Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools

(Includes Guidelines For Managing Glycogen Storage Disease)

CONNECTICUT STATE DEPARTMENT OF EDUCATION

CSDE

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools (Includes Guidelines for Managing Glycogen Storage Disease)

2020

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Introduction

The Connecticut State Department of Education (CSDE), in collaboration with the State Department of Public Health (DPH), developed *Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools (Includes Guidelines for Managing Glycogen Storage Disease)[Guidelines]* to assist Connecticut public school districts and nonpublic schools (that are served pursuant to Section 10-217a of the Connecticut General Statute [C.G.S.]) in effectively managing the health and safety needs of students with life-threatening allergic conditions and glycogen storage disease (GSD).

As required by Section 10-212c(b) of the C.G.S., each local and regional board of education must therefore:

- implement a plan based on these *Guidelines* for the management of students with life-threatening food allergies or GSD enrolled in the schools under its jurisdiction;
- make such plan available on such board's website or the website of each school under such board's jurisdiction, or if such websites do not exist, make such plan publicly available through other practicable means as determined by such board; and
- provide notice of such plan in conjunction with the annual written statement provided to parents/guardians as required by subsection (b) of section 10-231c

Note: Epinephrine auto-injector is used throughout this document when describing the administration of epinephrine. It is commonly known in schools as EpiPen®.

This plan may be adopted into policy and procedures at the district level. Using the districtwide plan as a guide, each school must develop processes to identify all students with food allergies and GSD and develop and implement individualized health care and action plans for each student.

While this document focuses on life-threatening food allergies, treatment of serious allergic reactions and anaphylaxis is the same whether caused by food, insect sting, latex or is exercise induced.

Acknowledgments

These guidelines were originally developed in 2006, and revised in 2012, through the cooperation of key organizations, the medical community and individuals committed to ensuring care for students with life-threatening food allergies in schools throughout Connecticut. Recognition is extended to the contributors. These individuals and organizations are listed below:

- Stephanie G. Knutson, Ed.D, MSN, RN, project manager, Connecticut State Department of Education (CSDE)
- Janene Batten, MLS, AHIP, Librarian, Cushing/Whitney Medical Library, Yale University
- Susan Fiore, MS, RD, Education Consultant, CSDE
- Joan Foland, HS, MPhil., Genomics Office, Connecticut Department of Public Health (DPH)
- John D. Frassinelli, MS, RD, Bureau Chief, CSDE
- Pat Krin, MSN, APRN, BC FNP, Association of School Nurses of Connecticut
- Kathy Larew, MBA, Parent, Food Allergy and Anaphylaxis Network
- Louis Mendelson, MD, Connecticut Asthma and Allergy Center, Clinical Professor of Pediatrics, University of Connecticut School of Medicine
- Rob Nolfo MD, FAAP, Pediatrician, Guilford Pediatrics, Medical Advisor, Guilford Public Schools
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- Martin W. Sklaire MD, FAAP Chairman, Committee on School Health, Connecticut Chapter of American Academy of Pediatrics, Clinical Professor of Pediatrics Yale University School of Medicine
- Rhonda Riggott Stevens, MA, Professional Educator and parent
- Nancy A. Wheeler, RS, Food Protection Program, DPH

Recognition is extended the following individuals who reviewed the original manual and shared their expertise and resources:

- Sharyn Beddington, Parent
- Dr. Louise Berry, Superintendent of Schools, Brooklyn, Connecticut, Association of Public School Superintendents
- Jeffrey M. Factor, MD, Associate Clinical Professor of Pediatrics, University of Connecticut School of Medicine, Connecticut Asthma and Allergy Center
- Heidi Gianquinto, Parent Food & Latex Allergy Awareness Group
- James P. Rosen, MD, FAAAAI, FAAP Associate Clinical Professor of Pediatrics University of Connecticut School of Medicine Member of the Medical Advisory Board of the Food Allergy and Anaphylaxis Network Connecticut Asthma and Allergy Center
- Rosemary Szot, Parent

- Lisa Waldron, Parent

The following organizations are acknowledged for graciously sharing their materials (as listed in the original manual):

- Food Allergy and Anaphylaxis Network
- Massachusetts Department of Education

For more information on the CSDE's 2020 updated version of Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools (includes Guidelines for Managing Glycogen Storage Disease) contact:

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Overview of the Guidelines

The *Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools (Includes Guidelines for Managing Glycogen Storage Disease* include the following six sections:

- **Section 1** - Education and training for school personnel on the management of students with life-threatening food allergies and glycogen storage disease, including training related to the administration of medication with a cartridge injector and procedures for responding to life-threatening allergic reactions to food.
- **Section 2** - Processes for the development of individualized health care and action plans for students with life-threatening food allergy and glycogen storage disease, including the provision of food or dietary supplements by the school nurse, or any school employee approved by the school nurse to students with glycogen storage disease on school grounds during the school day.
- **Section 3** - Protocols to prevent exposure to food allergens.
- **Section 4** - Training for the identification and evaluation of students with life-threatening food allergies or glycogen storage disease.
- **Section 5** - Protocols that comply with the protections and accommodations under Section 504 of the Rehabilitation Act of 1973, as amended from time to time, the Individuals with Disabilities Education Act, 20 USC 1400 et seq., as amended from time to time, and the Americans with Disabilities Act, 42 USC 12101 et seq.
- **Section 6** – Appendices:
    - Appendix A – Annual Epinephrine Training Program for Connecticut’s Unlicensed School Personnel
    - Appendix B – Legislation
    - Appendix C - Suggested Roles and Responsibilities
    - Appendix D – Frequently Asked Questions
    - Appendix E – Steps for Developing Districtwide Policy
    - Appendix F – General References and Resources

Commonly Used Acronyms and Abbreviations in School Programs

- APRN - advanced practice registered nurse
- CDC - Centers for Disease Control and Prevention
- C.G.S. - Connecticut General Statutes
- CSDE - Connecticut State Department of Education
- DPH - Connecticut Department of Public Health
- DSS - Connecticut Department of Social Services
- FDA - Food and Drug Administration
- FERPA - Family Educational Rights and Privacy Act
- GSD - Glycogen Storage Disease
- IHCP - individualized health care plan
- LEA - local educational agency
- OCR – Office of Civil Rights
- PPT - planning and placement team
- RD - registered dietitian
- RDA - Recommended Dietary Allowance
- SEA - state education agency
- Section 504 – Section 504 of the Rehabilitation Act of 1973
- USDA - United States Department of Agriculture
- USDOE – United States Department of Education
- UDDOJ – United States Department of Justice

Section 1 – Education and Training for School Personnel

Section 1 provides information that may be included in the education and training of school personnel on the management of students with life-threatening food allergies and glycogen storage disease; including training related to the administration of medication with a cartridge injector; and procedures for responding to life-threatening allergic reactions to food. This section is organized as follows:

- What is a Food Allergy?
- What is Anaphylaxis?
- Symptoms of Anaphylaxis
- Treatment of Anaphylaxis and Use of Epinephrine
- How to Administer an auto-injector
- Procedures for Responding to Life-threatening Allergic Reactions to Food
- What is Glycogen Storage Disease?
- Causes of Glycogen Storage Disease
- Symptoms of Glycogen Storage Disease
- Treatment of Glycogen Storage Disease

What is a Food Allergy?

A food allergy is an exaggerated response by the immune system to a food that the body mistakenly identifies as being harmful. Once the immune system decides that a particular food is harmful, it produces specific antibodies to that particular food. The next time the individual eats that food, the immune system releases moderate to massive amounts of chemicals, including histamine, to protect the body. These chemicals trigger a cascade of allergic symptoms that can affect the respiratory system, gastrointestinal tract, skin and cardiovascular system.

In some people, symptoms appear in only one body system, while in others symptoms appear in several systems. These symptoms can range from mild to severe and may be life-threatening depending on the individual and type of exposure. There is no cure for food allergy and avoidance is the only way to prevent an allergic reaction.

Although an individual can have a life-threatening allergic to any food, including fruits, vegetables and meats, the majority of allergic reactions are caused by the following eight foods:

1. Peanut
2. Tree nut (walnut, cashew, pecan, hazelnut, almond, etc.)
3. Milk
4. Egg
5. Fish

6. Shellfish
7. Soy
8. Wheat

Although eight foods are responsible for the most reactions, it is important to remember that ANY food can cause a serious allergic reaction.

Peanut and tree nuts typically cause the most severe allergic reactions and the majority of fatal and near-fatal reactions are due to these foods. Allergies to peanut, tree nuts, fish and shellfish are often considered lifelong.

Ingestion of the food allergen is the principal route of exposure that leads to allergic reactions. For sensitized individuals, ingestion of even very minute amounts of foods can, in certain instances, result in fatal reactions without rapid intervention. While it is also possible for a child to have an allergic reaction to tactile (touch) exposure or inhalation exposure, research has shown that they are extremely unlikely to result in severe or life-threatening reactions. Nevertheless, if students with life-threatening food allergies touch the allergens and then put their fingers to their eyes, nose or mouth, the exposure becomes an ingestion and may cause anaphylaxis. The quantity of food necessary to trigger an allergic reaction may depend upon multiple variables. Each individual's level of sensitivity may fluctuate over time. The type and severity of symptoms can vary for a specific food in an individual and for different foods in someone with multiple food allergies.

What Is Anaphylaxis?

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to an allergen. People with allergies have over-reactive immune systems that target otherwise harmless elements in our diet and environment. During an allergic reaction to food, the immune system identifies a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators trigger inflammatory reactions in the tissues of the skin, the respiratory system, the gastrointestinal tract, and the cardiovascular system. When the inflammatory symptoms are widespread and systemic, the reaction is termed "anaphylaxis," a potentially life-threatening event. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body.

Anaphylaxis may occur in the absence of any skin symptoms such as itching and hives. Fatal anaphylaxis is more common in students who present with respiratory symptoms or GI symptoms such as abdominal pain, nausea or vomiting. In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma or mild GI illness, which resulted in delayed treatment with an epinephrine auto-injector.

Fatal anaphylaxis is more common in students with food allergies who are asthmatic, even if the asthma is mild and well controlled. Students with a history of anaphylaxis or those whose prior food reactions have included respiratory symptoms such as difficulty breathing, throat swelling or tightness are also at an increased risk for severe or fatal anaphylaxis.

Anaphylaxis characteristically is an immediate reaction, occurring within minutes of exposure, although onset may occur one to two hours after ingestion. The initial symptoms of an anaphylaxis may be followed by a second wave of symptoms two to four hours later and possibly longer. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as biphasic reaction. While the initial symptoms usually respond to epinephrine auto-injector, the delayed response may not respond as well to epinephrine auto-injector or other forms of therapy used in anaphylaxis.

Students experiencing anaphylaxis should be observed in a hospital emergency department for a minimum of four to six hours after initial symptoms subside, to monitor for signs or symptoms of a biphasic reaction. In the event a biphasic reaction occurs, intensive medical care can immediately be provided.

For those students at risk for food-induced anaphylaxis, the most important management strategy in the school is prevention. In the event of an anaphylactic reaction, epinephrine auto-injector is the treatment of choice and should be given immediately. Sometimes, if symptoms do not subside, a second epinephrine auto-injector is necessary. Reports indicate that as many as one-third of individuals experiencing anaphylaxis may require a second (epinephrine) injection to control their reaction until they can get to a hospital (http://www.epipen.com).

Studies (Centers for Disease Control and Prevention, 2013) show that fatal and near-fatal anaphylactic reactions are sometimes associated with not using epinephrine auto-injector or delaying the use of epinephrine treatment. **When in doubt, it is better to give the epinephrine auto-injector and call the Emergency Medical System for an ambulance. Fatalities are more likely to occur when epinephrine administration is withheld.**

Food allergies are more prevalent in younger students. Every food allergy reaction has the potential of developing into a life-threatening event. Several factors may increase the risk of a severe or fatal anaphylactic reaction: asthma or a history of asthma; a previous history of anaphylaxis; peanut, tree nut, and/or shellfish allergies; presentation with gastrointestinal or respiratory symptoms, and delay in the administration of or failure to administer epinephrine auto-injector.

The severity and rapid onset of food-induced anaphylaxis emphasizes the need for an effective emergency plan that includes early recognition of the symptoms of anaphylaxis, immediate administration of epinephrine auto-injector and prompt transfer of the child by the emergency medical system to the closest hospital.

Symptoms of Anaphylaxis	
Organ	**Symptoms**
Skin	Swelling of any body part Hives, rash on any part of body Itching of any body part Itchy lips
Respiratory	Runny nose Cough, wheezing, difficulty breathing, shortness of breath Throat tightness or closing Difficulty swallowing Difficulty breathing, shortness of breath Change in voice
Gastrointestinal (GI)	Itchy tongue, mouth and/or throat Vomiting Stomach cramps Abdominal pain Nausea Diarrhea
Cardiovascular	Heartbeat irregularities Flushed, pale skin Coughing, cyanotic (bluish) lips and mouth area Decrease in blood pressure Fainting or loss of consciousness Dizziness, change in mental status Shock
Other	Sense of impending doom Anxiety Itchy, red, watery eyes

Treatment of Anaphylaxis and Use of Epinephrine

No treatment exists to prevent reactions to food allergies or anaphylaxis. Strict avoidance of the food allergen is the only way to prevent a reaction. However, avoidance is not always easy or possible, and staff in schools must be prepared to deal with allergic reactions, including anaphylaxis. Early and quick recognition and treatment of allergic reactions that may lead to anaphylaxis can prevent serious health problems or death.

