but with the number of students served everyday it is essential for the student to also take responsibility for avoiding that food.
- Food substitutions are made when a written prescription is received from the student's Health Care Provider specifying the food to avoid.

APPENDIX K

NUTRITION SERVICES FORMS:

DIET PRESCRIPTION

STANDARD FOOD ALLERGY SUBSTITUTIONS



DIET PRESCRIPTION FOR MEALS AT SCHOOL

This form must accompany the “Standard Food Allergy Substitution” form.

Student’s Name _____ Age _____

School _____ Grade _____

Disability/Food Related Problem _____

Non-Disabling Medical Condition _____

Nutrition Services provides standard food substitutions that are commonly available in the District’s warehouse. Please review the “Standard Food Allergy Substitution” form. Check below if the standard substitution for the food related problem noted above is appropriate.

I accept the standard food substitutions provided by the District.

Check below if your child’s food related problem is not included on the “Standard Food Allergy Substitution” form and note the requested substitution.

Please provide a substitution for the following: _____

Substitution Requested: _____

I certify that the student noted above needs special school meals prepared as described above because of the student’s disability or chronic medical condition.

Physician/Recognized Medical Authority Signature Office Phone Number Date

I understand that if my child’s medical or health needs change, it is my responsibility to notify the school office and fill out a new Diet Prescription for Meals at School form.

Parent/Guardian’s Signature Home Phone Number Date

Original: Cafeteria
Yellow: Nutrition Services
Pink: School Office



STANDARD FOOD ALLERGY SUBSTITUTIONS

(This form is to be used by medical professionals for life-threatening food allergies and other issues such as food intolerances.)

Remember: For life-threatening allergies, meals from home provide the safest option.

Directions: Check the box next to the appropriate category heading. By signing below, the standard food substitutions are accepted unless the "No Substitutions Needed" box is checked.

School _____

Student _____

Date _____

Doctor/LHP _____

Signature

No Substitution Needed

PEANUTS/NUTS

Common School Items

- Peanut Butter/Uncrustable Sandwich
- Trail mix
- Granola Bar
- Big Foot Cookie

▪ Power Alley Bar
 ▪ Some quick desserts

School Substitutions Could Include

- Cheese sandwich
- Cheese stick

- Turkey, Ham or Beef Sandwich
- Chicken Nuggets
- Animal Crackers

MILK

Common School Items

- Milk

School Substitutions Could Include

- Juice

DAIRY

Common School Items

- Pizza
- Ice cream
- Burrito
- Cheese Sandwich/Zombie
- Breaded Entrée items
- Ravioli/Spaghetti

▪ Most School-Prepared Breads

School Substitutions Could Include

- Turkey, Ham or Beef Sandwich
- Hamburger on Bun

- Peanut Butter/Uncrustable Sandwich
- Soft/Hard Taco (No cheese)

WHEAT

Common School Items

- Sandwich Bread
- Bread Items
- Cookies/Cakes
- Many Desserts
- Pizza Crust
- Hamburger/Hot Dog Bun

▪ Pastas (Ravioli/Spaghetti)

▪ Breaded Entrée items

▪ Breakfast Cereals and Entrees

School Substitutions Could Include

- Rice

- Hard Taco Shell
- Tortilla chips
- Potato (mashed)
- French fries
- Oatmeal
- Rice Cereal

(over)

SOY (Note: Many of our food items contain soy or soy oil)

Common School Items

- All Bread Items (soy oil)
- Purchased Entrees (burrito, nuggets, corndog, hamburger, ravioli, etc.)
- Salad Dressings/Dips

- Most Purchased Snack/Dessert Items

School Substitutions Could Include

- Yogurt
- String cheese

- Sun chips
- Potato (fresh)
- Hot dog (no bun)
- Fresh fruits and vegetables

EGG

Common School Items

- Eggs
- Breaded Entrée Items
- Tuna Sandwich
- Mayo Products
- Waffle/French Toast
- Cakes

- Muffins/Quick Breads
- Most School-Prepared Breads

School Substitutions Could Include

- Hamburger on Bun
- Hot Dog on Bun

- Peanut Butter/Uncrustable Sandwich
- Cheese Sandwich
- Mookie Cooke
- Cinnamon Roll/Maple Bar

FISH

Common School Items

- Fish Nuggets (Fun Fish)
- Fishwich on Bun
- Breaded Fish Entrees

- Tuna Sandwich

School Substitutions Could Include

- Hamburger on Bun

- Cheese Sandwich
- Turkey, Ham or Beef Sandwich
- Chicken Nuggets

FOODS TO OMIT

FOODS TO SUBSTITUTE*

* Some substitutions may not be available or allowed. Substitutions must be products commonly available in the district warehouse.

APPENDIX L

SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 of the Rehabilitation Act of 1973

INTRODUCTION

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. Section 794) prohibits discrimination on the basis of disability and requires access to federally funded programs, including public schools, for individuals with disabilities. The definition of disability under this federal law is a physical or mental impairment that substantially limits one or more major life activities. For students who are eligible under this law, accommodations must be made to eliminate barriers to their participation in school and school activities for which they would be eligible if they did not have a disability. Implementation of this law still varies greatly from state to state (Gelfman 2001). This civil rights law supports advocacy for a wide range of students with physical and mental health impairments to assist them in achieving positive health and educational outcomes.

