



Pennsylvania Guidelines for Management of Food Allergies in Schools

*Recommendations & Resource Guide for
School Personnel*

2011

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Introduction

PURPOSE OF THIS GUIDE

Act 104 of 2010 charged the Pennsylvania Department of Education (PDE) and the Pennsylvania Department of Health (DOH) with developing state guidelines for managing life threatening food allergies in schools. It is imperative that the parents/guardians, student, school nurse, school nutrition services director, and other school staff work together and coordinate their efforts to provide a safe learning environment for students with life threatening food allergies. School nutrition service and school nurses must follow pertinent federal and state laws and regulations in regards to serving appropriate meals, administering medication, and developing medical plans of care for students with food allergies. Furthermore, school policies and procedures must be consistent with state laws and regulations and with the standards of nursing and medical practice.

ORGANIZATION OF THIS GUIDE

This guide is organized into four major sections so that the diverse group of intended users can easily access information and tools relevant to their needs and roles:

SECTION 1: UNDERSTANDING THE DISEASE

The first section of this guide provides national statistics, characteristics of an allergic reaction and anaphylaxis, and describes effective food allergy management practices.

SECTION 2: ADDRESSING STUDENT NEEDS

Section 2 presents food allergy management roles and responsibilities for school personnel, parent/guardian, and student, as well as guidance on training of school staff and development of policies. The school personnel section includes separate action sheets for:

- Principals
- School Nurses
- Teachers
- Counselors
- Coaches & Physical Education Instructors
- Food Service Managers & Lunchroom Staff
- Custodians
- Bus Drivers
- Parents/Guardians
- Students with Food Allergies

SECTION 3: TOOLS FOR EFFECTIVE FOOD ALLERGY MANAGEMENT IN SCHOOLS

This section includes useful samples of key tools for effectively managing food allergies in schools:

Dietary Accommodations Instructions and Form
Sample Emergency Care Plan Template
Sample Individualized Healthcare Plan
Sample 504 for Student with Food Allergies

SECTION 4: SCHOOL RESPONSIBILITIES UNDER LAW

There are federal and state laws that address schools' responsibilities to students with food allergies. These laws are outlined in Section 4 of this guide.

APPENDICES are included to provide a useful glossary of key terms and a list of credible resources.

Section 1. Understanding the Disease

FOOD ALLERGIES ON THE RISE

Approximately 4% of school-aged children have food allergies (about 2.2 million in the US), and it is generally believed that the prevalence of food allergy among children is increasing. One study showed that peanut and tree nut allergy tripled among children from 1997 to 2008, and the CDC recently reported that food allergy among children increased 18% from 1997 to 2007.

ALLERGIC REACTION CHARACTERISTICS

Allergic reactions to foods vary and can range from mild to severe, life-threatening reactions. Every food allergic reaction has the possibility of developing into a life-threatening reaction and even with proper treatment can be fatal. A life-threatening reaction can occur within minutes or hours after exposure to the allergen. Besides food, bee/insect stings, as well as medications and latex, also have the potential of causing life-threatening reactions.

The following eight foods cause 90% of the allergic reactions in the United States:

Eggs	Soy
Fish (haddock, tuna, salmon, etc.)	Shellfish (shrimp, crab, lobster, etc.)
Milk	Tree Nuts (Brazil nuts, hazelnut, walnut, etc.)
Peanuts	Wheat

During an allergic reaction to a specific food, the immune system recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemicals, such as histamine. Ingestion of the food allergen is the principal route of exposure leading to allergic reaction. The symptoms of a food-allergic reaction are specific to each individual. Even a trace amount of food can, in some instances, quickly lead to fatal reactions.

Research indicates that exposure to food allergens by touch or inhalation is unlikely to cause a life-threatening reaction. However, if children touch the allergen and then place their fingers in or near their nose or mouth, the allergen could become ingested and could cause a life-threatening reaction.

Allergies can affect almost any part of the body and cause various symptoms. The most dangerous symptoms of anaphylaxis include, but are not limited to, breathing difficulties, a drop in blood pressure, or shock, which are potentially fatal. Common signs and symptoms of allergic/anaphylactic reactions may include:

Change of voice/hoarseness	Itching (of any part of body)
Coughing	Itchy, scratchy lips, tongue, mouth, and/or throat
Cyanotic (bluish) lips and mouth area	Nausea/vomiting
Diarrhea	Red, watery eyes
Difficulty breathing/shortness of breath	Runny nose
Difficulty swallowing	Sense of doom
Dizziness/change in mental status	Stomach cramps/abdominal pain
Fainting or loss of consciousness	Swelling (of any part of body)
Flushed, pale skin	Throat tightness or closing
Hives/rash (of any part of body)	Wheezing

ANAPHYLAXIS

When the symptoms are rapid in onset and severe, the medical diagnosis is anaphylaxis. With anaphylaxis there is always the risk of death. Death could be immediate or may happen two to four hours later due to a late phase reaction. The most dangerous symptoms include breathing difficulties and a drop in blood pressure leading to shock.

The treatment for anaphylaxis is prompt administration of epinephrine, transport by emergency medical services (EMS) to the nearest hospital emergency department, even if symptoms have been resolved, and followed by an observation period of four hours. A single dose from an epinephrine auto-injector may provide a 10-15 minute (or less) window of relief. A second dose of epinephrine may be required if symptoms do not lessen or if medical help does not arrive quickly.

EFFECTIVE FOOD ALLERGY MANAGEMENT



The goal of effective food allergy management is to reduce and/or eliminate potential reactions. The keys to meeting this goal are prevention, education, awareness, communication, and emergency response.

Adults responsible for students with food allergies must be familiar with each student's individual medical plan of care. These plans contain the specific actions necessary to keep the student safe. All complaints from students with a food allergy are to be taken seriously.

There are some general considerations for students with food allergies:

- Remember students with food allergies are children/teens, first and foremost. Do not ask them if it is acceptable to deviate from any of their individual plans. Be aware of signs of anxiety or bullying.
- Also, younger students are more likely to put their hands/items in their mouths and may require food-free or allergen-free classrooms. This may include everyone thoroughly cleaning their hands before entering the classroom and after eating.
- Accidents are more likely to happen when there is an unplanned event, such as an unplanned celebration or an off-premises event like a field trip with food. It is essential that the student's medical plans of care are followed exactly. If a staff member has any questions, he or she should ask the school nurse before allowing any changes. This also applies to changes that may not directly involve eating.

ELEMENTS OF EFFECTIVE FOOD ALLERGY MANAGEMENT IN SCHOOLS

Students with food allergies need supportive environments to help them take care of their food allergy throughout the school day and at school functions. There are several key elements of effective food allergy management in school, including:

- Developing and implementing written medical plans of care that outline each student's food allergy management
- Following an individualized meal plan
- Planning for special school events
- Planning for disasters and emergencies
- Dealing with emotional and social issues

Each of these elements of effective food allergy management in schools is explored in more detail in the remainder of this section.

Written Medical Plans of Care

Students with food allergies are more likely to succeed in school when parents/guardians, school personnel, and healthcare providers work collaboratively to ensure effective food allergy management. Prior to entry into school or for a student who is already in school, immediately after the diagnosis of a food allergy, the parent/guardian should meet with the school nurse assigned to the student's building to develop the appropriate medical plans of care: Emergency Care Plan (ECP) (also interchangeable with Food Allergy Action Plan, FAAP), Individualized Health Care Plan (IHP), 504 Service Plan, and Individualized Education Program (IEP) with a medical component.

The school nurse, collaborating with the building principal, nutrition service director, school physician, and parent/guardian, shall determine the best way to promote a multi-disciplinary approach to plan for the care of the student with a food allergy.

In addition, the team may include but is not limited to:

- Administrative representative
- Nutrition service staff
- Teachers and specialists (e.g.: art, music, science, computer, family and consumer Sciences)
- School counselor
- Coaches and physical education teachers
- Custodian
- Bus driver
- Local EMS
- Other learning support staff and aides based on the student's curriculum and activities
- Student with food allergy (if age appropriate).

The multi-disciplinary team works to implement written plans outlining each student's food allergy management. These written plans help students, their families, school staff, and the student's healthcare provider know what is expected of them in implementing effective food allergy management. Important written plans for effective food allergy management include:

- ***Food Allergy Medical Management Plan*** – This plan should be part of the Individualized Health Care Plan (IHP) and Emergency Care Plan (ECP). This plan is developed by a student's personal healthcare team and family. It outlines the prescribed healthcare regimen and should be signed by the student's board certified allergist, family physician, physician assistant, or certified registered nurse practitioner. The Medical Management Plan may include information such as the student's date of diagnosis, current health status, list of equipment and supplies, specific medical orders, and emergency contact information.
- ***Emergency Care Plan (ECP)*** – This plan is based on the information provided in the student's Individualized Health Care Plan and specifically describes how to recognize a food allergy

emergency and what to do when signs or symptoms of these conditions are observed. The school nurse usually coordinates the development of the Emergency Plan and the plan should be distributed to all school personnel who have responsibility for the student.

- **Individualized Health Care Plan (IHP)** – This plan is required by professional standards of nursing practice and uses the nursing process (assessment, diagnosis, planning, implementation, and evaluation) to determine a plan of action that meets the healthcare needs of a student during the school day. This plan, initiated by the Certified School Nurse, provides written directions for school health personnel to follow in meeting the individual student’s healthcare needs. While parental/guardian involvement is not required, it is strongly encouraged.
- **504 Service Agreement** – This plan outlines what medical accommodations, educational aids, and services a student with food allergies may need in order to have equal access to educational opportunities as students without food allergies. The term “504 Service Agreement” is used to refer to a plan of services developed under Section 504 of the Rehabilitation Act of 1973.
- **Individualized Education Program (IEP)** with a medical component – This plan is required for students who receive special education and related services under the Individuals with Disabilities Education Act of 1990. See Section 4 of this guide for more information on these and other federal and state laws related to school responsibilities. Education plans vary based on each student’s unique needs, but plans for students with food allergies usually include the following components:
 - Identity of licensed school nurses and school staff who are trained to administer epinephrine auto-injectors
 - Location of the student’s food allergy management supplies
 - Nutritional needs, including provisions for meals and snacks
 - Plans to enable full participation in all school-sponsored activities and field trips
 - Maintenance of confidentiality and the student’s right to privacy
- **Individualized Transportation Plan (ITP)** – This plan provides a standardized approach to identify accommodations needed for students while traveling to and from school.

The information in a student’s Individualized Health Care Plan can be used in developing a Section 504 Plan or Individual Education Plan (IEP). The Individualized Health Care Plan is not required by federal law, but it can be useful in addressing the requirements of federal laws related to school responsibilities for children with food allergies. The Food Allergy Medical Management Plan is not a substitute for the education plans required under federal law.

See Section 3 of this guide for samples of *Emergency Care Plan (ECP)*, *504 Service Agreement*, and *Individualized Health Care Plan (IHP)*.