The recommended first line of treatment for anaphylaxis is the prompt use of epinephrine. Early use of epinephrine to treat anaphylaxis improves a person’s chance of survival and quick recovery.

Epinephrine, also called adrenaline, is naturally produced by the body. When given by injection, it rapidly improves breathing, increases heart rate, and reduces swelling of the face, lips, and throat. Epinephrine is typically available in the form of an autoinjector, a spring loaded syringe used to deliver a measured dose of epinephrine, designed for self-administration by patients, or administration by persons untrained in other needle-based forms of epinephrine delivery.

Epinephrine can quickly improve a person's symptoms, but the effects are not long lasting. If symptoms recur (biphasic reaction), additional doses of epinephrine are needed. Even when epinephrine is used, 911 or other emergency medical services (EMS) must be called so the person can be transported quickly in an emergency vehicle to the nearest hospital emergency department for further medical treatment and observation.

It is not possible to set one guideline for when to use epinephrine to treat allergic reactions caused by food…[However, school staff may be] trained to: recognize symptoms of an allergic reaction or anaphylaxis; are delegated and trained to administer epinephrine by auto-injector at the first signs of an allergic reaction, especially if the child's breathing changes; and make sure that the child is transported without delay in an emergency vehicle to the nearest hospital emergency department for further medical treatment and observation. These actions may result in administering epinephrine and activating emergency response systems for a child whose allergic reaction does not progress to life-threatening anaphylaxis.

The delay or failure to administer epinephrine and the lack of medical attention have contributed to many fatal anaphylaxis cases from food allergies. The risk of death from untreated anaphylaxis outweighs the risk of adverse side effects from using epinephrine in these cases" (CDC. (2013). Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs, pp. 20-21.)

How to administer an auto-injector

The following resources provide valuable information and demonstrations regarding how to administer an auto-injector:

- Food Allergy Research & Education (FARE). Epinephrine Options and Training. Retrieved on July 19, 2019 from https://www.foodallergy.org/life-with-food-allergies/epinephrine/epinephrine-options-and-training
- How to use an EpiPen®Video. Retrieved on July 19, 2019 from
- https://www.epipen.com/about-epipen-and-generic/how-to-use-epipen#video
- Mylan. How to use an EpiPen ®. Retrieved on July 19, 2019 from
- https://www.epipen.com/-/media/files/epipen/how touseepi penautoinjector.pdf
- National Association of School Nurses. (2015). Get Prepared to Train School Staff to Administer an Epinephrine Autoinjector! Retrieved on July 19, 2019 from
- https://www.nasn.org/nasn/programs/skills-training/gettrained/trainer-preparation

Procedures for responding to life-threatening allergic reactions to food

The following emergency preparedness procedures should be in place so that school staff may respond effectively and effectively when responding to life-threatening allergic reactions to food.

“Emergency preparedness:

- Requirement of student-specific healthcare provider orders;
- Importance of a student-specific emergency care plan;
- Storage, access, and administration of emergency medication;
- Non-student specific epinephrine auto-injector protocols;
- Local EMS protocols (e.g., response time, epinephrine protocol);
- Protocol for school emergencies and/or disasters, including lockdowns; and
- Post event debriefing following all food allergy and anaphylaxis events” (NASN, 2018)

The section above was based in part from the following resources, websites and documents:

- Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs. Centers for Disease Control and Prevention (CDC). 2013.
- The Food Allergy & Anaphylaxis Network. Excerpts were adapted and printed with permission.
- *Managing Life Threatening Food Allergies in Schools,* 2002. Massachusetts Department of Education. Excerpts from the Managing Life Threatening Food Allergies in Schools are included by permission of the Massachusetts Department of Education. The Massachusetts guidelines may be revised periodically.

What is Glycogen Storage Disease?

Glycogen storage disease (GSD) is an inherited disorder in which an abnormal amount or type of glycogen is stored in the liver. This abnormal storage results from the liver's inability to adequately regulate the metabolism of glycogen and glucose. “Glycogen storage disease occurs when an enzyme (proteins produced by the body) that regulates conversion of sugar (glucose) into its storage form (glycogen) or release of glucose from glycogen is missing” (Cincinnati Children’s2015).

“Many sugars (including glucose) are present in foods and are used by the body as a source of energy. After a meal, blood glucose levels rise. The body stores the extra glucose that is not needed right away as glycogen in the liver and muscles. Later, as the blood glucose levels in the body begin to decrease, the body uses this stored energy. These sugars, stored in the form of glycogen, need to be processed by enzymes in the body before they can carry out their functions. If the enzymes needed to process them are missing, the glycogen or one of its related starches can accumulate, causing problems” (Cincinnati Children’s, 2015).

“There are at least 10 different types of GSDs, which are put into groups based on the enzyme that is missing. Approximately one in about 20,000 people are affected by glycogen storage diseases. The most common forms of GSD are types I, III and IV.

- GSD I (von Gierke disease) results from a deficiency of the enzyme Glucose-6-Phosphatase (Cincinnati Children’s, 2015). It is the most common type of GSD and the effects are apparent very early in childhood. GSD I accounts for approximately 25 percent of all GSD cases" (American Liver Foundation, 2019).

- In GSD III (Cori disease) an enzyme called the debrancher is deficient, causing the body to form glycogen molecules that have an abnormal structure. This abnormal structure also prevents the glycogen from being broken down into glucose.
- In GSD IV (amylopectinosis) glycogen that accumulates in the tissues has very long outer branches. This is due to a genetic deficiency of the branching enzyme. This abnormal glycogen is thought to stimulate the immune system. The result is tremendous scarring (cirrhosis) of the liver as well as other organs, such as muscle and heart (Cincinnati Children's, 2015).

Causes of Glycogen Storage Disease

(GSD) occurs when there is an absence or deficiency of one of the enzymes responsible for making or breaking down glycogen in the body. This is known as an enzyme deficiency (Association for Glycogen Storage Disease, 2019).

Symptoms of Glycogen Storage Disease

"Symptoms of GSD vary based on the enzyme that is missing. They usually result from the buildup of glycogen or from an inability to produce glucose when needed. Because GSD occurs mainly in muscles and the liver, those areas show the most obvious symptoms. Symptoms of GSD may include:

- growth failure;
- muscle cramps;
- low blood sugar;
- enlarged liver;
- swollen belly; and
- abnormal blood test (Cincinnati Children's, 2015).

The age when symptoms begin and how severe they are depends on the type of GSD. Students with GSD I rarely develop cirrhosis (liver disease), but they are at an increased risk for developing liver tumors. In some ways, GSD III is a milder version of GSD I. It also is a very rare cause of liver failure, but it may cause fibrosis (early scarring of the liver, which may be caused by a healing response to injury, infection or inflammation).

GSD II is a muscle disease and does not affect the liver. Glycogen storage disease IV causes cirrhosis; it may also cause heart or muscle dysfunction. Often, infants born with GSD IV are diagnosed with enlarged livers and failure to thrive within their first year of life; they develop cirrhosis of the liver by age three to five" (Cincinnati Children's, 2015).

Treatment of Glycogen Storage Disease

Treatment of GSD depends on the type of GSD. Some GSD types cannot be treated; others can be treated by controlling the presenting symptoms. For the types of GSD that can be treated, patients must carefully follow a special diet.

- **Frequent high carbohydrate meals during the day.** For some students, eating several small meals rich in sugars and starches every day helps prevent blood sugar levels from dropping.
- **Cornstarch.** For some young students over the age of 2, giving uncooked cornstarch every four to six hours – including during overnight hours – can also relieve the problem.
- **Continuous tube feeding.** In order to maintain appropriate blood glucose levels, gastrointestinal tube feedings with solutions containing high concentration of glucose may need to be administered. Younger students may have to use this treatment method during the night until they get older. In the daytime the feeding tube is sometimes removed, but the patient must eat foods rich in sugars and starches about every three hours. This treatment can be successful in reversing most symptoms.
- **Drug treatment.** GSD tends to cause uric acid (a waste product) to accumulate, which can cause gout (painful inflammation of the joints) and kidney stones.
- Medication is often necessary (Cincinnati Children's, 2015).

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Association for Glycogen Storage Disease. Retrieved on April 23, 2019 from https://www.agsdus.org/what-is-gsd.php

Centers for Disease Control and Prevention (CDC). Food allergies in schools. Retrieved on July 19. 2019 from https://www.cdc.gov/healthyschools/foodallergies/index.htm

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NASN. (2018). Food allergies and anaphylaxis: Sample checklist for the development of school district policies and protocols. Retrieved on August 1, 2019 from https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Practice%20Topic%20Resources/checklist_school_district_p_and_p.pdf

Section 2 – Management Plans for Food Allergy and GSD

Students with life-threatening food allergies or GSD must have an individualized health care plan (IHCP) and action plans (such as emergency care plans [ECP]) to address how their health and safety needs will be met while in school. This section provides information about IHCP and action plans, as well as the processes schools may use for districtwide management plans for food allergy and GSD. This section also includes the provision of food or dietary supplements by the school nurse, or any school employee approved by the school nurse, to students with GSD on school grounds during the school day. The following topics are covered in this section:

- Emergency Care Plans (ECP)
- Individualized Health Care Plans (IHCP)
- Process for the Development of Districtwide Management Plans for Food Allergy and GSD
- Team Members
- Plan Components
- Monitoring Effectiveness of School District Plan and Procedures
- Provision of Food or Dietary Supplements by School Staff
    - Meal substitutions for students with a disability
    - Medical statement requirements
    - Nutrition information
    - Resources on special diets
    - Food Safety

Emergency Care Plan (ECP)

ECPs for students with life-threatening food allergies or GSD may sometimes be called an Allergy Action Plan or GSD Action Plan. ECPs provide specific directions, appropriate to the student's diagnosis, about what to do in medical emergencies such as an accidental exposure to allergens, hypoglycemia or safety emergencies (such as a fire drills or lockdowns). ECPs are often part of IHCPs. This written plan helps school nurses, school personnel and emergency responders react to emergency situations in a prompt, safe and individualized manner. ECPs may include:

- name of student and other identifying information (such as date of birth, grade and photo);
- disease or disorder specific information (such as specific allergen);
- signs and symptoms of an adverse reaction (such as accidental exposure to an allergen or hypoglycemic reaction);
- location and storage of emergency medications (such as Epipens [epinephrine auto-injectors] for anaphylaxis and Glucagon for hypoglycemia);
- who will administer the medication (including self-administration options);
- follow-up plans (such as calling 911 after the administration of Epipens or Glucagon); and
- emergency contacts for parents/guardians and medical providers.

To develop ECPs, school nurses should incorporate the following processes:

- obtain current health information from the family and the student's health care providers, including student's emergency plan and all medication orders; and
- consult with the health care provider, when necessary, to clarify emergency medical protocol and medication orders.

Individualized Health Care Plan (IHCP)

In addition to the development of ECPs, students with life-threatening food allergies or GSD must also have an IHCP. IHCPs are usually developed for students with special health needs or whose health needs require daily intervention. These plans describe how to meet an individual child's daily health and safety needs in the school setting. IHCPs include:

- functional health issues (nursing diagnoses);
- student objectives (expected outcomes) for promoting self-care and age-appropriate independence; and
- responsibilities of parents, school nurses, teachers, students, administration, or other school staff as appropriate.

IHCPs should address student needs both during the normal school day and during before- and after-school activities. This information may be distributed to all school staff who have responsibility for the student with life-threatening food allergies or GSD. Considerations to be included in IHCPs for students with life-threatening food allergies or GSD may include:

- classroom environment (such as including allergy-free areas in the classroom for students with allergies or allowing students with GSD to have food or dietary supplements when needed in the classroom);
- cafeteria safety, including allergy free tables or zones;
- participation in school nutrition programs;
- snacks, birthday and other celebrations;
- alternatives to food rewards and incentives;
- hand-washing;
- locations of emergency medication;
- risk management during lunch and recess times;
- classroom projects (such as science activities that may involve food or allergen products);
- classroom jobs (such as, feeding fish, washing tables, etc.);
- special events (such as, cultural programs, science programs);
- field trips, fire drills and lockdowns;
- staff education and training;
- who will provide emergency and routine care in school, i.e., administering emergency medication or feeding (Note: in the case of GSD, a parent/guardian may designate someone other than themselves to provide the gastrostomy tube feeding if needed [see section 10-212c(a)(1)(D)]);

- substitute staff notification and training (including nurses, teachers, specials, student teachers, cafeteria staff, school bus drivers and others as appropriate);
- school transportation;
- transitions to after-school programs;
- athletic and extracurricular activities;
- individualized adaptations of district parental notification letter (if necessary);
- Parent/Teacher Organization or Parent/Teacher Association sponsored events for students (see reference and resource list for CSDE resources on healthy fundraisers and alternatives to food as reward); and
- transitions between grade levels and school buildings in the district.