BACKGROUND

Section 504 of the Rehabilitation Act of 1973 protects the rights of individuals with disabilities to access programs and services that are supported by federal funds, including public schools. Preschool, elementary, secondary, and adult educational programs that receive federal funds must comply with the provisions of this law. Section 504 forbids the exclusion from public school programs, including regular education, field trips and extracurricular activities, of students with disabilities based solely on their disability. Schools that receive federal funding must, therefore, provide a free and appropriate public education in the least restrictive environment to students with physical and mental health impairments that qualify under the law. The purpose of Section 504 is to assure that students with disabilities have educational opportunities and benefits equal to those provided to their non-disabled peers.

Children who are eligible under Section 504 have a disability that substantially limits a major life activity. That major life activity can be eating, walking, breathing, metabolism, caring for oneself, learning, or neurological functioning, among others. For example, the student with diabetes has a condition that significantly interferes with metabolism and may require accommodation during the school day for diabetes management. When the disability substantially limits the major life activity of learning, the school district must determine if the student is also eligible under the Individuals with Disabilities Education Act (IDEA) (1990). Students may be eligible for IDEA if they meet one of the ten criteria defined in the law and if the student requires specialized instruction. Examples would include the student with severe asthma, which not only substantially limits breathing but is also causing chronic absenteeism and falling grades, or a student with mental retardation who cannot keep up with the regular curriculum. IDEA students are a smaller subset of Section 504 students (Gelfman 2001).

Students who are identified, evaluated, and determined to be eligible for services under Section 504 are required to have an individual accommodation plan that is developed by a team of knowledgeable individuals. Section 504 does not stipulate specific components of such plans, but suggests that they should be written. A team of knowledgeable individuals for a student with a physical or mental health disability typically includes the parent, student, if able, teacher, principal, school nurse, and other school health and counseling professionals who are knowledgeable about the disability and/or the student's educational program. The key elements of an individual accommodation plan include strategies that are developed to enable the student to access an appropriate education in the least restrictive environment, tailored to the student's individual needs. Accommodation under Section 504 may include the provision of related services, such as school health services, with or without specialized instruction.

REFERENCES

Americans with Disabilities Act (1990). (ADA), 42 U.S.C. §§ 12101 et seq.; Regulations at 28 C.F.R. § 35 and § 36.

C. Goldman Ed. (1999). *Background of Section 504 and implementing regulations (1999) Section 504 compliance handbook*. Tampa, FL: Thompson Publishing Group.

Coperhaver, J. (1995). *Section 504: An educator's primer*. Logan, UT: Mountains Okaubs Regional Resource Center

Gelfman, M. (2001). *Discrimination in school: 504, ADA, and Title IX*. In N. C. Schwab & M. H. B. Gelfman (Eds.), Legal issues in school health services (pp. 335-371). North Branch, MN: Sunrise River Press.

Individuals with Disabilities Education Act (IDEA) (1975), 20 U.S.C. §§ 1400 et seq., as amended and incorporating the Education of All Handicapped Children Act (EHA), 1975, P.L. 94-142, and subsequent amendments; Regulations at 34 C.F.R. §§ 300-303 [special education and related services for students, pre-school children, and infants and toddlers].

Janz, J., Beyer, H., Schwab, N. C., Anderson, B., Caldwell, T. & Harrison, J. (1997). *Legal issues in the education of students with special health care needs*. In S. Porter, M. Haynie, T. Bierle, T. Cladwell & J. Palfrey, Children and youth assisted by medical technology in educational settings Guidelines for care. (2nd ed) (pp. 19-39). Baltimore, MD: Paul H. Brookes Publishing Co.

Miller L., & Newbill, C. (1998). *Section 504 in the classroom: How to design and implement accommodation plans*. Austin, TX: PRO-ED.
[Section 504] Rehabilitation Act of 1973, 29 U.S.C. § 794; Regulations at 34 C.F.R. § 104.

Thies, K. M. (1999). *Identifying the educational implications of chronic illness in school children*. Journal of School Health, 69(10), 392-397.

Taken from National Association of School Nurses Issue Brief *School Health Nursing Services Role in Health Care, Section 504 of the Rehabilitation Act of 1973, 2001*.

APPENDIX M

CVSD BOARD POLICIES:

**2162 – EDUCATION OF STUDENTS WITH DISABILITIES UNDER SECTION 504
OF THE REHABILITATION ACT OF 1973**

3412 – GUIDELINES FOR MANAGING STUDENT WITH ALLERGIES

Book:	Board Policy
Section:	2000 – Instruction
Title:	Education of Students with Disabilities Under Section 504 of the Rehabilitation Act of 1973
Number:	2162
Status:	Active
Legal:	<u>Cross Reference</u> 2161 Education of Students with Disabilities 3210 Nondiscrimination <u>Legal References:</u> 34 CFR Part 104 Section 504 of the Rehabilitation Act of 1973 45 CFR Part 99 Family Education and Privacy Act PL 101-336 Section 512 Americans With Disabilities Act of 1990 WAC 392-168-120 Amendment
Adopted:	03/12/2001
Last Revised:	02/24/2003
Last Reviewed:	

Policy Detail

It is the intent of the district to ensure that students who are disabled within the definition of Section 504 of the Rehabilitation Act of 1973 are identified, evaluated, and provided with appropriate educational services/accommodation. Students may be disabled under this policy even though they are not eligible for services pursuant to the Individuals with Disabilities Education (IDEA).