Individualized Meal Plan

- **Accommodating Students with Disabling Special Dietary Needs** - Schools participating in a federal Child Nutrition Program (School Lunch, School Breakfast, or After School Snack Program) are required to make accommodations for students who are unable to eat the school meals because of a disability* that restricts their diet. In order to make modifications or

substitutions to the school meal, schools must have a written Medical Statement on file that is signed by a licensed physician. The statement must identify:

- The student's special dietary disability
- An explanation of why the disability restricts the student's diet
- The major life activity(ies) affected by the disability
- The food(s) to be omitted from the student's diet
- The food or choice of foods that must be provided as the substitute

***Only a physician can declare if a student has a disability.** Under Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act (ADA)* of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. The term "physical or mental impairment" includes many diseases and conditions including food anaphylaxis or severe food allergy.

- ***Accommodating Students with Non-Disabling Special Dietary Needs*** - Schools may, at their discretion, make substitutions for students who have a special dietary need, but do not meet the definition of disability. Examples include food intolerances or allergies that do not cause life-threatening reactions. The decision to accommodate a student's special dietary need can be determined on a case-by-case basis; however, the school should remain consistent with accommodating special dietary needs. In order to make modifications or substitutions to the school meal, schools must have a written medical statement signed by a recognized medical authority** identifying the following:

- An identification of the medical or other special dietary condition which restricts the student's diet
- The food or foods to be omitted from the student's diet
- The food or choice of foods to be substituted

**In Pennsylvania, a recognized medical authority includes a physician, physician assistant, and nurse practitioner.

The USDA manual "Accommodating students with Special Dietary needs in the School Nutrition Programs" can be accessed at http://www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf.

Special School Events

Effectively meeting the needs of students with food allergies requires advance planning for special events such as classroom parties, field trips, and school-sponsored extracurricular activities held before or after school. With proper planning, students with food allergies can participate fully in all school-related activities without the presence of a parent/guardian.

Parents/guardians of students with food allergies should be given advance notice of parties and events so they can decide whether their student should be given the same food as other students or food the parent will provide. Schools are encouraged to provide guidelines for parties which include non-food prizes.

Students often view a field trip as one of the most interesting, exciting activities of the school year and students with food allergies must be allowed to have these school-related experiences.

Students' education plans should carefully describe the plan for coverage and care during school-sponsored activities which take place while under school jurisdiction during or outside of school hours.

Disasters and Emergencies

Parents/guardians must provide the school with an emergency supply kit so schools are prepared to care for students with food allergies in the event of natural disasters or emergencies. The emergency supply kit should contain enough supplies for 72 hours.

Emotional and Social Concerns

The emotional, as well as the physical needs of the student must be respected. A student's behavior may be drastically altered by their fears of a reaction. School social workers or guidance counselors should be available to work with families with food-allergic students. Students with food allergies are "at-risk" for eating disorders and/or bullying. For example, a student may choose not to eat rather than risk embarrassment of a reaction in front of a peer.

Students with food allergies must deal with the usual developmental issues of growing up, in addition to learning to manage their complex disease. Students react differently to having food allergies. They may be accepting, resentful, open to discussing it, or eager to hide it. Often, the same student will experience all of these feelings over time. For the most part, students do not want to be singled out or made to feel different from their peers. Food allergy care tasks can set them apart and make them feel angry or resentful about their disease. School personnel should be aware of the student's feelings about having food allergies and identify ways to ensure that the student is treated the same as others.

Food allergies can also be a focal point for conflict within families. One of the biggest tasks for children and adolescents is to become increasingly independent from their parents/guardians. However, food allergies may compromise independence because parents/guardians are concerned about their student's ability to perform self-care and take responsibility for it. Parents/guardians, who are ultimately responsible for their student's well-being, may be reluctant to allow normal independence in children or teens who have not been able to take care of themselves properly. This parental concern can lead to increasing struggles with dependence, oppositional behavior, and rebellion.

Healthcare providers and school personnel must be aware of emotional and behavioral issues related to food allergy care and management, and refer students and their families for counseling and support as needed.

Section 2: Addressing Student Needs

This section of the Guide presents the roles and responsibilities of individual school personnel, parents/guardians, and students with food allergies in managing life-threatening food allergies.

The action sheets included in this section are useful tools to help ensure effective food allergy management in schools. The Pennsylvania Departments of Education and Health encourage the copying and distribution of these actions sheets to school staff members, parents/guardians and students with food allergies.

Actions and Considerations for Administrators on Development of School Policy

- Develop policies/procedures to minimize potential life-threatening reactions in all classrooms, nutrition services/cafeterias, classroom projects, crafts, outdoor activity areas, on school buses, during field trips, before-school and after-school activities, and in all instructional areas.
 - Recommend that policies be system-wide.
 - Require the development of appropriate medical plans of care, including an Emergency Care Plan (ECP) and Individualized Health Care Plan (IHP), for every student with a life threatening allergy.
 - Consider, with school physician and school nurse, standing orders/protocols for licensed medical personnel to administer epinephrine auto-injectors to individuals with previously undiagnosed allergies.
 - Avoid the use of food products as displays or components of displays in hallways.
 - School options include establishing allergen-free zones, such as a student's individual classroom, allergen-free lunch table(s) or areas in the cafeteria, and food-free zones, such as libraries and music rooms.
 - Student's classroom(s) must be a safe place for all students to learn.
 - Develop letter for parents/guardians of classmates and substitute teachers. (See samples in Appendix F).
 - Permission to share this confidential information should be obtained from the parent/guardian of the student with food allergies before sending letter.
 - Letter should be written on school stationery from the administration, school nurse, or teacher.
 - Consider limiting the presence of animals in school buildings.
 - Enforce policies requiring students and staff to wash hands before and after eating.
 - Field Trips/Transportation in School Vehicles
 - Establish field trip policy:
 - Include notification of school nurse in timely manner.
 - Provision of Emergency Care Plan (ECP) and epinephrine auto-injector to responsible personnel.
 - Include location of closest medical facility and 9-1-1 procedures.
 - Determine if local ambulance carries epinephrine and have staff trained to administer.
 - Train appropriate staff in administration of epinephrine auto-injectors.
 - Determination that location of field trip is safe for student with life-threatening allergies.
 - Consider ways for students to wash hands before and after eating (e.g. provision of hand wipes, etc.)
 - Invite parent of student with life-threatening allergy to accompany student.
 - Consider sending a nurse on the field trip.
 - If meals are being packed by the school or brought by students:
 - Avoid meals that may be food allergy related.
 - Package meals appropriately to avoid cross-contamination.
 - Enforce policies prohibiting eating on school transportation.
 - Consider special seating arrangements for student.
 - Provide system of communication should an anaphylactic reaction occur.

- Adapt curriculum, awards, rewards, or prizes by substituting allergen-free food or non-food item(s) in rooms where students having an Emergency Care Plan (ECP) may be present. Many schools have opted to completely remove food from the curriculum due to the number of students with food allergies and the variety of food allergies present within a school or classroom.
 - Constructive Classroom Rewards:
 - http://www.cspinet.org/new/pdf/constructive_classroom_rewards.pdf
 - Limit food related to fundraising, birthday celebrations, PTA functions to cafeteria, or other designated areas. Incorporate non-allergenic foods or non-food items. See Constructive Classroom Rewards above.
- Establish and communicate cleaning procedures for common areas (i.e., libraries, computer labs, buses, music, art room and hallways, etc.). (Appendix C)
 - Develop protocols for appropriate cleaning methods following events held at the school that involve food. (Appendix C)
- Determine, in conjunction with the Certified School Nurse, who should be familiar with the student's medical plans of care.
- Modify the school's emergency response plan to include procedures for managing life-threatening allergic reactions.
 - Consider development of an emergency response team for each school building:
 - Administration
 - First Aid: School personnel trained in first aid procedures, including administration of epinephrine auto-injectors.
 - Communication: School personnel responsible for maintaining communication between scene and office.
 - Crowd control: School personnel responsible for directing ambulance crew to the scene and managing other students/school personnel.
 - Develop emergency procedures including:
 - Assess emergency at hand and activate emergency response team (including the school nurse and administration).
 - Administer the epinephrine auto-injector.
 - Notify Emergency Medical Services.
 - Notify the parent/guardians.
 - Notify student's primary care provider and/or allergy specialist.
 - Manage crowd control.
 - NOTE: Some of these steps will need to be performed simultaneously.
 - Develop protocols for student's re-entry to school following a life-threatening allergic reaction.
 - Provide emergency communication devices (two-way radio, intercom, walkie-talkie, cell phone) for all school activities, including transportation that involve a student with food allergies.
 - Ensure contingency plans are in place to continue care of the student in case of a substitute nurse, teacher, or nutrition service personnel.
 - Ensure contingency plans are in place when there is no nurse available.
 - Educate all school personnel on life-threatening allergic conditions and the school's procedure for managing a life-threatening allergic reaction. (See more detail in next section).
 - Train school personnel on the administration of epinephrine auto-injectors. (See more detail in next section).
 - Include local Emergency Management Services in planning.
 - Determine if local ambulance has epinephrine auto-injectors available and staff with approval to administer.

- Determine unlocked location where epinephrine auto-injectors will be stored for quick response and accessibility, if not carried by student.
- Adhere to Occupational Safety and Health Administration (OSHA) and Universal Precaution Guidelines for disposal of epinephrine auto-injectors after use.
- Ensure school district policy includes authorization for students to self-carry and administer epinephrine auto-injectors.
- Arrange the schedule to allow for a fulltime nurse in every school building where a student with food allergies attends.
- Consider assigning the student to a classroom where the teacher is trained to administer an epinephrine auto-injector and/or ensure assigned teacher is trained to administer epinephrine auto-injector.
- In the event of a fatal allergic reaction:
 - Implement the school's crisis plan for the death of a student.
 - In addition to counselors to assist staff and students, consider providing adults with knowledge of food allergies to answer questions.
 - Resources on dealing with the death of a student are available at:
 - The Food Allergy & Anaphylaxis Network (FAAN), www.foodallergy.org
 - Pennsylvania All-Hazards Planning Toolkit for Schools, [http://www.portal.state.pa.us/portal/server.pt/community/plans,_guides_and_presentations/4625/all-hazards_school_safety_planning_toolkit_\(pdf\)/541340](http://www.portal.state.pa.us/portal/server.pt/community/plans,_guides_and_presentations/4625/all-hazards_school_safety_planning_toolkit_(pdf)/541340)

Actions and Resources for Developing Training for School Staff

- Ensure training for nutrition service personnel and school health staff is provided.
- Include substitute teachers, nurses, and nutrition service personnel in training opportunities.
- Teach all faculty and staff about the signs and symptoms of possible anaphylaxis. This training should include:
 - How to recognize symptoms of an allergic reaction.
 - Review of high-risk areas.
 - Steps to take to prevent exposure to allergens.
 - How to respond to an emergency.
 - Recognize a life-threatening reaction and activate emergency medical services (Call 9-1-1).
 - Activate building emergency response team.
 - Talk reassuringly to the student and keep them informed.
 - How to respond to a student with a known allergy as well as a student with previously unknown allergy.
- Train school personnel on the administration of epinephrine auto-injectors.
 - Encourage all school personnel to volunteer for this training.
 - Consider having school staff trained as instructors for the American Heart Association or American Red Cross and use their training modules.
 - Recommend an annual skills check.
 - Determine location of list of trained personnel for quick response.
- Conduct a medical emergency response drill twice a year. The recommended interval is at the beginning of school year and just after mid-year break.
- Resources for Training
 - Special Dietary Needs webpage created by the Pennsylvania Department of Education, Division of Food and Nutrition (DFN): This webpage contains training resources, including webinars presented by PDE/DOH and National School Boards Association. http://www.portal.state.pa.us/portal/server.pt/community/national_school_lunch/7487/special_dietary_needs_in_school_nutrition_programs-_resources/509222.
 - Project PA, a collaboration between PDE, DFN, and Penn State University, has a School Nutrition Training Module on Serving Students with Special Dietary Needs available at <http://nutr88.hhdev.psu.edu/smi/login/index.php>.
 - DOH Learning Management System (LMS) School Track Online training, eligible for Act 48 of 1999 Continuing Education for Professional School Personnel and Act 58 of 2006 Continuing Education for RNs. To register as a user or to access your account for available courses, go to www.paprepared.net.