Additional considerations for students include:

- transportation on sports team buses;
- biology labs;
- open campus and extended study periods;
- vending machine options; and
- culinary arts programs.

IHCPs may also include a summary of nursing assessments. They are used to document interventions and evaluate outcomes. Reviews of IHCP should occur:

- at least annually with the school team, including the parents or guardians and when appropriate, students;
- more frequently if there are changes in students' ECPs, self-monitoring, competency levels, self-care abilities, school environment or whenever an adjustment to the plan is necessary; and
- after each emergency event involving the administration of emergency medications (such as EpiPens or Glucagon). Conduct a summative evaluation to determine the effectiveness of the process, why the incident occurred, what worked and did not work and persons involved.

Process for Development of Districtwide Management Plan for Food Allergy and GSD

The process for developing or revising management plans for food allergy or GSD is as important as the final product – the plan. Districtwide implementation requires a team approach with appropriate representation from schools, families, health professionals and the local community. Consensus should therefore be grounded in medically appropriate, research-based interventions, as well as best practices based on local district needs and the special health care needs of students with life-threatening food allergies or GSD.

The CSDE and the DPH recommend that districtwide management plans for food allergy and GSD focus on safety, prevention, education, awareness, communication and emergency response. Management plans should strike a balance between the education, health, social normalcy and safety needs of the individual student with life-threatening food allergies or GSD and the education, health and safety needs of all students. Management plans for food allergy or GSD should be the basis for the development of procedural guidelines that will be implemented at the school level and provided for consistency across all schools within the district. The goals for districtwide management plans for food allergy or GSD include:

- maintaining the health and protecting the safety of students who have life-threatening food allergies or GSD in ways that are medically-accurate, developmentally-appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities;
- ensuring that interventions, action plans and IHCPs for students with life-threatening food allergies or GSD are based on medically accurate, developmentally-appropriate information and evidence-based practices; and
- defining a formal process for identifying, managing and ensuring continuity of care for students with life-threatening food allergies or GSD across all transitions (pre-Kindergarten (PK) through Grade 12).

Districts policies or procedures should include a formalized process for the development of IHCPs and action plans for students with life-threatening food allergies or GSD. This process should include:

- a standardized template for the development of IHCPs and action plans;
- recommendations of team members who should be involved in the development of IHCPs and action plans;
- a process to obtain medical information and proper authorizations to administer medication from the student's health care provider and parents; and
- a process to develop other accommodations within IHCPs and action plans (such as, allergen-free zones in the cafeteria for students with allergies or provision of food or dietary supplements to students with GSD, when needed, in the classroom).
- identification of a core team to establish the plan. School nurses should have the lead role on this team. In addition to the school nurse, the team should include, at a minimum, parents/guardians or other family members; school administrators; classroom teacher; and the student (if appropriate). Other recommended school staff includes the school medical advisor, school-based health clinic staff, student's health care provider, culinary arts teachers and other school staff such as the school food service manager;
- collaboration between school nurses and parents to consider developmentally and age-appropriate accommodations for consideration at the core team meeting;
- meeting of team members to finalize IHCPs. While health care providers can offer recommendations for the types of accommodations needed in school settings, it is the core team's responsibility for the development of recommendations based on the students' needs and school environments;
- determination of the type of plan appropriate for students (such as IHCP or Section 504 plan). If the team determines that a student does not meet the eligibility requirements for Section 504, the IHCP may be considered one and the same as the Section 504 plan;
- determining the minimum frequency with which health information will be reviewed and updated based on students' health status; and

- clarifying the roles and responsibilities of each core team member. Ensure that all team members' opinions are heard.

Note: See appendix C for suggested roles and responsibilities of team members.

Team Members

The districtwide team involved in the process to develop, implement, monitor, review and revise management plans for life-threatening food allergies or GSD may include:

- school superintendent or designee
- building principal or designee
- school nurse supervisor or school nurse
- school medical advisor
- teacher representative
- parent/guardian representative
- other family members
- student representative
- other school staff (e.g., school psychologist, school counselor, school social worker, Section 504 coordinator)
- school food service director or representative
- coach
- transportation coordinator
- supervisor of custodial staff
- community health care providers, (e.g., pediatrician, APRN, registered dietitian, nutrition or health consultant, local EMS representative)
- national and local experts

Before developing the plan, the district team should review the district's policies and protocols regarding the care of students with life-threatening food allergies or GSD students' needs and then identify areas that need development or improvement.

School District Plan Components

An effective plan should be brief and provide the overarching goals for the district regarding the care of students with life-threatening allergies and GSD. This district plan should include:

- the rationale for the plan;
- a commitment to planning and prevention;
- a collaborative process;
- a formal process for identifying and developing IHCPs and action plans for emergencies (such as, anaphylaxis or hypoglycemia);

- the provisions for education and training;
- a balance between individual, school and community needs; and
- fostering normal development.

Monitoring Effectiveness of School District Plans and Procedures

Periodic assessments of the effectiveness of the processes and implementation of school district plans and procedures should occur:

- at least annually with the school district team;
- after each emergency event involving the administration of medication to determine the effectiveness of the process, why the incident occurred, what worked and did not work in the district plan and procedures; and
- include medically-accurate, research-based practices in the annual review of the plan and procedures.

Provision of Food or Dietary Supplements by School Staff

Meal substitutions for students with a disability

School nutrition programs must comply with the USDA's requirements for meal modifications for students whose physical or mental impairment restricts their diet. The school nutrition programs implemented in schools include the National School Lunch Program (NSLP), School Breakfast Program (SBP), Afterschool Snack Program (ASP) of the NSLP, Seamless Summer Option (SSO) of the NSLP, Special Milk Program (SMP), Fresh Fruit and Vegetable Program (FFVP), Child and Adult Care Food Program (CACFP), At-risk after-school meal and snack programs, and the Summer Food Service Program (SFSP). For more information on these programs, visit the CSDE's School Nutrition Programs website.

The USDA's nondiscrimination regulations (7 CFR 15b) and regulations for school nutrition programs (7 CFR 210.10(m) and 7 CFR 220.8(m)) require that school nutrition programs must make reasonable modifications on a case-by-case basis for students whose disability restricts their diet, when a recognized medical authority certifies the need. Meal modifications must be related to the disability or limitations caused by the child's disability, and require a medical statement from a state-licensed healthcare professional who is authorized to write medical prescriptions under state law.

- A **reasonable modification** is a change or alteration in policies, practices, and/or procedures to accommodate a disability that ensures students with disabilities have equal opportunity to participate in or benefit from a program. The general guideline in making accommodations is that students with disabilities must be able to participate in and receive benefits from programs that are available to students without disabilities.
- A **recognized medical authority** is a state-licensed health care professional authorized to write medical prescriptions under state law, and recognized by the DPH. The DPH defines recognized medical authorities as physicians, physician assistants, doctors of osteopathy, and advanced

practice registered nurses (APRNs), i.e., nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

Medical statement requirements

The USDA requires that the child's medical statement must include:

- information about the child's physical or mental impairment that is sufficient to allow school food service personnel to understand how it restricts the child's diet;
- an explanation of what must be done to accommodate the child's disability; and
- if appropriate, the food or foods to be omitted and recommended alternatives.

If the child's IEP or 504 Plan includes this information, or the school obtains it during the development or review of the IEP or 504 Plan, a separate medical statement is not required. Using a team approach can help schools to ensure that the IEP or 504 Plan will include the information needed to meet the USDA's requirements for the medical statement.

The USDA does not require a medical statement if the modified meals meet the USDA meal patterns. Examples include meals modified only for texture (e.g., chopped, ground, or pureed foods) or meals that substitute food items from the same meal pattern component, e.g., substituting a banana for strawberries or substituting chicken for cheese. However, the CSDE recommends obtaining a medical statement to ensure clear communication between parents or guardians, medical professionals, and applicable school staff about the appropriate meal modifications for the student. The CSDE's medical statement forms are available in the "Documents/Forms" section of the CSDE's Special Diets in School Nutrition Programs website.

Generally, the school nurse takes the lead in obtaining medical statements. However, schools must have an effective communication process in place to ensure sharing of all applicable student medical information with the school food service staff responsible for providing meal modifications. Collaboration with school food service staff is essential to ensure that students with life-threatening food allergies or GSD may participate in the school nutrition programs. The required documentation from the student's physician ensures that school food service staff can provide safe and appropriate meals for students.

Nutrition information

To the extent possible, school food service staff should provide parents with food labels so they can identify and approve which foods their child may select for school meals. The USDA considers providing nutrition information for foods served in school meals to be a component of reasonable meal modifications. The school food service program is responsible for making nutrition information for school meals available to students, families, school nurses, and others as needed. For example, the school food service program could provide nutrition information on school menus and the school food service website, and maintain a binder of nutrition labels in the school cafeteria or district food service office that parents/guardians may review. This enables families, in consultation with medical professionals, to determine the appropriate meals for their child's specific dietary concerns. **Note:** The school food service program is not necessarily required to provide nutrition information for all meals. A reasonable accommodation could be developing a cycle menu for a specific dietary need (such as a food allergy) and providing nutrition information for the foods on that planned cycle menu.

The USDA’s nondiscrimination regulations (7 CFR 15b) and regulations for school nutrition programs (7 CFR 210.10(m) and 7 CFR 220.8(m)) require reasonable meal modifications for children whose physical or mental impairment restricts their diet, based on a medical statement signed by a recognized medical authority. This requirement applies to all children whose physical or mental impairment meets the definition of a disability under any of the federal regulations, including Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (ADA) and ADA Amendments Act, the IDEA, and the USDA nondiscrimination regulations.

Resources on special diets

The CSDE’s guide, Accommodating Special Diets in School Nutrition Programs, contains comprehensive information on the requirements for meal modifications in the USDA's school nutrition programs, based on federal laws and USDA regulations. The guide, medical statement forms, and additional resources are available on the CSDE’s Special Diets in School Nutrition Programs website.

Food Safety

The DPH’s Food Protection Program governs the state food safety regulations. The Food Protection Program’s overall mission is to reduce the risk of foodborne disease by ensuring reasonable protection from contaminated food and improving the sanitary condition of food establishments. This is accomplished by enforcement of regulations, training and education, technical consultation, special investigations, and food safety promotion. For information regarding food safety and the DPH Food Protection Program, visit the DPH’s Food Protection Program website.

Section 3 – Protocols to prevent exposure to food allergens

The following issues related to planning for students with life-threatening food allergies have districtwide implications. The purpose of this section is to explain the issues, suggest ways to address them based on successful protocols/practices in school districts and provide resources for further information. This section includes:

- Banning of Specific Foods
- Appropriate Eating Areas
- Medication Administration
- Protocols to Prevent Exposure to Food Allergens
- Communication Plans

Banning of Specific Foods

School districts must implement a Food Allergy Management Plan to address the needs of students with life-threatening food allergies. Schoolwide bans of specific foods may not render the school environment safe because there is no method for ensuring that the allergenic food does not inadvertently enter school grounds. Bans can create a false sense of security, which can lead to less responsible approaches to effective management strategies, education, and emergency responses.

Banning offending foods detracts from the schools' responsibility to plan properly for students with life-threatening food allergies and to educate all school personnel accordingly. It may also limit the opportunity to teach students with allergies to take care of themselves in environments where they may be exposed to allergens at any time. Additionally, banning can be problematic in terms of defining the limits. For example, if a school bans peanuts, will it also ban all potential allergens that could affect other students, such as nuts, milk, eggs, fish, shellfish, soy, wheat, and other foods? School districts should consider how to develop a plan that over time will best meet the needs of **all** students, and prepare them for self-management and advocacy as they transition within and beyond PK through Grade 12.

School protocols/practices may include:

- establishing allergen-free zones, such as a child's individual classroom, allergen free lunch tables or areas in the cafeteria, and food-free zones, such as libraries and music rooms. Individual student and family privacy needs and preferences should be considered in determining appropriate plans. Not all students or families will need or want to use an allergen-free zone during the school day; and
- enforcing relevant school policies, such as those that prohibit eating on school buses.

Note: If a school chooses to enact a universal food ban, the specific allergen must *never* be present in the school, since families will assume the school is a safe place for their child based on the stated ban. This includes all programs held on school premises including before, during and after the school day.

Appropriate Eating Areas

Federal civil rights legislation, including Section 504 of the Rehabilitation Act of 1973, the IDEA, and Titles II and III of the ADA, requires that in providing nonacademic services, including meals, schools and institutions must ensure that students with disabilities participate along with students without disabilities to the maximum extent appropriate. This allows students to interact with and learn from other students with backgrounds different from their own.

However, under some circumstances it may be appropriate to require students with certain special needs to sit at a separate table. For example, if a student requires significant assistance from an aide to consume their meals, it may be necessary for the child and the aide to have more space during the meal service.