Section 504 of the Rehabilitation Act of 1973 is a civil rights law that protects the rights of individuals with disabilities in programs and activities that receive federal financial assistance from the U.S. Department of Education. A child is a "qualified disabled person" under Section 504 if he or she (1) has a physical or mental impairment that substantially limits one or more major life activities (such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working), has a record of such an impairment, or is regarded as having such an impairment; and (2) is between the ages of 3 to 21 years old.

The district shall comply with the federal policies that require free appropriate public education, childfind, equal educational opportunity, confidentiality of information, parent involvement, participation in least restrictive environment, evaluations, placement, reevaluation, programming to meet individual needs, placement

procedures, nonacademic services, preschool and adult education programs, disciplinary exclusion, transportation, procedural requirements, appropriate funding, accessibility, special issues related to drug or alcohol addicted students, special considerations for students having AIDS or HIV infection, and special issues related to ADD/ADHD students.

A. FREE APPROPRIATE PUBLIC EDUCATION. The district shall provide a free appropriate public education (regular or special education and related aids and services) to school age children with disabilities in the district's jurisdiction. Instruction shall be designed to meet the individual needs of the disabled students as adequately as the needs of the non-disabled students are met.

B. EQUAL EDUCATIONAL OPPORTUNITY. The district shall provide students with disabilities an equal opportunity to participate in and benefit from the educational services it provides to non-disabled students. The teachers of disabled students shall meet comparable standards for certification that teachers of non-disabled students meet. Facilities shall be of comparable quality and appropriate materials and equipment shall be available.

C. CONFIDENTIALITY OF INFORMATION. The confidentiality of student records will be maintained throughout the period of time when such records are collected, stored, disclosed, or destroyed by the district, as provided by law.

D. PARENT INVOLVEMENT. The district shall obtain the written consent of parents or guardians before conducting an initial evaluation of a student. The district will notify parents or guardians of the evaluation results and any programming and placement recommendations. The district will notify parents or guardians regarding the placement of a disabled student, of subsequent evaluations of the student, or before a significant change in the student's placement. The district shall notify parents or guardians of their right to review and challenge the district's program and placement decisions if they disagree with them. Section 504 does not give parents the right to participate in a meeting during which their child's program is designed and placement is determined, as does the IDEA, but the practice is recommended.

E. PARTICIPATION IN THE LEAST RESTRICTIVE ENVIRONMENT

1. Academic setting. To the maximum extent appropriate to the needs of disabled students, the district shall educate disabled students with non-disabled students. In order to remove a child from the regular educational environment, the district must demonstrate that education of the student in the regular environment with the use of supplementary aids and services/accommodations cannot be achieved satisfactorily. Whenever the district places a student in a setting other than the regular education environment pursuant to this paragraph, it shall take into account the proximity of the alternate setting to the student's home.

2. Non-academic setting. In providing or arranging for the provision of non-academic and extra-curricular services and activities, including meals, recess periods, and the services and activities set forth in 34 CFR 104.37, the district shall ensure that disabled students participate with non-disabled students in such activities and services to the maximum extent appropriate to the needs of the disabled student in question.

F. EVALUATIONS

1. If student needs or is believed to need special education or related services, the district shall evaluate the student prior to placement and before any subsequent "significant change in that placement."

The evaluation under these circumstances does not necessarily require that standard assessments be administered. However, a review of the student's file to determine if further assessments are needed should occur.

Examples of significant changes in placement include:

- a. Expulsion
- b. Suspensions that exceed 10 consecutive days in a school year
- c. Cumulative short-term suspensions, which create a pattern of exclusion
- d. Transferring a student to home instruction
- e. Graduation from high school
- f. Significantly changing the composition of the student's class

2. The district shall establish policies and procedures for evaluation and placement, which assure those tests and other evaluation materials:

- a. Have been validated and are administered by trained personnel
- b. Are tailored to assess educational need and are not merely based on IQ scores
- c. Reflect aptitude or achievement or whatever else the tests purport to measure and do not reflect the student's impaired sensory, manual, or speaking skills (unless the test is designed to measure these particular deficits)

G. PLACEMENT PROCEDURES. In interpreting evaluation data and in making placement decisions, the district shall (1) draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior, (2) establish procedures to ensure that information obtained from all such sources is documented and carefully considered, (3) ensure that the placement decision is made by a group of persons, including persons knowledgeable about the student, the meaning of the evaluation data, and the placement options, and (4) ensure that the student is educated with his/her non-disabled peers to the maximum extent appropriate.

If the district offers a free appropriate education to a student but the parent chooses to place the child elsewhere, the district is not responsible to pay for the out of district placement.

H. PROGRAMMING TO MEET INDIVIDUAL NEEDS. A documented individualized accommodation plan shall be developed by a knowledgeable team of educational professionals.

I. NON-ACADEMIC SERVICES. The district shall accommodate the needs of disabled students in providing nonacademic and extracurricular services and activities.