Actions for Principals

- Participate in developing and implementing school policy related to food allergy management at school.
- Ensure sufficient allocation of resources to manage students with food allergies in your school.
- Ensure the development and implementation of a system that keeps school health and nutrition services informed of the pending enrollment of students with food allergies and any related enrollment changes that may occur throughout the school year.
- Promote a supportive learning environment for students with food allergies. Treat these students the same as other students, except to be responsive to medical needs as outlined in the student's written medical plans of care.
- Identify all staff members who have responsibility for students with food allergies.
- Meet at least annually with the school health team. Arrange and attend a meeting of the school health team members (student, family, school nurse, 504/IEP coordinator, teacher(s), and other staff members who have primary responsibility for the student) before the school year starts, or when the child is newly diagnosed, to discuss medical accommodations, educational aids, and services related to the student's needs.
- Support food allergy management training for the school nurse and other staff responsible for students with food allergies.
- Alert all school-related staff members who teach or supervise a student with food allergies. Ensure that they, including the bus driver and coaches, are familiar with the accommodations and emergency procedures outlined in the student's medical plans of care.
- Alert all substitute personnel. Ensure that they are aware of the needs and emergency procedures for students with food allergies.
- Respect the student's confidentiality and right to privacy.
- Help establish on-campus and off-campus emergency protocols.
- Facilitate and support ongoing communication between parents/guardians of students with food allergies and school staff.
- Learn about food allergy management by reviewing the information and resources presented in this guide.
- Be able to recognize and support response to signs and symptoms of a life threatening allergic reaction in accordance with the student's written emergency plans. This includes knowing when and how to contact the school nurse.
- Understand the federal and state laws that apply to students with food allergies. See Section 4 of this guide for more information.

Actions for School Nurses

School nurses coordinate the provision of healthcare services for a student with food allergies at school and at school-related activities. When notified that a student with food allergies is enrolled in the school, annually, or more often as necessary, the school nurse:

- Initiates the appropriate medical plans of care (IHP, 504 Service Plan, or IEP with a medical component). Encourage parent/guardian involvement in the development of these plans, where appropriate. The plan shall include:
 - Student name
 - Specific offending allergens
 - Warning signs of reactions
 - Emergency treatment
 - Name of persons/positions trained in administering the epinephrine auto-injector
 - Establish contingency plan should student be unable to self-administer or primary person is absent
 - Where the medication is stored (or carried by student)
 - Procedure to monitor the expiration date
 - Risk reduction and emergency response at the following times:
 - Travel to and from school
 - School day
 - Before and after school programs
 - Field trips
 - Emergency situations (e.g. evacuations, lockdowns or shelter-in-place)
- Initiates an Emergency Care Plan (ECP) for all identified students.
 - Should be with the student at all times as well as appropriate adults.
 - The plan shall include (see above)
 - Should be signed by the Certified School Nurse.
 - See Section 3 of this document for a sample ECP.
- Determine competency for student to carry and self-administer epinephrine auto-injector.
- Following a moderate to severe reaction:
 - Obtain as much accurate information as possible about the allergic reaction, including those who witnessed the event and those who provided medical intervention.
 - Meet with parents/guardians and student to discuss event and concerns.
 - Discuss student's feelings about returning to school.
 - Check in with student on a daily basis to alleviate anxiety.
 - If an anxiety response is prolonged, collaborate with parents/guardians and the student's medical provider to determine interventions.
 - Consider possible referral to Student Assistance Team.
 - Meet with school staff to discuss the event and dispel any rumors.
 - Provide factual information.
 - This may be discussed with the parent/guardian, but information that does not identify the student may be shared with the school community without parental/guardian permission (e.g., a letter from the principal to parents and teachers).
 - Information provided to students shall be age appropriate.

- If the reaction is thought to be from a food provided by the school, request assistance of the Nutrition Service Director to ascertain what potential food item was served/consumed.
- Review food labels with Nutrition Service Director and staff.
- Review the student's medical plans of care and amend as necessary.
- Facilitate the initial school health team meeting to discuss the implementation of the IHP and participate in the development of the student's education plan. The school nurse will help monitor compliance with these plans and facilitate follow-up meetings of the school health team to discuss concerns, receive updates, and evaluate the need for changes to the student's plan.
- Obtain materials and medical supplies necessary from the parent/guardian and arrange a system for notifying the student or parents/guardian when supplies need to be replenished.
- Provide food allergy education resources for the student, family, and school staff, which can include sharing and reviewing sections of this guide. Help ensure that individuals mentioned in education plans know their roles in supporting food allergy management and know when and where to seek help. School Nurses can contact the Department of Health for information.
- Participate in food allergy management training provided by healthcare professionals and organizations with expertise in food allergies to attain or enhance knowledge about current standards of care.
 - Practice universal precautions and infection control procedures during all student encounters.
- Maintain accurate documentation of contacts with the student and family members, communications with the student's healthcare provider, and any direct care given, including medication administration.
- Collaborate with other school personnel and partner agencies, such as food service staff or school transportation services, to support food allergy management, as necessary.
- With parental permission, act as a liaison between the school and the student's healthcare provider regarding the student's self management at school.
 - Communicate to parents/guardian any concerns about the student's food allergy.
- Promote and encourage independence and self-care consistent with the student's ability, skill, maturity, and developmental level.
- Respect the student's confidentiality and right to privacy.
- Act as an advocate for students to help them meet their food allergy healthcare needs.
- Assist the classroom teacher with developing a plan for substitute teachers to meet student needs according to care plans.
 - Be knowledgeable about federal, state, and local laws and regulations that pertain to managing food allergies at school.



The **Pennsylvania Public School Code (PSC)** of 1949 defines a school nurse as a licensed registered nurse who is properly certificated by the Pennsylvania Department of Education as a school nurse and who is employed by a school district or joint school board as a school nurse, or is employed in providing school nurse services to children of school age by a county health unit or department or board of health in any municipality with which a school district or joint school board has contracted for school health services pursuant to the provisions of 1411 of PSC.

Under the **Pennsylvania Nurse Practice Act**, there is no provision for a registered nurse (RN) to delegate nursing tasks. However, according to the Pennsylvania Department of State, Board of Nursing, RNs may train unlicensed individuals to assist with the administration of asthma inhalers and epinephrine auto-injectors. Supplemental licensed nurses who are not certified school nurses must work under the direction of the school nurse and cannot be assigned a caseload.

A licensed nurse must have an order for medications. Without an order, licensed nurses administering medication are diagnosing and prescribing treatment, which is outside of nursing practice parameters and is within the practice of medicine defined by the **Medical Practice Act** of 1985.

See Section 4 of this guide for more information about state and federal laws related to the care of students with diabetes.

Actions for Teachers

- With approval from the parents/guardians of the student with life-threatening food allergies, notify parents/guardians of students in the class that there is a student with a life-threatening food allergy and ways that the parent/guardians can help reduce the risk of exposure to an allergen. (See Appendix F: Sample letter for classmates and parents).
 - Include a cut off portion for parents of classmates to return to the school as proof of receipt of the information.
 - Coordinate with parents/guardians on providing a lesson plan about food allergies for the class and discuss anaphylaxis in age appropriate terms, with student's permission.
 - Educate classmates to avoid endangering, isolating, stigmatizing, or harassing students with food allergies.
 - Work with the school nurse to educate other parents/guardians about the presence and needs of the student with life-threatening allergies. Enlist their help in keeping certain foods out of the classroom.
- Determine special seating arrangements in the classroom, if necessary.
- Be aware of cleaning protocols and allowable cleaning solutions for the classroom.
- Receive the Emergency Care Plan (ECP) of any students(s) in their classroom with life-threatening allergies.
 - Keep ECP with photo (if available) accessible in classroom or with lesson plan.
 - Be sure volunteers, student teachers, aides, specialists, and substitute teachers, in the classroom throughout the school year, are informed of the student's food allergies and necessary safeguards.
 - Leave information in an organized, prominent, and accessible format for substitute teachers.
- Request that the classroom has a functioning intercom, walkie-talkie or other communication device for communication with the school nurse.
- Participate in a team meeting for the student and in-service training regarding:
 - Allergens that cause life-threatening reactions and accidental exposures to allergens.
 - How to recognize symptoms of a life-threatening allergic reaction.
 - Steps to manage an emergency.
 - How to administer an epinephrine auto-injector.
- Be aware of how the student is being treated; enforce school rules about bullying and threats.
- Inform parents/guardians of student(s) with life-threatening food allergy of any school events where food will be served.
 - Consider having the parents/guardians provide classroom snacks for their student. These snacks should be kept in a separate snack box.
- If not covered by school policy, establish classroom rules to decrease the risk of exposure for the food allergy student.
 - Teach all students proper hand-washing techniques and consider washing their hands before and after eating.
 - Use non-food items for rewards instead of candy or other food.
 - Consider a non-food treat for all parties/celebrations. If food treats are provided, recommend they be pre-packaged and labeled to assist in identifying allergens.
 - Prohibit sharing or trading food in the classroom.
 - Classroom animals can be problematic on many levels. If an animal is present in the classroom, special attention must be paid to the ingredients in their food as many animal foods contain peanuts or other common allergens.
 - Understand that classroom project materials containing the allergen may not be used.

- Never question or hesitate to act if a student reports signs of an allergic reaction.
- Be able to recognize and support response to signs and symptoms of an anaphylactic reaction in accordance with the student's written emergency plans. This includes knowing when and how to contact the school nurse.
- Provide a supportive environment for the student to manage food allergies effectively and safely at school.
- Provide classroom accommodations for the student with food allergies, as indicated in the student's medical plan of care.
- Notify the parents/guardian in advance of changes in the school schedule, such as class parties, field trips, and other special events.
- Communicate with the school nurse or parent/guardian regarding any concerns about the student.
- Learn about food allergies by reviewing the information and resources presented in this guide and discussing effective food allergy management with the school nurse.
- Respect the student's confidentiality and right to privacy.
- Treat the student with food allergies the same as other students, except to be responsive to medical needs as outlined in the student's written care plans.
- Younger students are more likely to put their hands and/or items in their mouths and may require food-free or allergen-free classrooms. Consider having everyone wash their hands before entering the classroom and after eating.
- All concerns from students with a food allergy are to be taken seriously.