Additionally, schools may determine that a separate, more isolated eating area would be best for students with severe food allergies. The separate eating area may be:

- a designated table in the cafeteria cleaned according to food safety guidelines (to eliminate possible cross contamination of allergens on tables and seating); or
- an area away from the cafeteria where students can safely consume their meals.

Prior to developing a special seating arrangement, the school should determine, with input from the child's family and recognized medical authority, if this type of seating arrangement would truly be helpful for the child. If the school develops a special seating arrangement, other students should be permitted to join the child with the food allergy, provided they do not bring any foods that would be harmful to the child.

Note: Schools cannot segregate students with disabilities from the regular meal service simply as a matter of convenience. In addition, it is not appropriate to simultaneously use a separate table to segregate students who are being punished for misconduct. In all cases, the decision to feed students with disabilities separately must always be based on what is appropriate to meet the needs of the students.

Medication Administration

Medication issues are best addressed within school district policies and administrative procedures that regulate medication practices.

Protocols/Practices:

- Storage of Emergency Medications - Section 10-212a-5 (b) of the Regulations of the Connecticut State Agencies, require that all medications, except those approved for self-administration, "shall be kept in a locked container, cabinet or closet used exclusively for the storage of medication…Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse, or in the absence of the school nurse, the principal or the principal's designee who has been trained in the administration of medication…Emergency medications will be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan…" Therefore, to promote rapid, life-saving steps in an emergency, emergency medications such as Epipens for anaphylaxis and Glucagon for hypoglycemia, should not be locked during the school day. While they must not be accessible to any student or unauthorized staff member, they should be kept in a safe, accessible and reasonably secure location that can be properly supervised by a nurse or other authorized and trained staff member. The regulations also allow emergency medications to be shared with before- and after-school programs, however, parents are required to supply an extra set of emergency medications for availability during intramural or interscholastic activities. Responsible planning should be in place when emergency medications are being shared among multiple school programs.

- Location of Emergency Medications - The primary consideration for location of emergency medications should be the safety of students. Considerations for making responsible and reasonable decisions about location and safety include:
    - general safety standards for handling and storage of medications;
    - developmental stage of students;
    - competence of the student;
    - size of the school building;
    - availability of a full time school nurse in the school building;
    - availability of communication devices between school personnel (such as teachers, paraprofessionals) who are inside the building or outside on school grounds and the school nurse;
    - school nurse response time from the health office to the classroom;
    - preferences and other responsibilities of the teacher;
    - preferences of the students and parent/guardian; and
    - movement of the student within the school building.

School districts should then prioritize and determine which of the above items are the safest and most appropriate for teams to choose from when developing IHCPs and emergency care plans (ECP) for students who require assistance with the administration of emergency medications. Location of emergency medications when students have a self-administration medication order and plan is discussed below.

- Self-administration of Medication – C.G.S. Section 10-212a3(d)(3) made changes to education laws addressing food allergies in schools. The law now allows any student with a medically diagnosed life-threatening allergic condition, with the written authorization of a parent/guardian and written order of a qualified medical professional, to (1) possess, (2) self-administer, or (3) possess and self-administer his or her medication to protect against serious harm or death. Section 10-212a-4 of the Regulations of the Connecticut State Agencies stipulates that Boards of Education must permit students who have a verified chronic medical condition and are deemed capable to self-administer prescribed emergency medication, including rescue asthma inhalers and cartridge injectors for medically-diagnosed allergies, to self-administer such medication and may permit such students to self- administer other medications, excluding controlled drugs (as defined in Section 10-212a-1 of the Regulations of the Connecticut State Agencies) provided that the following protocols are in place:

- an authorized prescriber provides a written medication order including the recommendation for self-administration;
- a parent/guardian or eligible student provides written authorization for self-administration of medications;
- the school nurse has assessed the student's competency for self-administration in the school setting and deemed it to be safe and appropriate including that a student:
  1. is capable of identifying and selecting the appropriate medication by size, color, amount, or other label identification;
  2. knows the frequency and time of day for which the medication is ordered;
  3. can identify the presenting symptoms that require medication;
  4. administers the medication appropriately;
  5. if in possession of their medication, maintains safe control of the medication at all times;
  6. seeks adult supervision whenever warranted;
  7. cooperates with the established medication plan; and
  8. in the case of inhalers for asthma and cartridge injectors for medically diagnosed allergies, the school nurse's review of a student's competency to self-administer inhalers for asthma and cartridge injectors for medically diagnosed allergies in the school setting must not be used to prevent a student from retaining and self-administering inhalers for asthma and cartridge injectors for medically diagnosed allergies.
- the school nurse has reviewed the medication order and parental authorization, developed an appropriate plan for self-administration, including provisions for general supervision and documented the medication plan in the student's or participant's health record;
- the principal and appropriate staff are informed that the student is self-administering prescribed medication; and
- if in possession of the medication, such medication is transported by the student to the school and maintained under the student's control in accordance with the board of education's policy on self-medication by students and the individual student plan.

Important Note: Students may self-administer inhalers for asthma and cartridge injectors for medically diagnosed allergies with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student (Section 10-212a-4 of the Regulations of the Connecticut State Agencies).

Self-administration of **controlled medication**, as defined in Section 10-212a-1 of the Regulations of the Connecticut State Agencies, may be considered for extraordinary situations, such as international field trips, and must be approved by the school nurse supervisor and the school medical adviser in advance and an appropriate plan shall be developed.

Protocols to Prevent Exposure to Food Allergens

Each school district should consider districtwide preventive protocols or measures. If these issues are not addressed districtwide, consideration of these protocols or measures may be incorporated into IHCP and action plans, when appropriate. Protocols or measures may include:

- establishing effective sanitation and cleaning measures, such as cleaning of lunch table and classroom surfaces with disposable paper towels and cleaning products known to effectively remove food proteins;
- promoting hand-washing practices following eating to prevent cross-contact using recommended procedures of soap and water or hand wipes when soap and water are not available. Hand sanitizers are not effective for removing food allergens or dirt;
- enforcing safe practices among students, such as prohibiting meal/snack swapping, utensil swapping among students and prohibiting eating on school transportation;
- options for allergen-free zones such as the classroom, lunch tables or cafeteria zone to decrease exposure to allergen;
- options for food-free common areas (such as libraries, music and art rooms);
- developing common practices for alerting and assigning substitute staff for school nurses and teachers;
- providing supervision in the cafeteria and on school grounds by school staff trained in recognizing adverse symptoms of food allergies and GSD (such as anaphylaxis and hypoglycemia) and action plans;
- planning for school celebrations (such as, birthdays, school parties and holiday events) which may include alternatives to food for celebrations and provisions for allergy-free foods for celebrations;
- planning for school emergencies (such as, fire drills and lockdowns) which should include considerations for access to medications, access to food or dietary supplements for students with GSD or allergy-free foods for students with food allergies; and
- adhering to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use and tubes for tube-feedings after use.

Communication Plans

Communication is essential for the implementation of an effective district plan. Defining expectations for communication and privacy issues between relevant school staff (such as school nurses, school food service staff, teachers and administrators), families, and the student’s health care providers includes:

- obtaining documentation by the student’s health care provider of the life-threatening allergies and GSD, which includes the proper authorizations for medications and emergency response protocols;
- developing a communication process with the student’s health care providers and parents regarding individual student’s prevention and management plans;

- establishing communication systems within the school (such as, walkie-talkies) and during off-site activities (such as, cell phones or radios on school transportation and field trips);
- determining communication processes between school and all parents/guardians, including standard parental notification letters regarding allergen classrooms; and
- establishing procedures that ensure the appropriate people (such as teachers, paraprofessionals, school food service staff, custodian, bus drivers and substitute staff) are familiar with IHCPs and action plans; and
- determining a communication process between the school nurse and school food service staff for sharing all applicable student medical information for the purpose of providing appropriate modifications in school meals.

Section 4 – Training for the identification and evaluation of students with life-threatening food allergies or glycogen storage disease

This section includes information regarding the training and education that may be provided to school staff, parents, students, and community partners regarding life-threatening food allergies or GSD. Each school district will need to answer questions based upon their local needs for education and training regarding life-threatening food allergies or GSD. Questions may include:

- why are we doing this education and who will conduct it?
- will this education be offered on a school or districtwide basis?
- who will attend these educational opportunities?
- what are the key messages that need to be delivered? and
- how often will this education occur?

School Nurses

School nurses may need to update clinical knowledge and skills related to severe food allergy and GSD in school settings. This would include information pertaining to:

- allergies;
- types of GSD and associated management strategies;
- IHCPs;
- action plans for emergencies;
- transportation plans and issues;
- accommodations within regular education;
- requirements of Section 504 and appropriate school district policies and procedures;
- collaborating with families; and
- implications of normal development in drafting care plans and action plans.

School Personnel

School nurses in collaboration with students, parents of students with life-threatening food allergies or GSD and school medical advisors should provide education to relevant school personnel such as classroom teachers, substitutes, school administrators, school food service staff, custodians, bus drivers, coaches and other on-site persons in charge of conducting before- and after-school activities. This education may include:

- overview of life-threatening food allergies;
- overview of GSD;
- prevention strategies;
- IHCPs;

- action plans for emergencies;
- medication training (if appropriate);
- food safety;
- sanitation;
- specific accommodations; and
- staff roles and responsibilities (see appendix C).

Parents

School nurses, in collaboration with school administration, may provide education to parents/guardians of students with life-threatening food allergies or GSD. This education may include:

- general information (such as, anaphylaxis, hypoglycemia);
- school medication policies, protocols and procedures; and
- school policies, protocols and procedures related to the development of school plans to manage life-threatening food allergies or GSD.

School and community partners

School nurses in collaboration with school administration, school medical advisors and parents of students with life-threatening food allergies or GSD may provide education to the school and community partners (including parents of students without life-threatening food allergies or GSD, health care providers and parent volunteers). This education may include:

- overview of life-threatening food allergies;
- overview of GSD;
- general terms (such as anaphylaxis, hypoglycemia, epinephrine, glycogen);
- prevention strategies; and
- school policies and procedures.

Students

School nurses in collaboration with school administration and disease specific educators may provide education to students with life-threatening food allergies or GSD and their peers. Strategies to promote self-advocacy and competence in self-care are often incorporated into IHCPs and action plans for students with life-threatening food allergies and may include collaborating to help families and school staff define appropriate responsibilities for students at each developmental stage. These may include making food choices in the school cafeteria and educating peers about life-threatening food allergies and hypoglycemia; and determining appropriate steps for safety in the context of students' need to assume responsibilities in order to learn and develop self-care. Education to students may include:

- overview of life-threatening food allergies;
- overview of GSD;
- general terms (such as anaphylaxis, hypoglycemia, epinephrine, glycogen);

- school policies on prevention strategies, such as prohibiting food swapping and allergen free zones; and
- school policies on bullying and teasing.

Section 5 – Section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act, 20 USC 1400 et seq., and the Americans with Disabilities Act, 42 USC 12101 et seq.

The CSDE's Bureau of Special Education provides information and technical assistance regarding the Individuals with Disabilities Education Act, 20 USC 1400 et seq. The United States Department of Justice (USDOJ), Office for Civil Rights (OCR) provides information and technical assistance and also enforces several Federal civil rights laws that prohibit discrimination in programs or activities that receive Federal funds from the United States Department of Education. The Americans with Disabilities Act, 42 USC 12101 et seq, as well as Section 504 of the Rehabilitation Act of 1973, are two of the Federal laws that are supported by the USDOJ.

Protocols that comply with the protections and accommodations under these Federal laws are located on the websites of the Agencies previously mentioned (CSDE Bureau of Special Education and USDOJ).

How to File a Complaint with the OCR

Online: You may file a complaint with OCR using OCR's electronic complaint form at the following website: http://www.ed.gov/about/offices/list/ocr/complaintintro.html.

Mail or Facsimile: You may mail or send by facsimile information to the address or phone number available at this link. You may use OCR's Discrimination Complaint Form or write your own letter. If you write your own letter, please include:

- The complainant's name, address and, if possible (although not required), a telephone number where the complainant may be reached during business hours;
- Information about the person(s) or class of persons injured by the alleged discriminatory act(s) (names of the injured person(s) are not required);
- The name and location (city and state) of the institution that committed the alleged discriminatory act(s); and
- A description of the alleged discriminatory act(s) in sufficient detail to enable OCR to understand what occurred, when it occurred, and the basis for the alleged discrimination.

Email: You may email OCR's Discrimination Complaint Form or your own signed letter to ocr@ed.gov. If you write your own letter, please include the information identified above.

For those without current email accounts, Internet access may be freely available from your local public library, and free email accounts are available from several large providers.

Note: A recipient of federal financial assistance may not retaliate against any person who has made a complaint, testified, assisted or participated in any manner in an OCR matter or to interfere with any right or privilege protected by the laws enforced by OCR. If you believe that you have been retaliated against for any of these reasons, you also may file a complaint with OCR (U.S. Department of Education, 2018).