1. Counseling Services. In providing personal, academic or vocational counseling, guidance, or placement services to its students, the district shall provide these services without discrimination on the basis of disability. The district shall ensure that qualified students with disabilities are not counseled toward more restrictive career objectives than are non-disabled students with similar interests and abilities.

2. Physical education and athletics. In providing physical education courses and athletics and similar programs and activities to any of its students, the district shall not discriminate on the basis of disability. As the district offers physical education courses and operates or supports interscholastic, club, or intramural athletics, it shall provide an equal opportunity for qualified students with disabilities to participate in these activities. The district may offer to

disabled students physical education and athletic activities that are separate or different from those offered to non-disabled students only if separation or differentiation is consistent with the requirements of 34 CFR ò 104.34 and only if no qualified disabled student is denied the opportunity to compete for teams or to participate in courses that are not separate or different.

J. PRESCHOOL PROGRAMS. In the operation of preschool education, or day care program or activity, the district shall not, on the basis of disability, exclude otherwise qualified students with disabilities from the program or activity and shall take into account the needs of such persons in determining the aid, benefits, or services to be provided under the program or activity.

K. DISCIPLINARY EXCLUSION

a. Students with disabilities are protected from being improperly excluded from school for disciplinary reasons. Certain disciplinary exclusions of disabled students from school constitute a significant change in the student's educational placement. Such disciplinary exclusions cannot be implemented until the district has satisfied the required change of placement procedures.

b. Qualified disabled students should be recognized as having a disabling condition before discipline is imposed on them, especially before imposing long-term suspension (a suspension of more than ten days duration) or regular expulsion upon a qualified disabled student that could constitute a significant change of placement. The school principal or educational staff person responsible for the imposition of discipline must ensure that a group of qualified professionals determine whether or not the misconduct is a manifestation of the student's disability. For students considered disabled under Section 504, there is no obligation to provide educational services during periods of long-term suspension or expulsion when the student's misconduct has been properly determined not to be the manifestation of a disability.

c. Misconduct that is a manifestation of his or her disability should not result in exclusion from school over ten (10) consecutive school days or for more than twenty (20) nonconsecutive school days in a school year.

Instead, the need for additional evaluation and/or a change of placement should be considered. In this circumstance, the principal or designee responsible for the imposition of discipline, the Section 504 Compliance Officer, and a team of professionals from the school who are knowledgeable about the student will meet to determine if there is a need for further evaluation or a change of program or placement. If further evaluation is recommended, it will be conducted as soon as possible.

d. Students and their parent/guardian shall be notified of the results of the decision regarding the causal relationship of the misconduct and the student's disability and of their right to challenge this decision. Students/parents/guardians objecting to procedures outlined at a. through d. above shall be entitled to exercise their rights under Section 504 to file a grievance or initiate a due process hearing. See M. PROCEDURAL REQUIREMENTS, sub-section 4.c., following.

e. Students who are considered disabled under Section 504 are subject to the same disciplinary processes and results as non-disabled students for misconduct regarding the use, sale, or possession of drugs or alcohol at school. The extra due process requirements and limitations on suspension or expulsion do not apply.

L. TRANSPORTATION. If the district places a student in a program not operated by the district, in order to meet the requirements of this law, the district shall assure that adequate transportation to and from the program is provided at no cost to the parent.

Since the district provides transportation to all its students within a certain geographic area, it shall not discriminate in its provision of transportation to students with disabilities.

M. PROCEDURAL REQUIREMENTS. The district shall ensure compliance with the requirements of Section 504 by doing the following:

1. Provide written assurance of non-discrimination whenever the district receives federal money.

2. Designate an employee to coordinate the district's Section 504 compliance activities.

The Section 504 Coordinator for the district is the director of special services.

3. Provide grievance procedures to resolve complaints of discrimination; students, parents, or employees are entitled to file grievances. (The grievance procedures for the district are set out in the Student Responsibility and Rights (Policy 3200) procedures.)

4. Establish and implement procedural safeguards to be provided to parents or guardians with respect to actions regarding the identification, evaluation, or educational placement of persons who, because of disability, need or are believed to need special instruction or related services, that includes:

a. Notice of their rights

b. An opportunity to examine relevant records

c. An impartial hearing may be initiated by the parents/guardian or the school district, with opportunity for participation by the student's parents or guardian. The student/parent is entitled to have representation by legal counsel.

d. A review procedure

N. APPROPRIATE FUNDING. The district recognizes that the regular education funding of the district is the funding source for serving students who are qualified as disabled under Section 504 only. However, if students are dual identified as Section 504 and IDEA eligible, state and federal special education funds can be used. The district shall not use money appropriated by the IDEA to serve students found disabled under Section 504 but not the IDEA. The district may use the IDEA money to evaluate a student if the district believes that the student may also be eligible under the IDEA.

O. SPECIAL CONSIDERATIONS FOR STUDENTS HAVING AIDS OR HIV INFECTION. Students with Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or otherwise infected with Human Immunodeficiency Virus (HIV-infected) may be individuals with disabilities under Section 504. They may qualify as actually having a physical impairment, which substantially limits a major life activity, or may be regarded as having such a disabling condition. Depending on the nature of the disease and the student's other conditions, the student may also qualify for services under the IDEA.