Actions for Counselors

- Work with school staff to promote a supportive learning environment.
- Help to ensure that students with food allergies are treated the same as other students, except to be responsive to medical needs as outlined in the student's written care plans.
- Provide input to the school health team when requested.
- Communicate with the school nurse regarding any concerns about the student.
- Be aware and be prepared to respond to the emotional needs of the student. Students react differently to having food allergies. Some are accepting and open to discussing it; others are resentful and may attempt to hide it. Often, a single child will experience both kinds of feelings. Be aware of the student's feelings and identify ways to ensure the student is treated the same as other students.
- Be aware that some students may not wish to share information about their food allergies with other students or school staff, particularly if it makes them feel different from others.
- Promote and encourage independence and self-care consistent with the student's ability, skill, maturity and developmental level.
- Respect the student's confidentiality and right to privacy.
- Recognize that students with chronic illnesses may rebel by discontinuing all or part of their medical regimen.
- All concerns from students with a food allergy are to be taken seriously.

Actions for Custodians

- Ensure that cleaners are properly labeled and storage areas for cleaning supplies are identified.
- Avoid cross-contamination of foods by wiping down eating surfaces with an appropriate cleaner before and after eating. (See Appendix C).
- Tables should also be washed with an appropriate cleaner in the morning if an after-school event has been held in the cafeteria the night before.
- Never question or hesitate to act if a student reports signs of an allergic reaction.

Actions for Coaches, Physical Education Instructors, Playground Staff and Other Onsite Persons in Charge of Conducting After School Activities

- Participate in team meetings to discuss implementation of student's plans of care.
- Conduct the activities in accordance with all school policies and procedures regarding life threatening allergies.
- Keep a copy of the Emergency Care Plan, including a photo of the student.
- Make certain that a emergency communication device (e.g. walkie-talkie, intercom, cell phone) is always available.
- Participate in training to administer epinephrine auto-injectors.
 - At least one person should be present at each activity who is trained in administration of this device.
- Know local Emergency Medical Services procedures.
- Identify the staff responsible for keeping the first aid kit.
- If for safety reasons, medical alert identification needs to be removed during specific activities, remind the student to replace this identification immediately after the activity is completed.
- Provide input to the student's school health team as needed.
- Communicate with the school nurse regarding any concerns about the student.
- Provide information for substitute instructors that communicate the daily needs of the student and the written emergency care plan.
- Respect the student's confidentiality & right to privacy.
- Treat the student with food allergies the same as other students, except to be responsive to medical needs as outlined in the student's written care plans.
- All concerns from students with a food allergy are to be taken seriously.
- Be able to recognize and support response to signs and symptoms of an anaphylactic reaction in accordance with the student's written emergency plans. This includes knowing when and how to contact the school nurse or EMS.
- Learn about food allergies by reviewing the information and resources presented in this guide and discussing effective food allergy management with the school nurse.
- Younger students are more likely to put their hands and/or items in their mouths and may require food-free or allergen-free classrooms. Consider having everyone wash their hands before entering the classroom and after eating.
- Coaches and after-school activities coordinators should particularly be aware of field trip/off-school site procedures for outings and travel.

Actions for Food Service Managers and Lunchroom Staff

- Provide a representative for team meetings to discuss implementation of student's plans of care.
- Work with the school nurse in identifying students with life-threatening allergies.
- Obtain Medical Plan of Care form and maintain file in cafeteria office.
 - Plan appropriate substitutions or modifications for meals served to students with life-threatening food allergies.
- If Point of Sale system is used, include allergy alerts and picture of the student.
- Post student's Emergency Care Plan in readily accessible spot.
- Evaluate the need for special seating arrangements, such as an allergen-free table, zone, etc.
- Follow appropriate cleaning and sanitation techniques
 - Avoid cross-contamination of foods by wiping down eating and preparation surfaces/utensils with an appropriate cleaner before, during and after preparation and eating. (See Appendix C).
 - Common examples of cross-contamination:
 - Lifting peanut butter cookies with a spatula and then using the same spatula to lift sugar cookies.
 - Using a knife to make peanut butter sandwiches, wiping the knife and then using the same knife to spread mustard on the cheese sandwich of a peanut allergic student.
 - Tables should also be washed with an appropriate cleaner in the morning if an after-school event has been held in the cafeteria the night before.
 - Wash preparation areas, work surface, utensils, pots and pans with hot soapy water. Soap denatures the protein that causes the allergy.
 - Consider using a color-coded cutting board system to minimize cross-contamination.
- Reinforce hand-washing before and after eating for all students and staff.
- Read all food labels and recheck routinely for potential food allergens.
 - Be prepared to discuss: menus (breakfast, lunch and after school snack); a la carte items; vending machines; recipes; food products and ingredients; food handling practices; cleaning and sanitation practices; and responsibility of various staff (or additional contract employees at individual schools).
 - Prepared food ingredient lists used in food production and service. Be aware that the manufacturer may make substitutions to products without notification.
 - Maintain food labels from each food served to a student with life-threatening food allergies for at least 24 hours following service in case of a delayed anaphylactic reaction.
 - See The Food and Allergy Anaphylaxis Network website for more information about reading food labels to avoid potential allergens at <http://www.foodallergy.org/section/shoppingsselecting-safe-foods>.
- Maintain contact information for manufacturers of food products (Consumer Hotline), vendors and purveyors.
 - Ask specific questions. (e.g. Does your product include peanuts? Is there a risk of cross-contamination with peanuts in your food manufacturing process?)
- Establish and enforce procedures for sound food handling practices to avoid cross-contamination, including frequent hand washing.
- Train cafeteria staff and monitors:
 - Proper cleaning techniques and solutions (See Appendix C) for tables, chairs, and food preparation surfaces.
 - Reading of product food labels and recognition of food allergens.

- Read all food labels and recheck with each purchase for potential food allergens. (Manufacturers can change ingredients.)
- Establish procedures for sound food handling practices to avoid cross contamination with potential food allergens.
- Administration of epinephrine auto-injectors and recognition of life-threatening allergic reactions.
 - Maintain at least two trained staff in the cafeteria during breakfast and/or lunch hours.
 - Never question or hesitate to act if a student reports signs of an allergic reaction.
 - Monitor students and intervene quickly to help prevent trading of food or bullying.
- Complete the School Nutrition Toolbox Training on Special Dietary Needs available at <http://nutr88.hhdev.psu.edu/smi/login/index.php>.
- Field Trips
- If meals are being packed by the school:
- Avoid meals that may be food allergy related.
- Package meals appropriately to avoid cross-contamination.
- Make certain that a emergency communication device (e.g. walkie-talkie, intercom, cell phone) is always available.
- Never question or hesitate to act if a student reports signs of an allergic reaction.
- Understand the laws protecting students with life-threatening food allergies as they relate to nutrition services (See Section 4).
- Provide a lunch menu and lunch schedule in advance to parents/guardian and the school nurse who will be working with the student.
- Know where the supplies to treat an anaphylactic reaction are kept (e.g., with the student or in another place).
- Consider having a readily accessible epinephrine auto-injector with a trained cafeteria staff member to administer, if necessary.
- Communicate with the school nurse any concerns about the student.
- Provide input to the student's school health team as needed.
- Respect the student's confidentiality and right to privacy.
- Be able to recognize and support response to signs and symptoms of an anaphylactic reaction in accordance with the student's written emergency plans. This includes knowing when and how to contact emergency personnel.
- Treat the student with food allergies the same as other students, except to be responsive to medical needs as outlined in the student's written care plans.
- All concerns from students with a food allergy are to be taken seriously.
- Ensure all cafeteria staff are aware of the plan of care and related procedures for all students with food allergies.

Actions for Bus Drivers

- Provide a representative from the bus company for team meetings to discuss implementation of student's plans of care.
- Provide training for all school bus drivers on managing food allergies (provide own training or contract with school).
- Provide functioning emergency communication device (e.g., cell phone, two-way radio, walkie-talkie)
- Know local Emergency Medical Services procedures.
- Maintain policy of no food eating allowed on school buses.
- Enforce special seating for student with food allergies, if applicable.
- Work with school personnel to complete an Individualized Transportation Plan (ITP). See Section 3 for more information.
- At the beginning of the school year, work with schools to identify any student riders who have food allergies.
- Be aware of conflicts between students needing snacks for other medical conditions and students with food allergies. Approved snacks should be in the Emergency Care Plan or Individualized Healthcare Plan.
- Obtain a copy of the student's written emergency plan and keep it on the bus in a known, secure place. Leave the plan readily available for substitute bus drivers.
- Be able to recognize and support response to signs and symptoms of an anaphylactic reaction in accordance with the student's written emergency plans. This includes knowing when and how to contact emergency personnel.
- Provide input to the student's school health team, when requested.
- Communicate with the school nurse regarding any concerns about the student.
- Respect the student's confidentiality and right to privacy.
- Treat the student with food allergies the same as other students, except to be responsive to medical needs as outlined in the student's written care plans.
- All concerns from students with a food allergy are to be taken seriously.

Actions for Parents/Guardians

- Inform the school nurse that your student has food allergies when he/she enrolls in the school or is newly diagnosed with the disease.
- Prior to attending school, the parents/guardians shall provide the following:
 - Documentation of type(s) of food allergy (e.g. to milk, tree nuts, etc.) and requested meal accommodations, using a Medical Plan of Care form, from school food services and school nurse.
 - Licensed prescriber order for epinephrine auto-injector as well as other medications needed. Medications orders must be renewed at least annually and it is recommended that the order be from a board certified asthma and allergy specialist. (See Appendix D).
 - Parent/guardian's signed consent to administer all medications.
 - A recommended minimum of two up-to-date epinephrine auto-injectors (More may be necessary based on the student's activities and travel during the school day.)
 - Description of the student's past allergic reactions, including triggers and warning signs.
 - A description of the student's emotional response to the condition and need for support.
 - Name and telephone number of the student's primary care provider and board certified allergist.
 - Method to reach parents/guardians/designee should an emergency occur (e.g., telephone, cell-phone, beeper). Update information as needed to maintain accurate information.
 - Age-appropriate ways to include a student in planning for care and implementing the plan.
 - Assessment for student to self-carry their prescribed epinephrine, along with their ability to potentially self-administer the medication (It is important that students take more responsibility for their food allergies as they grow older and are developmentally ready to accept responsibility.)
 - If possible, participate in the training/orientation in the student's classroom.
- Participate in team meetings or communicate with all staff members who will be in contact with the child (preferably before the opening of school) to:
 - Discuss implementation of medical plans of care.
 - Establish prevention plan.
 - Periodically (as needed) review prevention and emergency action plans with the team.
- During the school year, the parents/guardians shall:
 - Consider obtaining a medical alert bracelet for their student.
 - Provide the school nurse with medication orders from the licensed provider.
 - Discuss development of medical plans of care with the school nurse.
 - Provide the school nurse with at least annual updates on their student's allergy status.
 - Discuss with the school nurse the availability of the epinephrine auto-injector and available staff to administer the medication, if needed, on field trips.
 - Provide the school nurse with medical documentation if the student no longer has allergies.
 - Inform appropriate adults (volunteers, PTO, etc) about their student's food allergy during after school activities. NOTE: In order for the school to release medical information to "appropriate adults" who are not school employees, there must be a signed release from the parent/guardian.
 - Consider having a bag of "safe snacks" in their student's classroom so there is always something their student can choose during an unplanned special event.
 - Consider providing a non-perishable lunch to keep in school, in case their student forgets lunch.
 - Be willing to provide safe foods for special occasions, e.g. bring in a treat for the entire class so their student can participate.