The Office of Civil Rights (OCR) office for Connecticut may be contacted at:

Office for Civil Rights
US Department of Education, 8th Floor
5 Post Office Square
Boston, MA 02109-3921
Telephone: 617-289-0111
FAX: 617-289-0150; TDD: 877-521-2172
E-mail: OCR.Boston@ed.gov

The OCR National Headquarters may be contacted at:

U.S. Department of Education
Office for Civil Rights
Lyndon Baines Johnson Department of Education Bldg
400 Maryland Avenue, SW
Washington, DC 20202-1100
Telephone: 800-421-3481
FAX: 202-453-6012; TDD: 877-521-2172
E-mail: OCR@ed.gov

This section includes CSDE's Position Statement on the Education of Students with Exceptionalities followed by frequently asked questions and answers regarding IDEA, ADA and Section 504:

- CSDE's Position Statement on the Education of Students with Exceptionalities (2012)
- IDEA and Special Education:
    - What is IDEA?
    - What is Special Education?
    - What are Related Services?
    - How am I notified of my Child's Rights?
    - Who is Eligible for Special Education and Related Services?
    - What about students with Disabilities placed by their parents in private schools?
    - Referral to Special Education
    - What is a referral to Special Education?
    - What if my child hasn't started school, but I suspect a disability may exist?
    - What happens when a referral to special education is made?
    - Special Education Legal and Due Process Documents and Resources
- Americans with Disabilities Act:

    - What is ADA?
    - What Role does the Office of Civil Rights Play Regarding ADA?
    - ADA Home Page and Resources
- Section 504 of the Rehabilitation Act of 1973
    - What is Section 504 of the Rehabilitation Act of 1973?
    - Who Is Protected Under Section 504?
    - Physical or Mental Impairment that Substantially Limits a Major Life Activity

CSDE's Position Statement on the Education of Students with Exceptionalities (2012)

The Connecticut State Board of Education believes that all students, including students with exceptionalities, are unique and influenced by cultural, linguistic, intellectual, psychological, health and economic factors. The Board also believes that throughout their education, all students may have exceptional challenges that impact their ability to learn. The Board recognizes, though, that the intensity of some of these challenges requires these students to receive special protections under state and federal law. Students with exceptionalities in Connecticut are defined by the Board as those students who have extraordinary learning abilities or outstanding talents in the creative arts, and those who meet the criteria for eligibility pursuant to the Individuals with Disabilities Education Improvement Act (IDEA). All students, including students with disabilities and those with outstanding talents in the creative arts or extraordinary learning abilities, should receive educational services that enable them to develop their full potential in light of these influencing factors. As such, the Board expects that teaching and learning provide a wide continuum of options and settings to foster high expectations, expertise, continuing improvement and curricula which are appropriately challenging for preparing all students, including those with exceptional learning abilities, for entry into higher education and/or the workplace.

The Board strongly encourages districts to recognize the value of and to increase support for services to students identified as talented and gifted to address their exceptionalities. Students identified as eligible under IDEA federal legislation must be provided with a free and appropriate public education in the least restrictive environment. To address the uniqueness of each of these students, a varied educational environment and a unified and coordinated continuum of educational opportunities and supports are needed to provide and accommodate each student's strengths and challenges.

Educational models that promote multiple instructional strategies which encourage and accommodate students in the general education environment to the maximum extent appropriate are crucial. As such, the Board has embraced Connecticut's Framework for Response to Intervention (RTI), Using Scientific Research-Based Interventions: Improving Education for All Students. This model of strong core instruction and early intervention provides all students, including students with exceptionalities, the opportunity to receive the academic and behavioral supports needed to be successful.

All adults in the education community are responsible for assisting all students, including those with exceptionalities, in achieving academic and social goals. Educating students with these exceptional differences is improved through collaborative partnerships among families, school districts, educational organizations, state agencies, businesses and institutions of higher education. Each partnership strengthens the Board's vision of assuring that Connecticut's students, including those with exceptional challenges, are provided with a high-quality, comprehensive and equitable education.

What is IDEA?

"The Individuals with Disabilities Education Act (IDEA) is a law that makes available a free appropriate public education to eligible students with disabilities throughout the nation and ensures special education and related services to those students. The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, students, and youth with disabilities.

Infants and toddlers, birth through age 2, with disabilities and their families receive early intervention services under IDEA Part C. Students and youth ages 3 through 21 receive special education and related services under IDEA Part B. Additionally, the IDEA authorizes:

- Formula grants to states to support special education and related services and early intervention services.
- Discretionary grants to state educational agencies, institutions of higher education, and other nonprofit organizations to support research, demonstrations, technical assistance and dissemination, technology development, personnel preparation and development, and parent-training and -information centers.

Congress reauthorized the IDEA in 2004 and most recently amended the IDEA through Public Law 114-95, the Every Student Succeeds Act, in December 2015. In the law, Congress states:

> Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for students with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities" (USDEA, 2019, IDEA).

What is special education?

Special education is provided to a student with an identified disability who needs specially designed instruction to meet his/her unique needs and to enable the student to access the general curriculum of the school district. A student who is eligible for special education services is entitled by federal law to receive a free appropriate public education (FAPE). FAPE ensures that all students with disabilities receive an appropriate public education at no cost to the family. FAPE differs from student to student because each student has unique needs. Parents/guardians of a student who has or who may have a disability that requires specially designed instruction, should work with a team of educators and, as appropriate, specialists to determine the needs of each student and to design an appropriate program that addresses educational concerns.

What are related services?

Related services are those services that are required in order for a student to benefit from special education. Related services may include, but not be limited to, nursing, psychological and counseling services, speech and language services, audiological services, guidance, social work, transportation, physical and occupational therapy and other medical services that are required for diagnostic or evaluation purposes.

How are parents/guardians notified of student's rights?

Parents/guardians must be given a copy of Steps to Protect a Child's Right to Special Education: Procedural Safeguards in Special Education one time each year that their child(ren) receive special education. Additionally, a copy must be given to when:

- students are referred for an initial evaluation or when an evaluation is requested by parents/guardian;
- a complaint is filed or a due process hearing is requested; or
- upon request.

Who is eligible for special education and related services?

To be eligible for special education and related services:

- students must be between 3 and 21 years old;
- students must have one or more of the following disabilities, determined by the federal Individuals with Disabilities Education Improvement Act (IDEA 2004):
    - Autism
    - Deaf-blindness
    - Deafness
    - Developmental delay (for 3- to 5-year-olds, inclusive)
    - Emotional disturbance
    - Hearing impairment
    - Intellectual disability (mental retardation)
    - Multiple disabilities
    - Orthopedic impairment
    - Other health impairment (limited strength, vitality or alertness due to chronic or acute health problems such as lead poisoning, asthma, attention deficit disorder, diabetes, a heart condition, hemophilia, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome)
    - Physical impairment;
    - Specific learning disability
    - Speech or language impairment
    - Traumatic brain injury
    - Visual impairment including blindness
    - The disability must adversely affect your child's educational performance; and as a result;

  - A student requires a specially designed instructional program to address his or her unique educational needs (CSDE, 2007, *A Parent's Guide to Special Education in Connecticut)*

In Connecticut, a school district is also required to provide identification, referral and evaluation services for a student who may be gifted and/or talented. A district is not required, but has the option of, providing services to a student who has been identified as being gifted and/or talented.

What about students with disabilities placed by their parents in private schools?

Students with disabilities placed by their parents in private schools do not have an individual right to receive some or all of the special education and related services that he or she would receive if enrolled in a public school. The school district in which the private school is located is responsible for providing what special education services it designates to students with disabilities placed by their parents in the private elementary or secondary schools in its town.

Referral to Special Education

Before a student is referred to a planning and placement team (PPT), alternative procedures and programs in general education must be explored and, where appropriate, put into place in the classroom and used. School districts have teams in individual schools that provide a variety of alternative strategies for teacher to use in the classroom. These teams are sometimes called child study teams, or student assistance teams. Parents/guardians may request assistance from their school's team. If the student's difficulties persist, a referral to special education should be made.

What is a referral to special education?

A referral to special education is the first step in the process of determining if a student should receive special education services. A referral is a written request for an evaluation of a student who is suspected of having a disability and who may be in need of special education and related services. A referral to special education may be made by:

- the student, 18 years old or older;
- a parent, guardian or surrogate parent;
- school personnel; or
- other individuals from other agencies (e.g., physicians, social workers) to whom parental
- permission to make a referral has been given.

Important Note: A prompt referral to a planning and placement team (PPT) is required for any child who has been suspended repeatedly or whose behavior, attendance or progress in school is considered unsatisfactory or at a marginal level of acceptance.

What if a student hasn’t started school, but he/she is suspected to have a disability?

If a student is over the age of 3, and it is suspected that he or she may have a disability, a referral for an evaluation may be submitted in writing to the director of special education in the local school district. Assistance in referring students for an evaluation, may be accessed at the statewide Child Find Number at 1(800) 445-2722.

What happens when a referral to special education is made?

Parents/guardians will receive a written notice of their child’s referral to special education. The notice will solicit their participation as a member of the school’s planning and placement team (PPT) to review existing evaluation information that the school district has about their child and determine whether there is a need for any additional data or information. Parental/guardianship *participation in this process is very important.* The PPT may determine that the existing data provides enough information to determine students’ eligibility for special education or it may decide that the existing data does not support eligibility and then refer students for general education services. If the PPT decides that additional data are needed in order to determine whether the student has a disability, parents/guardians will work with educators and, as appropriate, specialists to design the evaluation procedures for the student. If parents/guardians disagree with the decision of the PPT to conduct an initial evaluation, they may refuse consent for the evaluation. In this case, the school district may continue to pursue those evaluations by using due process. The school district is not required to pursue an initial evaluation of a student suspected of having a disability if the parents/guardians do not provide consent for the initial evaluation. If the PPT refuses to evaluate a student, parents/guardians may exercise due process rights to contest the decision. (See page 16 for further explanation of due process and mediation.)

The above information is located on the CSDE Bureau of Special Education’s document titled, *A Parent's Guide to Special Education in Connecticut* in English and Spanish (Guía para padres sobre educación especial en Connecticut).

Special Education Legal and Due Process Documents and Resources

The Individuals with Disabilities Education Act (IDEA, the federal special education law) establishes the requirement that State Education Agencies adopt written procedures for the investigation and resolution of any complaint which alleges that an education agency has violated a requirement of the IDEA. This booklet specifies the process to be used by the Connecticut State Department of Education, Bureau of Special Education, in the investigation and resolution of these complaints as well as complaints which allege that an education agency has violated a requirement of the Connecticut laws regarding special education (Connecticut General Statutes Sections 10-76a to 10-76h inclusive, of the general statutes and the implementing regulations). Complaints and questions regarding the Complaint Resolution Process or requests for copies of this booklet should be directed to:

Connecticut State Department of Education
Bureau of Special Education
450 Columbus Boulevard
P.O. Box 2219

Hartford, CT 06145-2219
(860) 713-6928

Americans with Disabilities Act

The following information is located at https://www.jud.ct.gov/ADA/

- A Guide to Understanding the Americans with Disabilities Act in How to request and ADA Accommodation?
- Accommodation Request Procedure
- How to file an ADA Complaint or Grievance
- Frequently Asked Questions

What is the ADA?

“The Americans with Disabilities Act (ADA) was signed into law on July 26, 1990, by President George H.W. Bush. The ADA is one of America's most comprehensive pieces of civil rights legislation that prohibits discrimination and guarantees that people with disabilities have the same opportunities as everyone else to participate in the mainstream of American life -- to enjoy employment opportunities, to purchase goods and services, and to participate in State and local government programs and services. Modeled after the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, religion, sex, or national origin – and Section 504 of the Rehabilitation Act of 1973 -- the ADA is an "equal opportunity" law for people with disabilities.

To be protected by the ADA, one must have a disability, which is defined by the ADA as a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered” (United States Department of Justice [USDOJ] Civil Rights Division, 2019, Introduction to the ADA, https://www.ada.gov/ada_intro.htm).

What Role Does the Office of Civil Rights Play Regarding ADA?