Placement of the student must be made by a group of persons knowledgeable about the student, the meaning of the evaluation and medical information, and placement options. A public health representative should be on the team. Unless currently presenting a risk of contagion due to the stage of the disease (e.g., a contagious

opportunistic infection, open lesions that cannot be covered) or parents and school agree on an alternative, a student with AIDS should remain in the regular classroom.

Created on 07/24/2002 at 01:51 PM by Pat Crumpacker. Last update on 09/13/2006 by Pat Crumpacker.

Section:	3000 – Students
Title:	Guidelines for Managing Students with Allergies
Number:	3412
Status:	Active
Legal:	<u>Legal References:</u> 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 of 1990 (42 U. S. C. 12101 et seq.; 29 C.F.R. § 1630 et seq) The Education Rights and Privacy Act of 1974 The Individuals with Disabilities Education Act of 1976 The Food Allergy & Anaphylaxis Network’s School Food Allergy Program
Adopted:	11/27/2006
Last Revised:	11/27/2006
Last Reviewed:	11/27/2006

Policy Detail


The Central Valley School District takes the issue of student allergies seriously. We understand that allergic reactions can be life threatening. Recognizing that the risk of accidental exposure to allergens can be reduced in the school setting, we are committed to working with students, parents, and physicians to minimize risks and provide a safe educational environment for all students. The focus of the District Wide Allergy Management Plan shall be prevention, education, awareness, communication and emergency response.

The goals for the District Wide Allergy Management Plan include:

1. To maintain the health and protect the safety of children who have life-threatening 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 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 allergies across all transitions (PreK-12).

In accordance with applicable law, it is the policy of the district to provide all students, through necessary accommodations where required, the opportunity to participate in all school programs and activities.

Accordingly, the superintendent shall direct executive directors, district building administrators and staff, to act affirmatively and work closely with parents to assure that the needs of children with documented allergies are taken into consideration in planning for district programs. The special services coordinator in charge of health services shall ensure the district's management plan is reviewed and updated annually.



APPENDIX N

RCW 28A.210.320 CHILDREN WITH LIFE-THREATENING HEALTH CONDITIONS

RCW 28A.210.320

Children with life-threatening health conditions -- Medication or treatment orders -- Rules.

(1) The attendance of every child at every public school in the state shall be conditioned upon the presentation before or on each child's first day of attendance at a particular school of a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at the school. Once such an order has been presented, the child shall be allowed to attend school.

(2) The chief administrator of every public school shall prohibit the further presence at the school for any and all purposes of each child for whom a medication or treatment order has not been provided in accordance with this section if the child has a life-threatening health condition that may require medical services to be performed at the school and shall continue to prohibit the child's presence until such order has been provided. The exclusion of a child from a school shall be accomplished in accordance with rules of the state board of education. Before excluding a child, each school shall provide written notice to the parents or legal guardians of each child or to the adults in loco parentis to each child, who is not in compliance with the requirements of this section. The notice shall include, but not be limited to, the following: (a) The requirements established by this section; (b) the fact that the child will be prohibited from further attendance at the school unless this section is complied with; and (c) such procedural due process rights as are established pursuant to this section.

(3) The state board of education shall adopt rules under chapter 34.05 RCW that establish the procedural and substantive due process requirements governing the exclusion of children from public schools under this section. The rules shall include any requirements under applicable federal laws.

(4) As used in this section, "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place.

(5) As used in this section, "medication or treatment order" means the authority a registered nurse obtains under RCW 18.79.260(2).

[2002 c 101 § 1.]

APPENDIX O

READING FOOD LABELS

READING FOOD LABELS

HOW TO READ A LABEL FOR A MILK-FREE DIET

Terms that indicate the presence of cow's MILK protein	
Artificial butter flavor	Lactoglobulin
Butter, butter fat, butter oil	Lactose
Buttermilk	Lactulose
Casein	Milk (derivative, powder, protein, solids, malted, condensed, evaporated, dry, evaporated, dry, whole, low-fat, not-fat, skimmed, and goat's milk)
Caseinates (ammonium, calcium, magnesium, potassium, sodium)	Nisin
Cheese	Nougat
Cream	Pudding
Cottage cheese	Rennet casein
Curds	Sour cream, sour cream solids
Custard	Sour milk solids
Ghee	Whey (in all forms including sweet, delactosed, protein concentrate)
Half & Half ®	Yogurt
Hydrolysates (casein, milk protein protein, whey, whey protein)	
Lactalbumin, lactalbumin phosphate	
Lactoferrin	

There are two kosher symbols that can be of help for those with a milk allergy: a "D," or the word "dairy," on a label next to "K" or "U" (usually found near the product name) indicates presence of milk protein, and a "DE" on a label indicates the product was produced on equipment shared with dairy.