- Be willing to go on field trips if possible and if requested.
- Teach and consistently remind their student to:
 - Recognize the first symptoms of an allergic/anaphylactic reaction.
 - Communicate clearly as soon as they feel a reaction is starting.
 - Carry his/her own epinephrine auto-injector when appropriate or know where the epinephrine auto-injector is kept and who has access.
 - Not share snacks, lunches, or drinks.
 - Understand the importance of hand-washing before and after eating.
 - Report teasing, bullying, and threats to an adult authority.
 - Take as much responsibility as possible for his/her own safety.
 - As age-appropriate, consider teaching them to:
 - Communicate the seriousness of the allergy.
 - Communicate symptoms as they appear.
 - Read labels.
 - Carry own epinephrine auto-injector.
 - Administer own epinephrine auto-injector.

Actions for Students with Food Allergies

- Participate in the school meeting(s) when asked to discuss your Individualized Healthcare Plan or other written school plans.
- Always wear your medical alert ID.
- Carry an epinephrine auto-injector (after competency is determined by the school nurse) or know where the epinephrine auto-injector is kept and who has access.
- Tell teachers, nurse, or other school staff members IMMEDIATELY if you have been exposed to an allergen or feel the symptoms.
- Learn how to properly use your epinephrine auto-injector and ask the school nurse for help managing it.
- Take as much responsibility (as age appropriate) for avoiding allergens.
- Do not trade or share foods.
- Wash hands before and after eating.
- Learn to recognize symptoms of an allergic reaction.
- Develop a relationship with the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the allergy in school, including bullying.



Things You Need To Know:

1. **WHO** to contact and what to do when you are having an anaphylactic reaction or were exposed to an allergen.
2. **WHAT** your written school plans say to help you manage your food allergy, which person at school will help you, and what is expected of you.
3. **WHERE** your supplies are stored (if you don't carry them) and who to contact when you need to use them.

Section 3: Tools for Effective Food Allergy Management in Schools

This section of the Guide presents samples of key plans that help students with food allergies, their families, school staff, and the student's healthcare provider know what is expected of them in implementing effective food allergy management:

Accommodating Students with Disabling Special Dietary Needs

Sample Individualized Health Care Plan

Sample Emergency Care Plan

Sample 504 for Student with Food Allergies

Template Individualized Transportation Plan

See the Food Allergy Primer in Section 1 of this Guide for descriptions of these important student plans.

Accommodating Children with Special Dietary Needs in the School Nutrition Programs

Accommodating Students with Disabling Special Dietary Needs

Schools participating in a federal Child Nutrition Program (School Lunch, School Breakfast or After School Snack Program) are required to make accommodations for children who are unable to eat the school meals because of a disability* that restricts their diet. In order to make modifications or substitutions to the school meal, schools must have a written Medical Statement on file that is signed by a licensed physician. The statement must identify:

- The child's disability
- An explanation of why the disability restricts the child's diet
- The major life activity affected by the disability
- The food(s) to be omitted from the child's diet
- The food or choice of foods that must be provided as the substitute

***Only a physician can declare if a student has a disability.**

Accommodating Students with Non-Disabling Special Dietary Needs

Schools may, at their discretion, make substitutions for students who have a special dietary need, but do not meet the definition of disability. Examples include food intolerances or allergies that do not cause life-threatening reactions. The decision to accommodate a student's special dietary need can be determined on a case-by-case basis, however, the school should remain consistent with accommodating special dietary needs. In order to make modifications or substitutions to the school meal, schools must have a written Medical Statement signed by a recognized medical authority identifying the following:

- An identification of the medical or other special dietary condition which restricts the child's diet
- The food or foods to be omitted from the child's diet
- The food or choice of foods to be substituted

In Pennsylvania, a recognized medical authority includes a physician, physician assistant, and nurse practitioner.

Milk Substitutions for Students with Non-Disabling Special Dietary Needs

For students with non-disabling special dietary needs which restrict their intake of fluid milk, the following applies.

- Parents/guardians or a recognized medical authority (physician, physician assistant, or nurse practitioner) may request a fluid milk substitute for a student with a non-disabling medical dietary need, such as milk intolerance, or due to cultural, religious or ethnic beliefs. The request must be made in writing.
- The written request from a parent/guardian or medical authority must identify the student's medical or special dietary need that prevents them from consuming cow's milk. Specifically referring to milk substitutions, a "special dietary need" can refer to cultural, ethnic, or religious needs, as well as medical needs.
- Nondairy beverages offered as a fluid milk substitute must meet the established nutrient standards, as indicated in Question 20 in USDA memo SP07-2010, available on PEARS Form Download, under Feeding Students with Disabilities and Special Dietary Needs Section.
- Juice and water cannot be substituted for fluid milk as part of the reimbursable meal even when requested by a physician. When fruit juice is merchandised as an option for a fruit/vegetable component, it can contribute up to 3/8 cup of the fruit/vegetable component. It cannot be offered in place of milk and it must be available to all students as an option.

Responsibility of Parents

- Notify the school of any food allergy, disability or special dietary need.
- Provide Medical Statement completed by a physician (disability), a recognized medical authority (non-disabling special dietary need), or the parent (non-disabling special dietary needs for milk only).
- Participate in any meetings or discussions regarding the student's meal plan. Maintain a healthy line of communication with the school.
- Notify the school of any changes relating to the special dietary need (a new Medical Statement is required if the diet changes).

School Food Service Responsibility

- Provide food substitutions for students according to Medical Statement. The school food service staff may not revise or change a diet prescription or medical order.
- Provide training to cafeteria personnel on how to properly accommodate students with special dietary needs. Maintain documentation of this training.
- Communicate with parents, staff, and medical authorities regarding diet modifications.
- Maintain Medical Statement on each student with a special dietary need. Diet orders are not required to be renewed on a yearly basis, however, PDE recommends that you confirm, on a yearly basis, the diet order has not changed. If there are any changes to the diet, a new Medical Statement is required.
- If the school is opting to make a milk substitute available for non-disabling dietary needs, research products to ensure they meet the USDA nutrient standards for a milk substitute. Notify the Division of Food and Nutrition if you are making milk substitutes available for non-disabling special needs.

School Nurse Responsibility

- Collaborate with food service director, school staff, parents, and physician to appropriately share pertinent information, obtain a copy of Medical Statement, and accommodate students with special dietary needs.
- Develop medical plan of care as appropriate (Individualized Healthcare Plan).

Other Federal regulations

Based upon Federal laws that prohibit discrimination and ensure equal access to education, some students may have instructions for accommodating their special need written into a 504 Plan or an Individualized Education Plan (IEP). Typically, a team consisting of the school professionals and the parents collaborate to develop these plans. If the 504 Plan or IEP involves special dietary needs, the food service director should be involved.

Additional Resources:

USDA's Accommodating Children with Special Dietary Needs in the School Nutrition Programs:
http://www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf.

USDA Memo SP07-2010: Q & As: Milk Substitution for Children with Medical or Special Dietary Needs:
<http://www.pears.ed.state.pa.us/>

National Food Service Management Institute's Meeting Children's Special Food and Nutrition Needs in Child Nutrition Programs:
http://www.olemiss.edu/depts/nfsmi/Information/special_food_and_nutrition_needs/index.html

Food Allergy and Anaphylaxis Network: <http://www.foodallergy.org/>

Food Allergy and Anaphylaxis Network handouts on how to read food labels:
<http://www.foodallergy.org/downloads/HTRLsheet.pdf>

School Nutrition Association's allergy information resources website:
<http://www.schoolnutrition.org/Content.aspx?id=634>

Additional Contact Information:

- Contact the Pennsylvania Department of Education, Division of Food and Nutrition, with questions regarding accommodating students with special dietary needs in the School Meals Programs at 1-800-331-0129, Extension 62374657.
- For questions about developing a 504 plan for a student with special needs, please contact the Pennsylvania Department of Education, Bureau of Special Education, at (717) 783-6913.
- For questions regarding the roles and responsibilities of the school nurse in providing services for a student with special needs outside of the School Meals Programs, please contact the local PA School Health Consultant in your area. Contact information is available at <http://www.dsf.health.state.pa.us/health/lib/health/SHConsultantList.pdf> or by calling 877-PAHEALTH.

**Medical Plan of Care for School Food Service
(Students with Disabilities and Non-Disabling Special Dietary Needs)**

The following child is a participant in one of the United States Department of Agriculture (USDA) school nutrition programs.

- USDA regulations 7CFR Part 15B require substitutions or modifications in school program meals for children whose **disability** restricts their diet and is supported by a statement signed by a **licensed physician**. Food allergies which may result in a severe, life-threatening (anaphylactic) reaction may meet the definition of "disability."
- The school may choose to accommodate a student with a **non-disabling special dietary need** that is supported by a statement signed by a **recognized medical authority** (physician, physician assistant or nurse practitioner).
- The school food authority may choose to make a milk substitution available for students with a **non-disabling special dietary need**, such as milk intolerance or for cultural or religious beliefs. If the school food authority makes these substitutions available, the milk substitute must meet nutrient standards identified in regulations. If available, this will be indicated in Part 2. A parent/guardian or **recognized medical authority** (physician, physician assistant, or nurse practitioner) may complete this section. If this is the only substitution being requested, complete Part 1 and 2 only.

Part 1: To be completed by Parent/Guardian (all requests for special dietary needs)

Child's Name		Date of Birth		M	F
Name of School/Center/Program		Grade Level/Classroom			
Parent's/Guardian's Name		Address, City, State, Zip Code			
()	()				
Home Phone	Work Phone				

Part 2: Request for milk substitution for non-disabling special dietary needs only

School/school district does not make milk substitutes available to students with non-disabling special dietary needs. Do not complete Part 2.

School/school district provides _____ as a milk substitute to students with non-disabling or other special dietary needs when Part 2 is completed by Medical Authority or Parent/Guardian and approved by the school/school district.

Does the child have a non-disabling medical or special dietary need that restricts intake of fluid milk? Yes No

List medical or special dietary need (e.g., lactose intolerance or for cultural or religious beliefs):

Medical Authority or Parent/Guardian Signature: _____ **Date:** _____

Part 3: To be completed by Physician/Medical Authority

Disability/Special Dietary Needs

Does the child have a **disability**? Yes No

If Yes,

Please describe the major life activities affected by the disability.

Does the child's disability affect their nutritional or feeding needs? Yes No

If the child **does not have a disability***, does the child have special nutritional or feeding needs? Yes No

(*These accommodations are optional for schools to make)

If the child has a disability or special dietary/feeding need, please complete Part 4 of this form and have it signed and stamped with the office name and address of a licensed physician/recognized medical authority.

Part 4: To be completed by Physician/Medical Authority

Diet Order

List any dietary restrictions, such as food allergies, intolerances or restrictions:

List specific foods to be substituted (Substitution cannot be made unless section is completed):

List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All."
 Cut up/chopped into bite sized pieces:

 Finely Ground:

 Pureed:

List any special equipment or utensils needed:

Indicate any other comments about the child's eating or feeding patterns:

Physician's Name and Office Phone Number	Office Stamp
--	--------------

Physician/Medical Authority's Signature	Date
---	------

Part 5: Parent Signature	Date
--------------------------	------

Part 6: School Nutrition Program Signature	Date
--	------

Health Insurance Portability and Accountability Act Waiver
 In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize _____ (medical authority) to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to _____ (school/program) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning my child with the school program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on _____ (date). This information is to be released for the specific purpose of Special Diet information.