The “Office of Civil Rights (OCR) enforces several federal civil rights laws that prohibit discrimination in programs or activities that receive federal funds from the Department of Education. These laws prohibit discrimination on the basis of race, color, and national origin, sex, disability, and on the basis of age. These laws extend to all state education agencies, elementary and secondary school systems, colleges and universities, vocational schools, proprietary schools, state vocational rehabilitation agencies, libraries, and museums that receive U.S. Department of Education funds. OCR also has responsibilities under Title II of the Americans with Disabilities Act of 1990 (prohibiting disability discrimination by public entities, whether or not they receive federal financial assistance). In addition, as of January 8, 2002, OCR enforces the Boy Scouts of America Equal Access Act (Section 9525 of the Elementary and Secondary Education Act of 1965, as amended by the No Child Left Behind Act of 2001). Under the Boy Scouts of America Equal Access Act, no public elementary or secondary school or State or local education agency that provides an opportunity for one or more outside youth or community groups to meet on school premises or in school facilities shall deny equal access or a fair opportunity to meet to, or discriminate against, any group officially affiliated with the Boy Scouts of America, or any other youth group listed in Title 36 of the United States Code as a patriotic society, that wishes to meet at the school" (USDOJ, Office of Civil Rights, 2019, Know Your Rights, https://www2.ed.gov/about/offices/list/ocr/know.html?src=ft)

ADA Home Page

The ADA statute, ADA title II and III regulations, technical assistance materials, enforcement information, and general ADA information is available at www.ada.gov. Additionally, the following information are located on the USDOJ website at https://www.ada.gov/ada_intro.htm:

- Americans with Disabilities Act, as amended
  The text of the law
- Title II Regulations
  The Department of Justice regulations that implement the ADA for state and local governments
- Title III Regulations
  The Department of Justice regulations that implement the ADA for businesses and non-profit service providers
- ADA Standards for Accessible Design
  Enforceable standards under Titles II and III for new construction, alterations, program accessibility, and barrier removal.
- Regulations Under Development
  Find out more about any new regulations proposed by the Department as well as the Department's ADA Regulatory Agenda.
- Guide to Disability Rights Laws
  Find out more about the ADA and other laws that protect the rights of people with disabilities.
- ADA Technical Assistance Materials
  Information about the ADA and how to comply with the law
- Department of Justice ADA Responsibilities
  The Department's Disability Rights Section protects the rights of people with disabilities.
- Federal and ADA Disability Resources
  ADA responsibilities of Federal agencies outside of the Department and other resources for people with disabilities
- ADA Signing Ceremony
  Watch the video of the 1990 ADA signing cermony.
- File an ADA Complaint
  If you believe you have been discriminated against on the basis of disability, file a complaint under the ADA (USDOJ Civil Rights Division, 2019, Introduction to the ADA, https://www.ada.gov/ada_intro.htm).

Section 504 of the Rehabilitation Act of 1973

What is Section 504 of the Rehabilitation Act of 1973?

Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive federal financial assistance from the United States Department of Education (USDOE). Section 504 provides in part that "No otherwise qualified individual with a disability in the United States…shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance…" Recipients of this federal financial assistance include public school districts, institutions of higher education, and other state and local education agencies. The regulations implementing Section 504 in the context of educational institutions appear at 34 CFR Part 104.

Protocols associated with Section 504 regulations require a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met (OCR, 2011).

Who Is Protected Under Section 504?

Section 504 covers qualified students with disabilities who attend schools receiving federal financial assistance. To be protected under Section 504, a student must be determined to:

1. have a physical or mental impairment that substantially limits one or more major life activities; or
2. have a record of such an impairment; or
3. be regarded as having such an impairment.

Section 504 requires that school districts provide a FAPE to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities. Major life activities, as defined in the Section 504 regulations at 34 CFR 104.3(j)(2)(ii), include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. This list is not exhaustive. Other functions can be major life activities for purposes of Section 504. In the Amendments Act, Congress provided additional examples of general activities that are major life activities, including eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, and communicating. Congress also provided a non-exhaustive list of examples of "major bodily functions" that are major life activities, such as the functions of the immune system, normal cell growth,

Important protocol: Students who need nursing services in order to stay safe and healthy at schools should be referred for a Section 504 evaluation to determine eligibility. Students with life-threatening allergies and other health concerns are now considered individuals with a disability under Section 504. According to Office of Civil Rights, the development of an individual healthcare plan (IHP) does not relieve the district of its obligation to evaluate a student's eligibility for a Section 504 plan. This is true even if the IHP can properly meet the student's health needs.

digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. The Section 504 regulatory provision, though not as comprehensive as the Amendments Act, is still valid—the Section 504 regulatory provision's list of examples of major life activities is not exclusive, and an activity or function not specifically listed in the Section 504 regulatory provision can nonetheless be a major life activity.

Physical or Mental Impairment that Substantially Limits a Major Life Activity

The determination of whether a student has a physical or mental impairment that substantially limits a major life activity must be made based on an individual inquiry. The Section 504 regulatory provision at 34 CFR 104.3(j)(2)(i) defines a physical or mental impairment as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The regulatory provision does not set forth an exhaustive list of specific diseases and conditions that may constitute physical or mental impairments because of the difficulty of ensuring the comprehensiveness of such a list. Whether students with life-threatening food allergies or GSD are identified under Section 504 as disabled individuals or not, school districts are required to provide students with IHCPs and action plans to address their health and safety needs.

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Section 6 – Appendixes

Appendix A – Annual Epinephrine Training Program for Connecticut's Unlicensed School Personnel

The CSDE's *Annual Epinephrine Training Program for Connecticut's Unlicensed School Personnel* is located on the School Nursing website at https://portal.ct.gov/SDE/School-Nursing/School-Nursing/Documents

Appendix B – State and Federal Legislation

School districts have a responsibility to be knowledgeable about all relevant state and federal laws and how they affect school policies on life-threatening food allergies and glycogen storage disease. It is important to note that Connecticut laws provide entitlement to an individualized health care plan for students with life-threatening food allergies and glycogen storage disease regardless of the child's status as a child with a disability under Section 504 of the 1973 Rehabilitation Act, Individuals with Disabilities Educational Act (IDEA) or the Americans with Disabilities Act of 1990. Brief descriptions of the most relevant state and federal laws follow.

State Legislation

C.G.S. 10-212a(d)(3) Administration of medications in schools, at athletic events and to students in school readiness programs. This Statute allows any student with a medically diagnosed life-threatening allergic condition, with the written authorization of a parent or guardian and written order of a qualified medical professional, to (1) possess, (2) self-administer, or (3) possess and self-administer his or her medication to protect against serious harm or death. Public Act 18-185 requires the CSDE, in conjunction with the Department of Public Health (DPH), to revise, review, and update its guidelines for managing students with life-threatening food allergies and glycogen storage disease. It additionally requires CSDE to update its health and physical education curriculum standards and apply for external funding to raise public awareness about food allergies. The Public Act requires school transportation carriers to provide training in identifying and appropriately responding to severe allergic reactions to all school bus drivers. Finally, the Public Act extends the protections of the "Good Samaritan" law to cover school bus drivers rendering certain emergency first aid in response to a student's allergic reaction.

C.G.S. 10-212c. ***Life-threatening food allergies and glycogen storage disease: Guidelines; district plans*** requires the CSDE develop guidelines for the management of students with life-threatening food allergies and have these guidelines available by July 1, 2012. In addition, not later than August 15, 2012, each local and regional board of education shall implement a plan based on these guidelines for the management of students with life-threatening food allergies enrolled in the schools under its jurisdiction which includes the development of an individualized health care plan for every student with life-threatening food allergies. The Statute extends required educational guidelines for school districts in how to manage students with life-threatening allergies to cover students with glycogen storage disease. The plans must allow parents or guardians of students with the disease, or those they designate, to administer food or dietary supplements to their students with the disease on school grounds during the school day.

C.G.S. 10-212a ***Administration of Medications in Schools.*** This statute pertains to the administration of medications in the school setting. It addresses who may prescribe medications and who may administer medications in the school setting.

Section (d) of C.G.S. 10-212a ***Administration of Medications in Schools by a paraprofessional.*** This section of the statute provides for a paraprofessional to administer medication to a specific student with a life-threatening food allergy if there is written permission from the parent/guardian; written medication order by a legally qualified prescriber; and that the school nurse and school medical advisor have approved the plan and provide general supervision to the paraprofessional.

The Regulations of Connecticut State Agencies Section 10-212a-1 through 10-212a-10 Administration of Medications by School Personnel and Administration of Medication During Before- and After-School Programs and School Readiness Programs. These regulations provide the procedural aspects of medication administration in the school setting. The regulations include definitions and requirements for: the components of a district policy on medication administration; the training of school personnel; self-administration of medications; handling, storage and disposal of medications; supervision of medication administration; administration of medications by coaches and licensed athletic trainers during intramural and interscholastic events; administration of medications by paraprofessionals and administration of medication in school readiness programs and before- and after-school programs.

C.G.S. 10-220i ***Transportation of Students carrying cartridge injectors.*** This statute states that students with life-threatening allergies cannot be denied access to school transportation solely due to the need to carry a cartridge injector while traveling on a vehicle used for school transportation.

C.G.S. 52-557b ***Good Samaritan Law.*** Immunity from liability for emergency medical assistance, first aid or medication by injection. This statute provides immunity from civil damages to individuals who have been properly trained and who provide emergency assistance, voluntarily and gratuitously and other than in the course of their employment or practice to another person in need of assistance.

Federal Laws

Certain federal laws may also be relevant to school districts' responsibilities for meeting the needs of students with severe food allergies and GSD. Additionally, in Connecticut students with life-threatening food allergies and GSD are entitled to an individualized health care plan, without reference to a child's status as disabled under either Section 504 of the Rehabilitation Act of 1973 (Section 504) or IDEA.

The Americans with Disabilities Act (ADA) prohibits discrimination against any individual with a disability. Section 504 of the Rehabilitation Act of 1973 further protects the rights of students with disabilities, requiring reasonable accommodations that allow for the provision of a "free and appropriate public education" (FAPE). This legislation applies to all programs and activities receiving federal financial assistance, including public schools. Students are eligible for accommodations through Section 504 if they have a physical or mental impairment that substantially limits a major life activity. Major activities may include walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks. It is not required that the student receive special education services to be eligible for other services.

The Americans with Disabilities Act (ADA) of 1990 also prohibits discrimination against any individual with a disability and extends the Section 504 requirements into the private sector. The ADA contains a definition of "individual with a disability" that is almost identical to the Section 504 definition. The ADA also provides a definition of "substantially limits" (42 U.S.C. §12101 et seq.; 29 C.F.R. § 1630 et seq.).

Section 504 of the Rehabilitation Act of 1973 prohibits all programs and activities receiving federal financial assistance, including public schools, from discriminating against students with disabilities, as defined in the law. A student with a disability under Section 504 is defined as one who has a physical or mental health impairment (in this case, life-threatening food allergy) that "substantially limits a major life activity," such as walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.).

"Substantially limited" is not defined in the law or Section 504 regulations. It is the responsibility of the Section 504 team to determine eligibility criteria and placement as outlined in the regulations. In order to determine a child's qualification, an individualized assessment of the child is required. If qualified, the child is entitled to receive a free, appropriate public education, including related services. These services should occur within the child's usual school setting with as little disruption as possible to the school and the child's routines, in a way that ensures that the child with a disability is educated to the maximum extent possible with his/her non-disabled peers.

The Individuals with Disabilities Education Act of 1976 (IDEA) provides financial assistance to state and local agencies for educating students with disabilities. Students are eligible if they fit one or more of the 13 categories of disability and if, because of the disability, they require special education and related services. The category that most often applies to students with diabetes is Other Health Impaired (OHI). This is defined as "having a limited strength, vitality or alertness, including heightened alertness to environmental stimuli, that results in limited alertness with respect to the education environment, that 1) is due to a chronic or acute health problem; and 2) adversely affects a child's educational performance."

District personnel should familiarize themselves with these federal laws and the regulations enacted thereunder to determine a child's eligibility. Relevant court and agency decisions in Section 504, IDEA and ADA may provide additional guidance regarding the eligibility of students with severe food allergy for the federal laws noted above. When making eligibility determination for students with life-threatening food allergies or glycogen storage disease, schools must look at the student's needs on a case-by-case basis.

The Family Education Rights and Privacy Act of 1974 (FERPA) protects the privacy of students and their parents by restricting access to school records in which individual student information is kept. This act sets the standard for the confidentiality of student information. FERPA also sets the standards for notification of parents and eligible students of their rights concerning access to records, and stipulates what may or may not be released outside the school without specific parental consent. Within schools, FERPA requires that information be shared among school personnel only when there is a legitimate educational interest.

Occupational Safety and Health Administration (OSHA), a regulatory agency within the U.S. Department of Labor, requires schools in Connecticut to meet safety standards set forth by this agency. These standards include the need for procedures to address possible exposure to blood-borne pathogens. Under OSHA regulations, schools are required to maintain a clean and healthy school environment. Schools must adhere to Universal Precautions designed to reduce the risk of transmission of blood-borne pathogens, which include the use of barriers such as surgical gloves and other protective measures, such as needle disposal, when dealing with blood and other body fluids or tissues.

The U.S. Department of Agriculture's (USDA) nondiscrimination regulations (7 CFR Part 15b) and regulations for the National School Lunch Program (7 CFR Sec. 210.10(m) and School Breakfast Program (7 CFR Sec. 220.8(m)) require that the schools must make reasonable modifications on a case-by-case basis for students whose disability restricts their diet, when a recognized medical authority certifies the need. The USDA defines a "reasonable modification" as a change or alteration in policies, practices, and/or procedures to accommodate a disability that ensures students with disabilities have equal opportunity to participate in or benefit from a program. The general guideline in making accommodations is that students with disabilities must be able to participate in and receive benefits from programs that are available to students without disabilities.