Terms that <u>may</u> indicate the presence of MILK protein	
Caramel candies	Margarine
Chocolate	Natural and artificial flavoring
High protein flour	Non-dairy products
Luncheon meat, hot dogs, sausages	Simplese®

HOW TO READ A LABEL FOR AN EGG-FREE DIET

Terms that indicate the presence of EGG protein	
Albumin	Macaroni
Egg (white, yolk, dried, powdered, solids)	Mayonnaise
Egg substitutes	Meringue
Egg nog	Ovalbumin
Globulin	Ovomucin
Livetin	Ovomucoid
Lysozyme (used in Europe)	Simplese®
	Surimi

HOW TO READ A LABEL FOR A PEANUT-FREE DIET

Terms that indicate the presence of PEANUT protein	
Artificial nuts	Nu-Nuts®
Beer nuts	Nutmeat
Cold pressed, expelled, or extruded peanut oil	Nut pieces
Ground nuts	Peanuts
Mixed nuts	Peanut butter
Monkey nuts	Peanut flour

Terms that <u>may</u> indicate the presence of PEANUT protein	
African, Asian (especially Chinese, Indian, Indonesian, Thai and Vietnamese dishes)	Hydrolyzed vegetable protein
Mexican baked goods (pastries, cookies, etc.)	Mandelonas (peanuts soaked in almond flavoring)
Arachis oil is peanut oil	Marzipan
Candy (including chocolate candy)	Mole sauce
Chili	Natural and artificial flavoring
Egg rolls	Nougat
Enchilada sauce	Sunflower seeds (often produced on equipment shared with peanuts)
Hydrolyzed plant protein	

HOW TO READ LABELS FOR A SOY-FREE DIET

Terms that indicate the presence of SOYBEAN protein	
Edamame Hydrolyzed soy protein Miso Shoyu sauce Soy (albumin, flour, grits, milk, nuts, sprouts) Soy protein (concentrate, isolate)	Soy sauce Soybean (granules, curds) Tamari Tempeh Textured vegetable protein (TVP) Tofu

Terms that <u>may</u> indicate the presence of SOYBEAN protein	
Hydrolyzed protein Natural and artificial flavoring Vegetable broth	Vegetable gum Vegetable starch

HOW TO READ LABELS FOR A WHEAT-FREE DIET

Terms that indicate the presence of WHEAT protein	
Bran Bread crumbs Bulgur Cereal extract Couscous Cracker meal Durum, durum flour Flour (all purpose, enriched, graham, high gluten, high protein, pastry, soft wheat) Farina Gluten Kamut	Matzoh matzoh meal (also spelled as matzo) Pasta Seitan Semolina Spelt Vital gluten Wheat (bran, germ, gluten, malt, starch) Wheat grass Whole wheat berries Whole wheat flour

Terms that <u>may</u> indicate the presence of WHEAT protein	
Soy sauce Starch Hydrolyzed vegetable protein Natural and artificial flavoring	Starch (gelatinized starch, modified food starch, modified starch, vegetable starch, wheat starch) Surimi Vegetable gum

HOW TO READ A LABEL FOR A SHELLFISH-FREE DIET

Terms that indicate the presence of SHELLFISH protein	
Abalone	Mussels
Clams (cherrystone, littleneck, pismo, quahog)	Octopus
Cockle (periwinkle, sea urchin)	Oysters
Crab	Prawns
Crawfish (crayfish, ecrivisse)	Scallops
Lobster (langouste, langousine, scampo, coral, tomalley)	Shrimp (crevette)
Mollusks	Snails (escargot)
	Squid (calimari)

Terms that <u>may</u> indicate the presence of SHELLFISH protein	
Bouillabaisse	Seafood flavoring (such as crab or clam extract)
Fish stock	Surimi
Natural and artificial flavoring	

HOW TO READ A LABEL FOR A CORN-FREE DIET

Terms that indicate the presence of CORN protein	
Baking powder	Corn syrup solids
Corn	Cornmeal
Corn alcohol	Grits
Corn flour	Hominy
Cornstarch	Maize
Corn sweetener	

Terms that <u>may</u> indicate the presence of CORN protein	
Food starch	
Modified food starch	
Vegetable gum	
Vegetable starch	

APPENDIX P

HIGH-RISK FOODS

HIGH-RISK FOODS

Worcestershire sauce	This sauce contains anchovies and/or sardines; both are fish.
Barbecue sauce	At least one brand of barbecue sauce contains pecans. Another contains anchovies. Although listed on the label, many people don't think to read the label for this type of product.
Imitation butter flavor	This ingredient often contains milk protein. Sometimes it may appear on the label; sometimes the only clue is the kosher symbol "D," "circle U-D," or "K-D," on the front of the package.
Water-added hams	in 1992, the USDA's Food Safety and Inspection Service approved the use of milk and soy derivatives as binders in these hams. The ingredients are listed on the label.
Hot dogs and many deli meats	These may contain milk or soy that is used as a binder and listed as "flavoring."
Fig Newtons	Some varieties of Fat-Free Light Fig Newtons list egg on the label. The original Fig Newtons do not. Another brand of Fig Newton-like cookies lists peanuts on the label.
Low fat peanut butter	Some brands of low fat peanut butter contain soy. Soy is listed on the label; however, many people wouldn't think to read the ingredient statement on peanut butter jars.
Oils	Studies have shown that food-allergic people can safely eat most commercially processed cooking oils because the protein is removed in the processing. There are a few exceptions: <ul style="list-style-type: none">▪ Cold pressed, expelled, or extruded oils are produced under different manufacturing processes. These oils may contain protein and are not safe.▪ Oils used to fry many foods will contain protein from those fried foods. When preparing meals, consider what other foods may have been cooked in any oil used to prepare the allergic student's food.

Sweet and sour sauce

Some brands of sweet and sour sauce contain wheat and soy.