The undersigned certifies that he/she is the parent, guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.

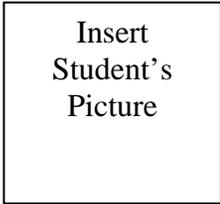
Parent/Guardian Signature: _____ **Date:** _____
 (Signing this section is optional, but may prevent delays by allowing us to speak with the physician)

Please have parent/guardian review form annually and initial/date if no changes are required. Any changes require submission of a new form signed by the Physician/Medical Authority.

Parent confirmed no change in diet order. ___ Date _____ ___ Date _____ ___ Date _____
 ___ Date _____ ___ Date _____ ___ Date _____ ___ Date _____ ___ Date _____

A copy of this form should be kept by the School Food Service and the Nurse. FERPA allows school nurses to share student's medical information regarding dietary needs with school food service.

Emergency Care Plan



Name: _____ DOB: _____

School: _____ Grade: _____

KNOWN ALLERGIES: _____

COMMON SIGNS OF AN ALLERGIC REACTION (This is not an exclusive list of symptoms)

- MOUTH Itching, tingling, swelling of the lips, tongue, or mouth
- THROAT Itching and/or a sense of tightness in the throat, hoarseness, hacking cough
- SKIN Hives, itchy rash, swelling about the face or extremities
- GI Nausea, vomiting, abdominal cramps, diarrhea
- LUNGS Shortness of breath, repetitive coughing, wheezing
- HEART “Thready” pulse, dizziness or fainting

DURING AN ALLERGIC REACTION, HIS/HER TYPICAL SYMPTOMS ARE:

NOTE: Different symptoms may occur with any reaction and severity of symptoms can change rapidly. A high level of suspicion needs to be maintained for any symptoms exhibited by a student with food allergies. **ACT QUICKLY!!**

IF INGESTION IS SUSPECTED AND/OR SYMPTOMS ARE PRESENT, **IMMEDIATELY** DO THE FOLLOWING:

1. TREATMENT

2. CALL 911 & CERTIFIED SCHOOL NURSE

3. CONTACT PARENT/GUARDIAN/DESIGNEE

Parent/Guardian Emergency Contact: _____

Telephone (h) : _____ (w): _____ (cell): _____

Parent/Guardian Emergency Contact: _____

Telephone (h) : _____ (w): _____ (cell): _____

Emergency Contact (if Parent/Guardian not available)/Relationship/Telephone Number:

_____ - _____

Healthcare Provider/Telephone: _____

Certified School Nurse Signature: _____ Date: _____

SAMPLE INDIVIDUALIZED HEALTH CARE PLAN

Assessment	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes
<p>JK is a 5 year old female diagnosed with severe peanut allergy.</p> <p>Her initial symptom has been a complaint that her throat feels itchy.</p> <p>The last reaction required 2 Epi-pens and an overnight stay in the hospital.</p> <p>Physician has ordered EpiPen Jr. for use at school.</p>	<p>N.D.1 Potential for altered respiratory status related to anaphylaxis</p> <p>N.D.2 Knowledge deficit of school staff related to recognition and treatment of anaphylaxis</p> <p>N.D.3 Anxiety reduction for JK and her parents related to possible reactions at school</p>	<p>N.D.1 To prevent anaphylactic episodes at school</p> <p>N.D.2 To educate all school staff about anaphylaxis</p> <p>N.D.3 To reduce anxiety expressed by JK and her parents</p>	<p>N.D.1 Development of Emergency Care Plan, including easy access to EpiPen Jr Identify and train at least 3 school personnel in the administration of EpiPens</p> <p>N.D.2 Schedule at least 1 training at the start of the school year Provide written resources mid-year as a refresher</p> <p>N.D.3 Provide parents and JK with copy of school's plan for decreasing JK's exposure to peanut products at school</p>	<p>N.D.1 JK will suffer no anaphylactic episodes during school year</p> <p>Personnel able to successfully complete scenario for dealing with anaphylactic episode</p> <p>N.D.2 All staff express confidence in the recognition and treatment of anaphylaxis</p> <p>N.D.3 JK and parents express agreement with school's plan</p>

**Model Protected Handicapped Student Chapter 15 Service Agreement
(504 Plan)**

[Note: This model Chapter 15 Service Agreement (504 Plan) lists a broad range of services and accommodations that might be needed by a child with food allergies in school. The plan should be individualized to meet the needs, abilities, and medical condition of each student and should include only those items in the model that are relevant to that student. Some students will need additional services and accommodations that have not been included in this model plan.]
.....

SCHOOL DISTRICT NAME
SCHOOL DISTRICT ADDRESS
CHAPTER 15 SERVICE AGREEMENT (504 PLAN)

OBJECTIVES/GOALS OF THIS PLAN

Every food-allergic reaction has the possibility of developing into a life-threatening reaction and, even with proper treatment, can be fatal. A life-threatening reaction can occur within minutes or hours after exposure to the allergen. A student's ability to learn may be drastically altered by their fears of a reaction. The goal of this plan is to provide the related aids and services needed to prevent exposure to food allergens and to respond appropriately should an anaphylactic reaction occur in accordance with the instructions provided by the student's personal health care provider team.

DEFINITIONS USED IN THIS PLAN

1. **Medical Management Plan (MMP):** A plan, written by the student's personal health care provider team, which is communicated to the school nurse and includes medication orders and protocols for response to this particular student's medical needs.
2. **Individualized Health Care Plan (IHP):** A plan that describes the regimen and identifies the health care needs of a student with food allergies. This plan is developed by the school nurse, based upon the recommendations and medical orders of the student's personal health care provider team and the student's current condition.
3. **Emergency Care Plan (ECP):** A plan that provides school personnel with essential information on how to recognize and react to signs and symptoms of an anaphylactic reaction. This plan is developed by the school nurse, based on the recommendations and medical orders of the student's personal health care provider team and the student's current condition as assessed by the school nurse.
4. **Licensed Health Room Staff:** Certified School Nurse (CSN); Registered Nurse (RN); Licensed Practical Nurse (LPN).

Date: ____/____/____ School: _____

- Medical Initial Agreement OT/PT Modified Agreement
 Social/Emotional/Behavioral Homebound Instruction

Student Name: _____ Grade: _____ School Year: _____

Parent/Guardian Name: _____

FOLLOWING IS A SUMMARIZATION OF THE RECOMMENDATIONS AND AGREEMENTS FOR ACCOMMODATIONS THAT ARE NEEDED BY YOUR CHILD TO MEET HIS/HER NEEDS. THESE RECOMMENDATIONS ARE A RESULT OF THE RECENT EVALUATION AND/OR PRESCRIPTION FROM DOCTOR(S), THERAPISTS, OR OTHER HEALTH PERSONNEL.

Provision of Food Allergy Care

1. In Pennsylvania, most medications require the assistance of a licensed nurse during school hours, school sponsored activities, and/or on school sponsored trips. Unlicensed school staff may be trained to administer epinephrine auto-injectors.
2. All staff members will be able to recognize symptoms of anaphylaxis and be able to react to these symptoms as per the Emergency Care Plan (ECP), Individualized Healthcare Plan (IHP), and Medical Management Plan (MMP).
3. Student shall have immediate access to all items necessary for the treatment of an anaphylactic reaction, including epinephrine auto-injectors as provided by the parent/guardian and ordered by a medical provider.
4. The CSN, RN, LPN, parent, student, or trained school staff can give epinephrine auto-injectors as ordered by the medical provider, with the written approval of the parent/guardian.
5. Health room staff may contact the medical provider for advice or consultation when necessary. Phone numbers to be provided by parent/guardian and available in health office and student's ECP.
6. Student's food allergy ECP will be made available to all staff including substitute teachers, food service personnel, bus drivers, etc. as appropriate per the CSN.

Student's Level of Self-care and Location of Supplies and Equipment

1. The student is able to perform the following food allergy care tasks without help or supervision as per the MMP and as assessed by the professional nurse (CSN or RN):

NOTE: The student will be permitted to provide this self-care as directed by the MMP, IHP, and ECP as to time, locations, including all school sponsored activities.

2. The student needs assistance or supervision with the following tasks:

3. The student needs a licensed nurse to perform the following tasks:

4. The student will be permitted to carry the following supplies and equipment with him/her at all times and in all locations:

5. Supplies and equipment that are not kept on/with the student, will be kept:

6. Parent/guardian is responsible for providing supplies, equipment, snacks, and/or other food to meet the needs of the student as directed in the MMP, IHP and ECP.

Snacks and Meals

1. Student will be provided with an allergen-free table in the cafeteria.
2. Adult supervision will be available in the cafeteria to ensure that students are not sharing or trading food or bullying.
3. Students will wash their hands before and after the handling/consumption of food.
4. Parent/guardian will provide a non-perishable safe lunch in case lunch is forgotten.
5. The teacher(s) will follow established school procedures limiting foods in the classroom.
6. If a student inadvertently brings a restricted food to the classroom, he/she will not be allowed to eat that snack in the classroom.
7. The parent/guardian will supply snacks needed in addition to or instead of any snacks supplied for all students.
8. Parent/guardian will be notified three days in advance, (or as soon as possible in emergency situations), with any changes in the school's schedule that may affect care.

Exposure to Food Allergen and/or Signs of Anaphylaxis

1. In the event student reports exposure to a food allergen and/or shows signs/symptoms of anaphylaxis, he/she will be treated according to the MMP, IHP, and the ECP and then escorted to the health room by a responsible person.
2. Any staff member finding student unconscious will call 911 and then contact the nurse on duty in the building. If no nurse is in the building, call the CSN assigned to the building and the parents/guardians, as per the Emergency Care Plan (ECP).

Field Trips and Extracurricular Activities

1. The teacher will take into consideration the potential for exposure to food allergens when determining sites for field trips.
2. A parent/guardian will be allowed, but not required, to accompany field trips.
3. All supplies will accompany student on field trips/extracurricular activities.
4. Student may take his/her own food and lunch on field trips/extracurricular activities.
5. Student will be under the supervision of a responsible adult prepared to respond to symptoms of anaphylaxis per the ECP.
6. The teacher/coach will enforce a no-food policy on the bus.
7. During field trips and extracurricular activities, responsible adults will have an emergency communication device available.

Classroom Work

1. Teachers will develop lesson plans which do not include allergens.
2. Volunteers and others assisting in the classroom will be made aware of allergies and assist with prevention measures.
3. Students will be monitored for handwashing before and after handling/consumption of food.
4. The teacher will develop a lesson on food allergies for all students.

Communication

1. Encouragement is essential. The student shall be treated in a way that encourages the student to report possible exposure to allergen and/or any symptoms and to progress toward self-care with his/her food allergy management skills.
2. Each substitute teacher and substitute school nurse will be provided with written instructions regarding the student's care (ECP) and a list of all school nurses with contact information.

Emergency Evacuations and Shelter-in-Place

1. Consider student's needs for licensed nursing care, supplies, and equipment when planning for this contingency.

TYPE OF SERVICE, SERVICE PROVIDER AND DURATION OF SERVICE MUST BE INCLUDED AS APPROPRIATE.