Meal modifications must be related to the disability or limitations caused by the disability, and require a medical statement from a state-licensed healthcare professional who is authorized to write medical prescriptions under state law. The DPH defines recognized medical authorities as physicians, physician assistants, doctors of osteopathy, and advanced practice registered nurses (APRNs), i.e., nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

Appendix C – Suggested Roles and Responsibilities

Specific individual's roles and responsibilities in the management of students with life-threatening allergies have been determined for:

- Students with Life-Threatening Food Allergies
- Parent/Guardian of a Student with Food Allergies
- School Nurse
- School Administrators
- Classroom Teacher/Specialist
- School Psychologist
- School Food Service Personnel
- School Bus Company
- School Medical Advisor
- Coaches and Other On-site Persons in Charge of Conducting After-school Activities

The following is adapted from *Managing Life Threatening Food Allergies in Schools*, 2002, Massachusetts Department of Education.

Students with Life-Threatening Food Allergies

Students with life-threatening food allergies should be encouraged, trained and supported, when appropriate, to participate in and be responsible for the management of their allergic conditions.

Students should:

- Learn to recognize symptoms of an allergic reaction;
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear. Ask a friend to help you if you cannot get to an adult;
- Follow safety measures established by your parents/guardians and school team at all times;
- Not trade or share foods with anyone;
- Not eat any food item that has not come from home or been approved by a parent/guardian;
- Wash hands before and after eating;
- Develop a rapport with the school nurse or another trusted adult in the school to assist with the successful management of the allergy in school;
- If approved by your parent/guardian and authorized by your physician, carry your epinephrine auto-injector all times; and
- Report any instances of teasing or bullying to an adult immediately.

Parents/Guardians of students with food allergies

- Inform the school nurse of your child's allergies prior to the opening of school (or as soon as possible after a diagnosis).
- Provide the school nurse with health information from your health care provider.
- Provide the school nurse with medication orders from the licensed provider.

- Participate in developing an Individualized Health Care Plan (IHCP) with the school nurse and school team.
- Provide the school nurse with at least annual updates on your child’s allergy status.
- Provide the school nurse with written permission to communicate with your health care provider.
- Provide the school with at least two up-to-date epinephrine auto-injectors.
- Provide the school nurse with the licensed provider’s statement if student no longer has allergies.
- Provide the school with a way to reach you (cell phone, beeper, etc.).
- Provide a list of foods and ingredients to avoid.
- Consider providing a medical alert bracelet for your child.
- Be willing to go on your child’s field trips if possible and if requested.
- Review the list of student responsibilities with your child and be sure he/she understands his role.

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

- Carry own epinephrine auto-injector.
- Communicate the seriousness of the allergy.
- Communicate symptoms as they appear.
- Read labels.
- Recognize potentially dangerous situations and make good safety decisions.
- Administer own epinephrine auto-injector and be able to train others in its use.

Remember – the ultimate goal is that our students eventually learn to keep themselves safe by making good choices and advocating for themselves.

School Administrators

- Assist in the development and implementation of food allergy policies and practices for all potential sources of food on school premises, such as the cafeteria, classrooms, vending machines, school stories, fundraisers, classroom parties, athletic events, and afterschool programs.
- Include in the school district’s emergency response plan a written plan outlining emergency procedures for managing life-threatening allergic reactions. Develop procedures to assist schools at each level (elementary, middle and high) to adapt or modify the plan to meet special needs of individual students. Consider risk reduction for life-threatening allergies.
- Support faculty, staff and parents in implementing all aspects of the life-threatening allergy management plan. Provide training and education for faculty and staff regarding:
    - Anaphylaxis and anaphylactic reactions to foods, insect stings, medications, latex
    - Risk reduction procedures
    - Emergency procedures
    - How to administer an epinephrine auto-injector in an emergency
    - Cafeteria management and food preparation for school food service staff.

- Provide emergency communication devices (e.g., two-way radio, intercom, walkie-talkie, cell phone) for all school activities, including transportation, that involve a student with life-threatening allergies.
- Consider requesting a full-time nurse at your school to meet the needs of students with life-threatening allergies and other students in the school.
- Have a plan in place when there is no school nurse available including that at least three staff members that are trained in the recognition of early symptoms of anaphylaxis and in medication administration.
- Inform parent/guardian if any student experiences an allergic reaction.
- Make sure that plans include notification and training, as indicated, of substitute teachers, nurses or school food service staff.
- Ensure that the students with life-threatening food allergies are placed in classrooms where teachers are trained to administer an epinephrine auto-injector, if needed.
- Provide guidance on districtwide issues such as transportation.

School Nurses

- Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), meet with the student's parent/guardian to develop a draft of an Individual Health Care Plan (IHCP).
- Assure that the ECP includes the student's name, photo, allergen, and symptoms of allergic reactions, risk reduction procedures, emergency procedures and that it is distributed to all appropriate staff.
- Arrange and convene a team meeting, if possible before the opening of school to finalize the IHCP.
- After the team meeting, review the plan with the parent/guardian and student.
- Familiarize teachers with the ECPs and IHCPs of their students by the opening of school, or as soon as the plans are written. Other staff members who have contact with students with life-threatening allergies should be familiar with their IHCPs and ECPs on a need-to-know basis including principal, school medical advisor, specialists, school food service staff, aides, physical education teacher, art and music teachers, custodian, bus driver, local EMS..
- Provide information about students with life-threatening allergies and their photos (if consent given) to all staff on a need-to-know basis (including school food service staff, bus drivers, substitute teachers, and other new staff members).
- Maintain ongoing communication with school food service staff about students with life-threatening allergies and provide access to all applicable information in students' medical statements to allow appropriate meal modifications. **Note:** FERPA allows the sharing of confidential student information when there is a legitimate educational interest, such as making meal modifications for special dietary needs.
- Conduct education for appropriate staff regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector.
- Implement a periodic anaphylaxis drill similar to a fire drill as part of periodic refresher courses.
- Track education of all involved parties to ensure that they have been properly trained and updated.

- Introduce yourself to the student and show him/her how to get to the nurse's office.
- Post individualized plans as appropriate and have available all IHCPs and ECPs in an easily accessible place in the nurse's office. Post locations of epinephrine auto-injector.
- Periodically check medications for expiration dates and arrange for them to be current.
- Arrange periodic follow-up to review effectiveness of the IHCP, at least on an annual basis, or as often as necessary.
- Make sure that substitute school nurses are fully oriented to students with life-threatening food allergies and their care plans.
- Communicate with parents on a regular basis.

Classroom Teachers/Specialists

- Participate in the development of the student's IHCP and ECP (as core team member).
- Review and follow the ECP and IHCP of any students in your classroom with life-threatening allergies.
- Keep accessible the student's ECP and IHCP with photo (if consent is given) in classroom or with the lesson plan.
- Always act immediately and follow the ECP if a student reports signs of an allergic reaction.
- Never allow a child you suspect of having an allergic reaction to walk alone to the school nurse.
- Request that the classroom has a functioning intercom, walkie-talkie or other communication device for communication with the school nurse.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies and necessary safeguards.
- Leave information in an organized, prominent and accessible format for substitute teachers.
- Consider coordinating with parent/guardian and school nurse a lesson plan about food allergies and anaphylaxis in age appropriate terms for the class.
- Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated; use this opportunity to teach community caring; and enforce school rules/policies about bullying and threats.
- Work with the school nurse to educate other parents about the presence and needs of the child with life-threatening allergies in the classroom. Enlist their help in keeping allergic foods out of the classroom.
- Inform parents of students with life-threatening food allergies of any school events where food will be served.
- Participate with the planning for student's re-entry to school after an anaphylactic reaction.
    - A. Snacks/Lunchtime
        - Prohibit students from sharing or trading snacks.
        - Avoid cross-contamination of foods by wiping down eating surfaces with soap and water before and after eating as applicable. Tables should also be washed with soap and water in the morning if an after-school event has been held in the classroom the day before.
        - Reinforce hand-washing before and after eating.
    - B. Classroom Activities

        - Avoid use of allergenic foods for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, pet foods or other projects).
        - Welcome parental involvement in organizing class parties and special events.
        - Consider non-food treats for rewards and incentives.
    - C. Field Trips
      Collaborating with the school nurse and parents, prior to planning a field trip to:
        - Plan ahead for risk avoidance at the destination and during transportation to and from the destination.
        - Review plans when selecting field trip destinations; avoid high-risk places.
        - Ensure the epinephrine auto-injectors and instructions are taken on field trips and remain with the student or in the care of the trained adult during the course of the field trip.
        - Ensure that functioning two-way radio, walkie-talkie, cell phone or other communication device is taken on field trip and that there are adults present who are trained in the administration of an epinephrine auto-injector.
        - Ensure that the child with life-threatening food allergies is assigned to staff who are trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedures.
        - Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
        - Consider ways to wash hands before and after eating (e.g., provision of hand wipes, etc.).
        - Know where the closest medical facilities are located, 911 procedures and whether the ambulance carries epinephrine and EMTs are certified to administer epinephrine.
        - Invite parents/guardians of students at risk for anaphylaxis to accompany their child on field trips, in addition to the chaperone. However, the student's safety or attendance must not be conditioned on the parent/guardian's presence.

School Psychologists

- Participate in the development of the student's IHCP and ECP (as core team member).
- Assist with staff training, especially around staff anxiety in caring for students with life-threatening food allergies.
- Monitor anxiety, stress level, and social development of students with life-threatening food allergies and provide interventions as appropriate.
- Act as a resource to parents and students regarding anxiety, stress and normal development.

- Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated; use this opportunity to teach community caring; and enforce school rules/policies about bullying and threats.

School Food Service Personnel

- Participate in the team meeting with appropriate members for entry into school as appropriate.
- Post the student's ECP with consent of parents.
- Establish procedures to ensure that students with life-threatening food allergies select only those foods identified and approved by their parents.
- Ensure that all food service staff and their substitutes and cafeteria monitors are trained to recognize the signs and symptoms of an allergic reaction and what to do in the event of a reaction.
- Maintain contact information for manufacturers of food products (e.g., Consumer Hotline) and make available to parents on request.
- Provide parents with food labels as requested.
- Provide advance copies of the menu to parents/guardian and notification if menu is changed.
- Develop and implement standard operating procedures (SOPs) to prevent allergic reactions and cross-contact during meal preparation and service. Communicate these SOPs to school food service staff.
- Review and follow appropriate food handling and food preparation practices to avoid cross-contact with potential food allergens.
- Collaborate with school administration to establish cafeteria policies for students with life-threatening food allergies.
- Create specific areas that will be allergen safe, as needed.
- Strictly follow cleaning and sanitation protocols to avoid cross-contact.
- Thoroughly clean all tables, chairs, and floors after each meal.
- Make required food substitutions with documentation signed by a licensed physician. The USDA requires that the child's medical statement includes: 1) information about the child's food allergy that is sufficient to allow school food service staff to understand how it restricts the child's diet; 2) an explanation of what must be done to accommodate the child's food allergy; and 3) the food or foods to be omitted and recommended alternatives.
- Establish procedures with the school nurse for obtaining information to clarify food substitutions and other relevant medical information from a student's doctor, as needed.
- Plan ahead to have safe meals for field trips.
- Avoid the use of latex gloves by school food service staff. Use non-latex gloves instead.
- Know how to access epinephrine auto-injectors or summon school nurse immediately.
- Have a functioning intercom, walkie-talkie, or other communication device to support emergencies.
- Take all complaints seriously from any student with a life-threatening allergy.
- Be prepared to take emergency action and follow student's ECP.

School Bus Companies

- Educate all school bus drivers regarding life-threatening allergies pursuant to Public Act 18-185, Section 3, effective July 1, 2018 and what to do if they suspect a student is having a reaction.
- Provide education for school bus drivers on specific students, when appropriate.
- Provide functioning emergency communication device (e.g., cell phone, two-way radio, walkie-talkie, or similar communication device).
- Know local Emergency Medical Services procedures.
- Maintain policy of not allowing foods or beverages to be consumed on school buses.
- Provide school bus dispatcher with list of students with life-threatening food allergies by bus/van number and instructions for activating the EMS system
- Plan ahead for informing substitute bus drivers of students with life-threatening food allergies
- Plans for students taking alternate buses.

School Medical Advisors

- Provide consultation to and collaborate with school nurses on clinical issues and protocols which may include:
    - Standing orders for emergency medication including epinephrine; and
    - Policy recommendations for emergency interventions (for known and unknown reactors) in cases of anaphylaxis.
- Guide the district in the development of procedures for prevention of anaphylaxis and emergency planning to ensure safety without undue interference with a child's normal development or right of others.
- Participate in staff training regarding life-threatening food allergies.
- Attend IHP planning meetings when requested by the school administrator.
- Assist in the development of educational programs for students to promote wellness.
- Facilitate community involvement by encouraging development of and participation in school health advisory committee or healthy school policy team.
- Communicate with other community physicians regarding school district policy, procedures and clinical protocols for managing food allergies.
- Act as a liaison, if necessary, with the media should controversies or opportunities for education occur.

Coaches and Other On-site Persons in Charge of Conducting After-school Activities

- Participate in team meetings to determine how to implement students Individual Health Care Plan.
- Conduct sports and after school activities in accordance with all school policies and procedures regarding life threatening allergies.
- With parent/guardian's consent, keep a copy of the Emergency Care Plan and photo of students (if consent is given) with life-threatening allergies.
- Make certain that an emergency communication device (e.g., walkie-talkie, intercom, cell phone, etc.) is always present.