Egg substitutes

Some brands contain egg white

APPENDIX Q

SCHOOL GUIDELINES FOR MANAGING FOOD ALLERGIES (FROM THE FOOD ALLERGY NETWORK)

SCHOOL GUIDELINES FOR MANAGING STUDENTS WITH FOOD ALLERGIES



Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

Family's Responsibility

- Notify the school of the child's allergies.
- Work with the school team to develop a plan that accommodates the child's needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as a Food Allergy Action Plan.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
 - * safe and unsafe foods
 - * strategies for avoiding exposure to unsafe foods
 - * symptoms of allergic reactions
 - * how and when to tell an adult they may be having an allergy-related problem
 - * how to read food labels (age appropriate)

- Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- Provide emergency contact information.

School's Responsibility

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review the health records submitted by parents and physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Identify a core team of, but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age appropriate) to establish a prevention plan. Changes to the prevention plan to promote food allergy management should be made with core team participation.
- Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
- Practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
- Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician's standing order for epinephrine. In states where regulations permit, medications are kept in an easily accessible secure location central to designated school personnel, not in locked cupboards or drawers. Students should be allowed to carry their own epinephrine, if age appropriate after approval from the student's physician/clinic, parent and school nurse, and allowed by state or local regulations.
- Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.
- Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.
- Review policies/prevention plan with the core team members, parents/guardians, student

(age appropriate), and physician after a reaction has occurred.

- Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- Recommend that all buses have communication devices in case of an emergency.
- Enforce a "no eating" policy on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy. Discuss appropriate management of food allergy with family.
- Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
- Follow federal/state/district laws and regulations regarding sharing medical information about the student.
- Take threats or harassment against an allergic child seriously.

Student's Responsibility

- Should not trade food with others.
- Should not eat anything with unknown ingredients or known to contain any allergen.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

More detailed suggestions for implementing these objectives and creating a specific plan for each individual student in order to address his or her particular needs are available in The Food Allergy & Anaphylaxis Network's (FAAN) *School Food Allergy Program*. The *School Food Allergy Program* has been endorsed and/or supported by the Anaphylaxis Committee of the American Academy of Allergy Asthma and Immunology, the National Association of School Nurses, and the Executive Committee of the Section on Allergy and Immunology of the American Academy of Pediatrics. FAAN can be reached at: 800/929-4040.

The following organizations participated in the development of this document:

American School Food Service Association
National Association of Elementary School Principals
National Association of School Nurses
National School Boards Association
The Food Allergy & Anaphylaxis Network

APPENDIX R

AVOIDING AN ALLERGIC REACTION (FROM THE FOOD ALLERGY NETWORK)



Avoiding An Allergic Reaction

A recent study showed that in spite of best efforts at avoidance, children are likely to have an accidental ingestion of the food to which they are allergic. Other studies have shown that allergic reactions can occur from skin contact as well as ingestion and inhalation and those reactions commonly occur outside the cafeteria. It would, therefore, be prudent for school staff to review lesson plans and other potential sources of allergic reactions. A written allergy emergency action plan, signed by the child's physician, should be in place for all at-risk students to ensure quick treatment of an allergic reaction. Following are some points to consider and some examples of situations that caused allergic reactions.

Share the Information

Reactions can occur in the classroom as well as the cafeteria and on the playground. Be sure that teachers and food service staff can recognize the children at risk for having an allergic reaction and know what they should do if a reaction occurs. With the parents' permission, a copy of the treatment plan and a photo of the child should be provided to these key staff members.

As the following story shows, food service staff can work in partnership with the school nurse to avoid potential risks.

"Our son Ethan is allergic to peanuts and is now a 7th grader. We are delighted with the responsibility he has shown, but each new year brings more independence and more food allergy situations.

"Our school system now provides snacks before state tests, to boost student scores. The school nurse advised us that some of the snacks would contain peanuts or peanut butter. She met with the principal to develop a plan to feed the students and keep Ethan safe. They coordinated with the food service manager so another school would swap our peanut snacks with their non-peanut snacks. I would like to thank the school nurse for alerting us to this situation and our principal for developing a plan that did not embarrass or isolate my son."

Keep Plans Individualized

Some children have severe allergic reactions to the smallest amount of the allergen; others have only minor skin irritations. Work with the parents to customize the health

care plan for each student. One parent wrote, "Because a student in our community died of a reaction, the school is developing stringent new policies regarding food-allergic students. Our son has been at this school for the past two years and has eaten with his class safely. The nurse is requiring him to sit at a peanut-free table at lunch and he has been separated from his friends. I have taught him how to manage his allergies and want him to live in the 'real world'."

Letters Home

Some schools send letters home to the parents of classmates of food-allergic students requesting that they avoid sending in peanut- or nut-containing products. In an attempt to help parents, several schools provide lists of "safe" snacks.

This can be risky business. Ingredients can change without warning. If you don't update your list or if the parent doesn't replace the outdated list, the allergic student can be put at risk for an allergic reaction.

Additionally, some letters are very broad and ask parents to "please check all labels for hidden ingredients." This puts an added burden on other parents and sometimes causes resentment. Additionally, if they don't take the time to learn the synonyms for foods such as milk or peanuts, they won't know how to recognize "hidden ingredients." In one school in Connecticut, a young peanut-allergic boy spent several days in the Intensive Care Unit after eating a cupcake at a class celebration that he thought would be safe. It turns out the mother who baked the goodies did not carefully read the ingredient labels.