****IN THE EVENT OF AN EMERGENCY, THE *EMERGENCY CARE PLAN* ON FILE IN THE NURSE'S OFFICE AND COMMUNICATED WITH ALL WHO NEED TO KNOW, IS TO BE FOLLOWED.**

THE ATTACHED LETTER OUTLINES YOUR RIGHTS TO RESOLVE ANY DISPUTES THAT YOU MAY HAVE CONCERNING THE RECOMMENDATIONS. IF YOU HAVE ANY QUESTIONS CONCERNING YOUR RIGHTS OR THE ABOVE RECOMMENDATIONS, PLEASE FEEL FREE TO CONTACT ME.

_____ Date: _____
School District Professional Employee and Phone Number

_____ Date: _____
Central Office Approval

DIRECTIONS TO PARENTS: Please check one of the options, sign, and return this form to:
Student Services, (*NAME*) School District, Administration Building,
(*School District*) Address.

- I agree and give permission to proceed as recommended.
- I do not agree and do not give permission to proceed as recommended and will schedule planning conference.

My reason for disapproval is: _____

Parent/Guardian Signature: _____ Date: _____

Individual Transportation Plan (ITP)

For Students with Special/Individual Needs

Student Name: _____ Date of Birth: _____

Street Address/P.O. Box, etc: _____

City: _____ State: _____ Zip: _____ Phone: _____

Program: _____ Classroom Location: _____

School District of Residence: _____

SECTION A: PLANNING THE LEAST RESTRICTIVE TRANSPORTATION ENVIRONMENT

Can this student be transported by their home school district with their peers?

- Yes, with no modifications or support
- Yes, with modifications specified below
- No, needs special transportation with modifications noted below

Change of Route:

- To meet the student's medical/behavioral needs
- To lessen exposure to traffic
- Length of time on bus
- Other: Specify: _____

Environmental Conditions:

- Weather factors: Specify _____
- Street /sidewalk conditions: Specify _____

Change of Pick Up/Drop off Location:

- Pull in drive to pick up/drop off
- Pick up/Drop off on residence side
- Pick up/ Drop off at school entrance that allows for less congestion or more supervision
- Other: Specify: _____

Required Seating:

- Front of bus
- Assigned seat
- Seating with limited access to other riders
- Away from door or rear window
- Window Seat
- Seated with feet on floor or low floor bus
- Seated out of emergency exits
- Other: Specify: _____

Are assistance/special accommodations necessary in the following areas?

Discharge of Student- Can this student be discharged from the bus without an adult waiting to receive him/her?

- Yes
- No

Supervision/Assistance When Taking Transportation:

- To board bus/on steps
 - To remain safe in “danger zone” – from all sides of the bus
 - To cross street or safely navigate into home/school
 - To stay seated upright on the seat in the compartment
 - To maintain appropriate/safe behavior
 - To avoid contact with emergency exits
 - To avoid putting anything out of the windows
 - To navigate emergency exit
 - To leave bus in the event of an emergency (specify procedure above)
 - Other: Specify: _____
- Person(s) responsible: _____
- Level of assistance: _____

Communication:

- Verbal
- ESL
- Sign Language
- Communication Board
- Picture System
- Gestures
- Others

Equipment:

- Auditory equipment
 - Stepstool access
 - Safety vest/harness (can be used on traditional bus seat without lap belt or reinforced seat with lap belt) _____
 - Waist size with outer clothing _____ Waist size without outer clothing _____
 - Person (s) responsible for putting vest on/off _____
 - Person(s) responsible for connecting vest to mount _____
 - Person(s) responsible for installing mount _____
 - Child safety seat _____ weight _____ height _____
 - Wheelchair
- Person responsible for attaching chair _____

Safety items on the bus:

- Transport of Auxiliary equipment according to appropriate guidelines
- Child safe belt cutter (needed for students in occupant restraints)
- Non-latex gloves
- Evacuation blanket
- Basic First Aid kit and emergency numbers
- Belt extender
- Body fluid clean-up kit
- Other: Specify: _____

Procedural Safeguards for Medical/Behavioral Concerns:

- Medical crisis intervention plan (attached)
- Behavioral intervention plan (attached) with training
- Crisis management plan that can be implemented from the bus
- Do Not Resuscitate Order
- Oxygen or ventilator: Specify: _____
- Cardiac Problems: Specify: _____
- Seizure precautions: Specify: _____
- Asthma or Other Respiratory Conditions: Specify: _____
- Allergy precautions: Specify: _____
- Shunt precautions: Specify: _____
- Feeding Tube or Significant Swallowing Problems: Specify: _____
- Fragile Bones or other orthopedic precautions: Specify: _____
- Medication side effects: Specify: _____
- Other: Specify: _____

SECTION B: TRAINING AND SUPPORT

Yes No Does the student need a test ride?

Date to be completed _____

Summary of Transportation Plan: (include only the accommodations that are required to transport)

Date provided to bus company _____

Next Steps Required:

Yes No Training required for staff, drivers, parents, caregivers, and/or students

Type of Training needed _____

Participants _____

Date of Training _____

Yes No Is transition support needed?

Pre K to elementary, see ITP Skill Sheet

Elementary to middle, see ITP Skill Sheet

Middle school to high school, see ITP Skill Sheet

Transition age - Part B Individual Transportation Plan

Notification to Parents/Guardians:

If there are any changes in your child’s medical or behavioral status which you believe may merit changes in staffing, precautions to be taken, interventions, restraint, or any other procedure discussed above, contact the building administrator, or appropriate Educational Supervisor, and the Transportation office.

Contact Person _____
Name Phone number

A change in residency (a new address) requires a three (3) business day notification to school district supervisor to reevaluate this plan.

Parent/Guardian Signature Date

Individual transportation plan committee participants:

Transportation Personnel Title Date

Parent Date

Name Title Date

Name Title Date

To signify that this plan has been reviewed and still remains current as documented, initial and date:

_____/_____
Initials/Date Initials/Date Initials/Date Initials/Date Initials/Date

Section 4: School Responsibilities Under Law

Schools are prohibited by federal law from discriminating against students with food allergies and are required to provide them with the same educational services and activities that other students receive. While the students are in the custody of the school, the school has the responsibility to keep them safe. Since food allergies are potentially deadly, the consequences of a school's negligence in protecting a food-allergic student could result in legal and financial liability, including personal injury lawsuits brought by harmed students or their families. For that reason, a good food allergy plan is not only in the best interest of the food allergic student, it is in the best interest of the school district.

Certain federal laws govern the school district's responsibilities for meeting the needs of students with severe food allergies and other forms of anaphylaxis. These guidelines are in addition to, and not in lieu of, those federal laws. The school district has an obligation to seek suitable means of reasonably accommodating a student upon notification and confirmation of potentially life-threatening food allergies and to keep a record indicating that the school conscientiously carried out this obligation. Included in this duty, is an obligation to gather sufficient information from the food allergic student and qualified experts, as needed, to determine what accommodations are necessary.

Based upon federal laws that prohibit discrimination and ensure equal access to education, the best practice is for all students with food allergies to have an individualized Emergency Care Plan (ECP) or Allergy Action Plan in place. A medical plan of care, such as an Individualized Health Care Plan, Individualized Education Plan (IEP) with a medical component, and/or 504 Service Plan must contain an ECP. Regardless of the type of medical plan of care the student has, schools can provide valuable resources to students with food allergies and their families by helping students feel accepted within the school community. Typically, a team consisting of the school professionals and the parents collaborate to develop these plans. When the medical plan of care involves special dietary needs, such as food allergies, the nutrition services director should be involved.

See Section 3 for more information on medical plans of care.

Federal Laws

SECTION 504 OF THE REHABILITATION ACT OF 1973 (SECTION 504)

Section 504 prohibits recipients of federal funds from discriminating against people on the basis of disability. 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 anaphylaxis) that "substantially limits a major life activity." (29 U.S.C. §794; 34 C.F.R. §104, et seq.). Major life activities covered by this definition include, but are not limited to, caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activities also include the operation of major bodily functions, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. Food allergies may affect multiple major life activities and bodily functions. "Substantially limited" is not

defined in Section 504 regulations. In order to determine eligibility criteria, as outlined in the regulations, an individual assessment of the student is required.

Section 504 outlines a process for schools to use in determining whether a student has a disability and in determining what services a student with a disability needs. This evaluation process must be tailored individually, since each student is different and his or her needs will vary. Historically, students with life-threatening food allergies have been covered by Section 504 and the Americans with Disabilities Act (see below).

Under Section 504, students with disabilities must be given an equal opportunity to participate in academic, nonacademic, and extracurricular activities. The regulations also require school districts to identify all students with disabilities and to provide them with a free appropriate public education (FAPE). Under Section 504, FAPE is the provision of regular or special education and related aids and services designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met. These services should occur within the student's usual school setting with as little disruption as possible to the school and student's routines. The FAPE standard is generally satisfied by following the U.S. Department of Education's implementing regulations for the Individuals with Disabilities Education Act (IDEA), which refer to "handicapped persons." (See IDEA discussion below).

However, a student does not have to receive special education services in order to receive related aids and services under Section 504. Administering an epinephrine auto-injector and providing assistance in reducing exposure to allergens are two examples of related aids and services that schools may have to provide for a particular student with life threatening food allergies. The most common practice is to include these related aids and services, as well as any needed special education services, in a written document, sometimes called a "Section 504 Plan."

Private schools that receive federal funds may not exclude an individual student with a disability if the school can, with minor adjustments, provide an appropriate education to that student.

TITLE II OF THE AMERICANS WITH DISABILITIES ACT OF 1990 (ADA)

Title II of the ADA prohibits discrimination on the basis of disability by public entities, regardless of whether the public entities receive federal funds. Public school districts that receive federal funds are covered by both Title II and Section 504, and the obligations of public schools to students with disabilities under each law are generally the same. The ADA also provides a definition of "substantially limits" (42 U.S.C. §12101 et seq.; 29 C.F.R. §1630 et seq.) For schools, these laws are enforced by the Office for Civil Rights (OCR) in the U.S. Department of Education.

THE AMERICAN WITH DISABILITIES ACT AMENDMENTS ACT OF 2008 (ADAAA)

The ADAAA made significant changes to the ADA's definition of disability by broadening the scope of coverage (i.e., broadening what qualifies as a "disability") and limiting consideration of the ameliorative effects of mitigating measures (i.e., medication or learned behavioral modifications). The ADAAA also overturned a series of U.S. Supreme Court decisions that interpreted the Americans With Disabilities Act of 1990 in a way that made it difficult to prove that impairments were a disability. On September 23, 2009, the Equal Employment Opportunity Commission ("EEOC") published a Notice of Proposed Rulemaking ("NPRM") to conform its current ADA regulations to include the ADAAA amendments. The latest information about the NPRM to the ADA regulations is available at: www.eeoc.gov/ada/amendments_notice.html. The EEOC has stated that it may immediately begin using the positions set forth in its proposed regulations for its litigation and enforcement proceedings because it

views ADAAA as restorative of the original broad protection of the ADA. These amendments to the ADA make it easier for a person with severe food allergies to qualify for protection under the ADA. (Pub. L. No. 110-325)

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

IDEA provides federal funds to assist state educational agencies and, through them, local educational agencies in making special education and related services available to eligible children with disabilities. A qualifying disability under Part B of IDEA is different than the term disability under Section 504. Under IDEA, a student with a disability means: 1) the student was evaluated in accordance with IDEA, 2) has one or more of the recognized 13 disability categories, and 3) because of the qualifying disability, needs special education and related services. IDEA is administered by the Office of Special Education Programs (OSEP) in the Office of Special Education and Rehabilitative Services (OSERS) in the U.S. Department of Education. IDEA is different from the ADA and Section 504 because it relates to the accommodations a school must make in the individualized education and curriculum of a student with a disability, not just the ability of the student to attend school classes and activities with other students.