- Ensure that at least one but ideally two people during activity who have been trained to administer an epinephrine auto-injector.
- Maintain a current epinephrine auto-injector in the first aid kit.
- Know EMS procedures and how to access the EMS system from the site of the after school activity or event.
- Clearly identify who is responsible for maintaining the first aid kit, if appropriate.

Remind the student to replace his/her medical alert identification immediately after the activity is completed if for safety reasons it needs to be removed during a specific activity.

Appendix D – Frequently Asked Questions

1. Does the health care provider have to sign off on each and every accommodation detailed in a child's IHCP, 504 plan or ECP?

The health care provider plays a significant role on the team by providing accurate and current medical information, providing the emergency protocol and signing the appropriate medication administration forms. The health care provider may not be familiar with the day-to-day operations of the school and may also not be in the position to recommend or sign-off on each and every accommodation especially since some accommodations are more educational in nature rather than medical.

2. Does the school team have to include all recommendations from the health care provider?

Medical/therapeutic recommendations should be accepted by the school team unless they are outside the acceptable standard of care. Suggestions and recommendations that affect the educational program and school operations from the health care provider should be welcomed and considered carefully; however they need to be decided on by the school team. Open communication between the family, the school staff and health care provider is recommended to develop a plan that meets the individual student's need and takes into consideration each school's unique environment. However, consideration should be given to any suggestions and requests the provider has concerning the student.

3. When a classroom is designated as "peanut-free" and a parent complains that his/her child likes peanut butter crackers for snack, how should I respond?

All students have the right to learn in an environment that is safe. It is sometimes necessary to designate a classroom as "peanut or other allergen-free" to reduce the risk of accidental exposure for a particular student. Some students will react if they ingest the particular allergen and others will react in varying degrees by touching or inhaling it. Even a young child with an ingestion-only allergy might react if he/she touches the allergen and subsequently puts his/her fingers in his mouth, nose or eyes. Early elementary classrooms are busy places with many centers such as sand/water tables, puppet theaters, and toy kitchens where the risk of exposure is great. Although the peanut-free designation may be difficult for another child, it does present an opportunity for you to teach all students about understanding and cooperation in meeting the needs of their peers.

4. Who can administer an epinephrine auto-injector in schools?

In the absence of a licensed nurse, only qualified personnel for schools who have been properly trained may administer medications to students as delegated by the school nurse (registered nurse), specifically:

- medications with a cartridge injector may be administered by qualified personnel for schools only to a student with a medically diagnosed allergic condition, which may require prompt treatment to protect the student against serious harm or death;

- coaches and licensed athletic trainers during intramural and interscholastic events may administer medications pursuant to Section 10-212a-8 of Regulations of Connecticut State Agencies; and
- paraprofessionals, if approved by the local or regional board of education, may administer medications, including medication administered with a cartridge injector to a specific student with a medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death pursuant to Section 10-212a-9 of the Regulations of Connecticut State Agencies (Section 10-212a-2 of the Regulations of Connecticut State Agencies, Administration of medications).

5. Who are considered qualified personnel for schools?

- a full-time employee who meets the local or regional board of education requirements as a principal, teacher, occupational therapist or physical therapist and has been trained in the administration of medication in accordance with Section 10-212a-3 of the Regulations of Connecticut State Agencies;
- a coach and licensed athletic trainer who has been trained in the administration of medication pursuant to Section 10-212a-8 of the Regulations of Connecticut State Agencies;
- a paraprofessional who has been trained in the administration of medication pursuant to Section 10-212a- 9 of Regulations of Connecticut State Agencies; or
- for school readiness programs and before- and after-school programs, directors or director's designee, lead teachers and school administrators who have been trained in the administration of medication may administer medications pursuant to Section 10-212a-10 of the Regulations of Connecticut State Agencies (Section 10-212a-1 of the Regulations of Connecticut State Agencies, Definitions).

6. What paperwork must be in place for a child to have medication in school?

No medication may be administered without:

(1) the written order of an authorized prescriber;
(2) the written authorization of the student's parent or guardian or eligible student; and
(3) the written permission of the parent for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of such medication (Section 10-212a-2, Administration of medication, Regulations of Connecticut State Agencies).

7. Can the school district tell students they cannot carry their epinephrine auto-injector on the bus?

No, school districts cannot prohibit a student with life-threatening food allergies from carrying their epinephrine auto-injector on school transportation.

8. Can a student be excluded from a school-sponsored activity or field trip if a parent/guardian is not available to attend the activity?

No. Parents/guardians may volunteer to participate in school sponsored activities or field trips and school staff may ask parents to participate. However, if they are not able to attend, the schools should develop appropriate accommodations so that the student can fully participate in the event along with his/her peers.

9. What happens when a child goes on a field trip?

It is critical to include collaborative planning for field trips in your child's IHCP to ensure that he or she will be able to fully participate. The IHCP can include provisions that require the teacher to notify parents and the school nurse in advance of upcoming field trips and for the teacher, parent/guardian and school nurse to collaborate in preparing for the trip. Advance notice allows staff and parents time to investigate the destination, to identify safety risks, plan for meals and snacks, and ensure that the same or comparable safety provisions as in school are in place on the field trip. In addition the child's group should be assigned to an adult who is trained in epinephrine auto-injector administration. The epinephrine auto-injector should remain with that child at all times including during transportation to and from the fieldtrip destination. Parents may want to volunteer to be a chaperone on trips that are more complicated in terms of safety issues, but should never be required to be a chaperone.

10. Is it appropriate to discuss accommodations in the student's IHCP in front of other parents and students?

No. Schools should maintain the confidentiality of student information. Parents should be informed of the general food allergy management plan without any reference to a particular child. With permission from the parent/guardian of the student with life-threatening food allergies, it may be appropriate in specific situations to share certain aspects of a student's IHCP, such as the need for allergy-free classrooms, or alternatives to food celebrations in the classroom. However, it is important protect the family and student with life-threatening food allergies from discrimination and harassment due to accommodations that may be made.

11. How should changes to accommodations in the IHCP be made? (i.e., with team decision)

The IHCP should be reviewed periodically, and it should be modified or amended when changes in the child's health status, medical management or development (e.g., self-care competencies) occur, when a student transitions from grade to grade and school to school, when team members identify an improved manner of addressing a safety issue and when accommodations are not working to promote safety. The team should meet to address any changes to the IHCP, and a new IHCP should be generated to reflect the changes agreed to by the team. School staff and parents should maintain open lines of communication and any member of the core team should feel comfortable initiating a change.

12. If a student unexpectedly brings in a treat for the class, and it is unclear as to whether or not the treat contains allergens, should the treat be distributed to the class?

If the classroom has been designated allergen free and if there is any doubt as to whether or not a treat is free of allergens for a child with severe food allergy, the treat should not be distributed. If the classroom is not designated as allergen-free, the snack may be distributed to the other students; however, a substitute snack that has been provided by the parent/guardian should be offered to the student with life-threatening food allergies. No foods should be offered to students with life-threatening food allergies without the approval of the parent/guardian. The IHCPs should clearly outline procedures for which foods the child with severe food allergy is allowed to consume and how staff will manage planned and unplanned treats for the class and the student with life-threatening food allergies that are not clearly labeled.

13. Is it appropriate to use classroom manipulatives (an object which is designed so that a learner can perceive a concept by manipulating it) that involve food allergens?

Using classroom manipulatives that contain allergens may prevent a particular child from safely and equally participating in a class activity. As a result, teachers should work with students and parents to ensure that all students can fully participate in the activity. This may require the teacher to utilize manipulatives free from any offending allergens. The extent of the child’s allergy, and his/her age and maturity level should be taken into consideration.

14. How can a student safely participate in school meal programs (breakfast and lunch)?

Collaboration with school food service staff is essential to assist the student with life-threatening food allergies to participate in the school meal programs. With documentation from the student’s health care provider, meal substitutions can be made to ensure that students are provided with food choices that avoid certain foods. To the extent possible, school food service staff should work with parents to provide them with food labels in order for parents to identify and approve which foods that their child may select for meals in school.

15. Should all students with life-threatening food allergies be in same classroom?

School districts should make their placement decisions primarily on the educational considerations for all students regardless of special health care needs. However life-threatening food allergies may be factored in the decision.

Appendix E – Steps for Developing and Implementing Districtwide Policies

The process of policy development is just as important as the final product – the policy. Individuals could work independently to write a policy, but it will be ineffective if it is not supported and implemented districtwide. This requires a team with appropriate representation from the school and community to come to consensus regarding best practices based on local needs.

Step 1: Identify Members of the Food Allergy and GSD Management Team

The districtwide policy development team works to develop, implement, monitor, review, and revise policy to manage life-threatening food allergies or GSD effectively. The districtwide team should be multi-disciplinary and may include:

- school superintendent or designee;
- building principal or designee;
- school nurse supervisor (or coordinator);
- school nurse;
- teacher representative;
- parent representative;
- student representative;
- school medical advisor;
- school food service director or representative;
- coach;
- transportation coordinator;
- supervisor of custodial staff;
- other school staff (such as, school psychologist or counselor);
- community health care providers (such as, pediatrician, APRN, dietitian, nutrition or health consultant, local EMS representative; and
- other community members.

To optimize success, it is also strongly recommended that districts include other members depending on local needs, such as:

- nonprofit health organizations (such as, Food, Allergy and Anaphylaxis Network and School Food Allergy Program);
- local hospitals; and
- public health representatives (such as, local health departments).

Step 2: Identify Local Policy Development Process

The districtwide policy team members will need to understand and follow the local school district's process for policy development and adoption. The team should be informed about who the decision-makers are, what format should be used, the review and approval process and timeline requirements. Compliance with all local, state and federal requirements is essential. Districts may have existing health policies that can be expanded to include food allergy and GSD concerns.

Step 3: Conduct Local Assessment of existing policies/processes

Before making plans to develop policies, the team should assess the district's current policies and protocols regarding the care of students with life-threatening allergies and GSD (if they exist), school and student needs, then identify areas that need improvement or development. The results of school-by-school assessments can be compiled at the district level to prioritize needs.

Step 4: Draft Policy Language

Effective policies should be brief and provide the overarching goals for the district regarding the care of students with life-threatening allergies and GSD. These policies should include:

- a commitment to planning and prevention;
- a collaborative process;
- a formal process for identifying and developing individualized care plans and action plans for students;
- provisions for education and training;
- maintaining a balance between individual, school and community needs; and
- fostering optimal development.

Step 5: Build Awareness and Support

Educating various audiences such as administrators, teachers, food service staff, parents, students and the community, about your policy is essential to success. Using your local or regional board of education's website, individual schools' website, local media (such as, newspaper articles, brochures and facts sheets) may be avenues to spread awareness. Managing life-threatening food allergies or GSD will need significant support from students, parents, school staff and the community.

Step 6: Adopt and Implement the Policy

Leadership, commitment, communication and support are critical to successful adoption and implementation of district policy. After the policy is adopted by the local or regional board of education, it must be implemented in order to achieve the intended purpose.

Step 7: Maintain, Measure and Evaluate

In order for polices to be successful, school districts must establish a plan for measuring implementation and sustaining local efforts, including evaluation, feedback and documentation based on sound evidence. Examples of evaluation methods include student, staff and parent surveys; and quantitative data regarding managing life-threatening food allergies or GSD. Schools may also use experts in the field to evaluate the school policy and obtain current information on food allergies and GSD.

Appendix F – General References and Resources

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Resources

Administration of Epinephrine for Life-Threatening Allergic Reactions in School Settings

CSDE's Annual Epinephrine Training Program for Connecticut's Unlicensed School Personnel

Fact Sheets and Statistics from American Academy of Allergy, Asthma and Immunology (AAAAI)

Food Allergy and Anaphylaxis Network

Food Allergy Association of Connecticut

Food Allergy information from Medline Plus

Genetic and Rare Diseases Information Center

Resources for Meal Modifications in School Meals

Accommodating Students with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals (USDA)

Accommodating Special Diets in School Nutrition Programs (CSDE)

CSDE Operational Memo No. 13-17: Requirements for Meal Modifications in the School Nutrition Programs

Developing Policies for Special Diets in School Nutrition Programs (CSDE)

Meal Patterns for Grades K-12 in School Nutrition Programs (CSDE webpage)

Meal Patterns for Preschoolers in School Nutrition Programs (CSDE webpage)

Medical Statement for Meal Modifications in School Nutrition Programs (English)

Medical Statement for Meal Modifications in School Nutrition Programs (Spanish)

Guidance and Instructions for the Medical Statement for Meal Modifications in School Nutrition Programs (English)

Requirements for Meal Modifications in School Nutrition Programs (CSDE Presentation)

Special Diets in School Nutrition Programs (CSDE webpage)

Summary of Requirements for Meal Modifications in School Nutrition Programs (CSDE)

USDA Memo SP 59-2016: Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs

USDA Memo SP 26-2017: Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As)