The safest policy is to have the allergic student eat only the snacks and goodies that are brought in from home. In some cases, the student's parents prefer to be responsible for purchasing snacks for the entire class, thereby ensuring the safety of all foods. If the student is participating in the lunch program, ask the parents to read the ingredient labels to determine which foods are "safe."

Field Trips

More and more museums are using creative supplies for their hands-on exhibits. Be sure to call ahead and inquire about such policies. Rethink field trips to avoid the following situation. "As the class walked into the museum, there were signs prominently posted that there were crushed walnut shells in the fossil dig exhibit. The walnut-allergic student stayed with the chaperone while the other children played in the exhibit. However, within minutes her eyes started itching, tearing, and swelling, and she also started coughing. On the way home in the van with the students who had been playing in the walnut shells, her eyes swelled shut and she began wheezing."

Lunch Time

More and more schools are designating certain tables in the cafeteria as milk-free or peanut-free tables. The allergic students enjoy sitting with their friends who have "safe" lunches. To make this process easier, one teacher hung a magnetic board with a line drawn down the middle. One side for peanut lunches, the other for non-peanut lunches.

Magnets with the children's names were stuck to the board. As students arrived they moved their magnet to the appropriate side. When only one child has lunch with peanuts in it, the class is divided in half anyway so no one feels isolated.

Cleaning Methods

Unfortunately, no scientific studies have been done to evaluate cleaning practices or methods in the removal of food proteins. In our experience, warm soapy water appears to be an excellent method of safely cleaning cafeteria tables, desks, utensils, etc., just as this method is successful when used in homes where the allergenic food is served.

It seems that removal of the food from the surface should be the main goal, and any "wet" cleaner together with a little "elbow grease" in wiping, should suffice. "Waterless" cleaners or "instant hand sanitizers" that do not include a "wet-wash/wipe" step would not be adequate.

A number of schools use a chlorine solution; the superiority of this method has not been studied in this setting. However, we have not received any reports of reactions after this method of cleaning was used. The more important point is to use a fresh cloth or paper towels when cleaning the allergic child's table to avoid cross contamination from a sponge or cloth that was used to clean allergen-containing table tops.

Finally, the American Academy of Allergy Asthma & Immunology position paper, "Anaphylaxis in Schools and Other Childcare Settings," states, "hand washing after food handling should be encouraged in day care and preschool settings, as well as in lower schools." Once again, soap and warm water should be sufficient.

Reprinted from Food Allergy News Special Issue for Elementary School Principals, Fall 2000.

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APPENDIX S

MANAGING FOOD ALLERGIES IN THE CAFETERIA (FROM THE FOOD ALLERGY NETWORK)



Managing Food Allergies in the Cafeteria

Tips for Food Service Staff

Eating in the school cafeteria is often stressful for young students with food allergies. Hidden ingredients, cross contact between foods, and the fear of allergens left on lunch tables are often cause for concern.

Feeding a child with food allergies can be just as stressful. When you consider the additional challenge of juggling many diet-related conditions among your student body, it's easy to see how your food service staff can become overwhelmed.

The food service staff plays an important role in your food allergy management team, and they should attend all meetings on the topic. The following are some guidelines for key staff members.

Know what to avoid and substitute. Ask the parents of each student with a food allergy to provide a list of all food ingredients to be avoided. Do not rely on lists of "safe" prepackaged food because ingredients can change often and without warning, making such lists out-of-date quickly.

Read labels. Develop a system for checking ingredient labels carefully for every food item to be served to the student with the allergy. One student who was allergic to legumes (such as beans, soy, and peanuts) had an allergic reaction after eating cheese pizza she had purchased in the school cafeteria. The reaction was caused by dried navy beans, which the manufacturer had added to the crust to increase the protein to meet nutritional standards. Although beans were listed on the ingredient label, nobody expected them to be used in this type of food product.

Prepare the kitchen. Designate an area in the kitchen where allergy-free meals can be prepared. This area should be a "safe zone" and kept free of ingredients allergic students should avoid.

Identify the student. When working with younger children, consider how students with food allergies will be identified when moving through the cafeteria line so that someone can ensure the selected food is safe. Some schools require that these students identify themselves to food service staff; others specially code lunch tickets as a way of alerting staff to a food allergy. One school identified a student with an allergy by taping his

picture to the cash register.

Develop cleaning procedures. Designate a person to be responsible for ensuring that lunch tables and surrounding areas are thoroughly cleaned before and after lunch. Use a designated sponge or cleaning cloth for the allergy-free tables to avoid cross contact.

Finally, it's the school's responsibility to serve the food; it is the parents' responsibility to teach you what their child can or cannot eat. Don't hesitate to ask questions. Success is achieved by working in partnership with the child's parents and the student who has food allergies.

Reprinted from Food Allergy News Special Issue for Elementary School Principals, Spring 2002.

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APPENDIX T

NUTRITIONAL REFERENCE GUIDE FROM SPOKANE PUBLIC SCHOOLS

NUTRITIONAL REFERENCE GUIDE

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2006 – 2007