IDEA requires school districts to find and identify children with disabilities and to provide them a free, appropriate public education (FAPE). Under IDEA, FAPE means special education and related services that meet state standards and are provided in conformity with an individualized education program (IEP). An IEP is a written plan for a student with a disability that that is developed, reviewed, and revised in accordance with the IDEA and the U.S. Department of Education's implementing regulations. Typically, students with food allergies are accommodated through an Emergency Action Plan (EAP), an Individual Health Care Plan (IHCP), and/or Section 504 Plan and not an IEP. However, food allergies may contribute to a health impairment qualifying as a disability under IDEA or some students may qualify under IDEA for services and also have a food allergy. However, according to 22 PA Code Chapters 14 & 15, in PA, students may only be eligible under IDEA or Section 504, not both.

Each child's IEP must include the supplementary aids and services to be provided for, or on behalf of, the child and a statement of the program modifications or supports for school personnel that will be provided so the child can make progress and be involved in the general curriculum. Administering an epinephrine auto-injector and providing assistance in reducing exposure to allergens are two examples of related services, supplementary aids and services, or program modifications or supports that schools could provide for a particular student with life-threatening food allergies who is eligible under IDEA.

FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

FERPA generally prohibits schools from disclosing personally identifiable information in a student's education record, unless the school obtains the consent of the student's parent or the eligible student (a student who is 18 years old or older, or who attends an institution of postsecondary education.) FERPA does allow schools to disclose this information, without obtaining consent, to school officials, including teachers, who have legitimate educational interests in the information and in the educational interests of the child. Schools that do this must include, in their annual notification to parents and eligible students, the criteria for determining who constitutes a school official and what constitutes a legitimate educational interest. Additionally, under FERPA, schools may not prevent the parent/guardian of students, or eligible students themselves, from inspecting and reviewing the student's education records.

OBTAINING ADDITIONAL INFORMATION

The Office for Civil Rights (OCR) and the Office of Special Education Programs (OSEP) in the U.S. Department of Education can answer questions and provide technical assistance. OCR promotes and ensures that people have equal access and opportunity to participate in certain federally funded programs without facing unlawful discrimination. Two of OCR's legal authorities include Section 504 and Title II of the ADA. At times, OCR provides letters which can be used by school districts for guidance. These letters, however, are not published, but may be available where they have been submitted for publication in a private service or posted on an Internet site. For more information from OCR, contact OCR's Customer Service Team at (202) 205-5413 or toll-free at 1-800-421-3481. For TTY, call 1-877-521-2172. Information is also available on the OCR website, www.ed.gov/ocr. You may also contact one of OCR's 12 Enforcement Offices around the country. Contact information is available from the OCR Customer Service Team and from the OCR website. For more information from OSEP, call (202) 205-5507 or (202) 205-5637 for TTY. More information about FERPA is available at www.ed.gov/offices/OM/fpco.

State Laws, Regulations, and Guidelines

PENNSYLVANIA PUBLIC SCHOOL CODE OF 1949 (PSC)¹

Act 104 of 2010 amended the Pennsylvania Public School Code to require that school policies and procedures must clearly define circumstances under which self-administration of medication is permitted and describe the decision making process. These policies must:

- Require a written statement (medical order) from the physician, Certified Registered Nurse Practitioner, or Physician Assistant whether the student is qualified and able to self-administer the medication. This prescription shall be required on an annual basis.
- Require parental/guardian approvals on an annual basis.
- Require the Certified School Nurse (CSN) to ensure that the student is capable for self-care in the use of an epinephrine auto-injector through demonstration of administration skills and responsible behavior. Determination of competency shall be based on age, cognitive function, and maturity.
- Provide for the periodic and ongoing assessment by the CSN of the student's self-management skills.
- Require notification of the CSN immediately following each use.
- Include provisions for the immediate confiscation of the medication and loss of self-administration privileges if the school policies are abused or ignored. If privileges are revoked, the Emergency Care Plan (ECP) would need to be revised to ensure close proximity of the medication to the student.

The PSC requires that every child of school age be provided with school nurse services as part of the school health program. While state law and regulations mandate that each school district provide nursing services, the actual day-to-day activities of school nurses are assigned by the school districts and the Pennsylvania Department of Health prescribes the technical content of the school health services program. Each of the six state health district offices employs a school health consultant to assist schools, parents, and the community at large regarding school health services and programs.

The current nurse to student ratio of 1:1,500 is set forth in Section 1402 of the PSC, which was added by the Act of July 15, 1957. There are no state mandated ratios for nurses to special needs students—each

¹ Excerpts from the Joint State Government Commission's 2004 Report on Laws Regulating School Nurses in Pennsylvania and Other States: <http://jsq.legis.state.pa.us/NURSES%20REPORT.HTML>

school district is responsible for meeting the needs of special populations. Also, pursuant to the school code, Department of Health Regulations found at 28 PA Code §23.53 clarify that “The school administrator, in determining the number of pupils to be served by a school nurse, shall consider the number of schools, distance between schools, travel difficulties, and special health needs of the area.”

PENNSYLVANIA NURSE PRACTICE ACT

The school nurse and any support personnel who have nursing licenses (e.g., RN or LPN) must meet the standards and regulations of the Pennsylvania Nurse Practice Act, which is the responsibility of the Department of State, Pennsylvania State Board of Nursing. Under the Nurse Practice Act, there is no provision for a registered nurse (RN) to delegate nursing tasks to an unlicensed individual. However, according to the Pennsylvania Department of State, Board of Nursing, RNs may train unlicensed individuals to assist with the administration of asthma inhalers and epinephrine auto-injectors. Health workers who are not certified school nurses, including RNs, licensed practical nurses (LPNs), and unlicensed assistive personnel (UAP) must work under the supervision of the school nurse and cannot be assigned a caseload.

A licensed nurse must have an order for medications. Without an order, licensed nurses administering medication are diagnosing and prescribing treatment, which is outside of nursing practice parameters and is within the practice of medicine defined by the Medical Practice Act of 1985. As part of their student services plan, schools and school districts must develop policies and procedures for emergency care and administration of medication and treatment in compliance with the Controlled Substances, Drugs, Device and Cosmetic Act and guidelines issued by the Department of Health. Parents/guardians should inquire about the policies and practices that are implemented in their schools.

PENNSYLVANIA PRACTICAL NURSE ACT

Under the Practical Nurse Law (63 P.S. §§ 651 – 667.8), [t]he ‘practice of practical nursing’ means the performance of selected nursing acts in the care of the ill, injured, or infirm under the direction of a licensed professional nurse, a licensed physician, or a licensed dentist which do not require the specialized skill, judgment, and knowledge required in professional nursing.

State Board of Nursing regulations at 49 Pa. Code § 21.145 (a) further define the scope of practical nursing and state that: “[t]he LPN is prepared to function as a member of the health care team...” and “participates in the planning, implementation, and evaluation of nursing care in settings where nursing takes place.”

A licensed practical nurse (LPN) may not function independently in the school setting. The CSN must provide medical oversight to the LPN. Medical oversight does not necessarily mean direct, line-of-sight supervision, but should include, at a minimum, periodic and regular communication.

An LPN may administer medications as prescribed by law or regulation. 49 Pa Code §21.145 (b) states: “The LPN administers medication and carries out therapeutic treatment ordered for the patient...”

DEPARTMENT OF EDUCATION REGULATIONS REGARDING ADMINISTRATION OF MEDICATIONS 22 PA CODE, 12.41 STUDENT SERVICES

Schools are required to develop a written student services plan, based on the needs of their students. The plan is to include policies and procedures for emergency care as well as administration of medications and treatment which follow “The Controlled Substance, Drug, Device and Cosmetic Act” and guidelines issued by the Department of Health.

GUIDELINES FOR PENNSYLVANIA SCHOOLS FOR THE ADMINISTRATION OF MEDICATIONS AND EMERGENCY CARE

These guidelines have been written to assist schools in the development and implementation of appropriate medication administration policies and procedures. The guidelines summarize federal and state laws governing medication administration, discuss legal issues in the school setting, development of school policies and procedures, and the role of the Certified School Nurse regarding medication administration. A wealth of resources including sample forms, policy implications, and clinical guidance are included in an extensive Appendix. These guidelines are available at http://www.portal.state.pa.us/portal/server.pt/community/schools/14130/what%27s_new_with_school_health/556690.

BLOODBORNE PATHOGEN STANDARD ACT

The Pennsylvania Department of Health developed Guidelines on Bloodborne Pathogens for the Public Sector in response to Act 96 of 2001, which is known as the Bloodborne Pathogen Standard Act. The guidelines apply to all employers and employees in the public sector, including school workers, who are not covered by federal standards of the Occupational Safety and Health Administration (OSHA). Guidelines address all actual or potential occupational exposures to blood or other infectious materials in a public sector healthcare facility, home healthcare organization, or other facility providing healthcare-related services.

OBTAINING ADDITIONAL INFORMATION

- The Pennsylvania Public School Code of 1949 can be accessed online at: www.dsf.health.state.pa.us/health/lib/health/schoolhealth/article_xiv_december_2006.pdf (CHECK LINKS)
- The Pennsylvania Nurse Practice Act can be accessed online at: www.dos.state.pa.us/bpoa/lib/bpoa/20/nurs_board/nurseact.pdf
- The Pennsylvania Guidelines on Bloodborne Pathogens for the Public Sector can be accessed online at: www.health.state.pa.us/pdf/hpa/epi/bloodpathweb.pdf?healthPNav=%7C

Appendix A: Glossary

A

Allergen. Any substance that causes an allergic reaction.

Allergic reaction. An immune system response to a certain substance that the body mistakenly interprets as harmful.

Americans with Disabilities Act. A federal law enacted in 1990 to protect people with disabilities from discrimination. Under this law, diabetes can be considered a disability.

Anaphylaxis. A sudden, severe allergic reaction that involves various areas of the body simultaneously. In extreme cases, it can cause death.

Antigen. Any substance that provokes an immune response when introduced into the body.

Antihistamine. A medication used to block the effects of histamine, a chemical that is released during an allergic reaction. For example, an epinephrine auto-injector.

B

Biphasic reaction. An allergic reaction in two stages. The first wave occurs immediately and is often under control when the symptoms may recur one to three hours (or longer) later.

C

Cross-contamination. One food comes into contact with another and their proteins mix. Each food then contains small amounts of the other.

E

Emergency Care Plan (ECP). This plan provides school personnel with essential information on how to recognize and treat hypoglycemia or hyperglycemia.

Epinephrine. Medicine of choice for controlling severe anaphylactic reactions. It is available by prescription.

F

Food allergy. Immune system reaction to a certain food. The food is mistakenly determined to be harmful and antibodies are created. With subsequent exposures, histamine is released causing an allergic reaction.

H

Histamine. Chemical released by the body during an allergic reaction.

I

Individualized Education Program (IEP). A program designed for students covered by the Individuals with Disabilities Education Act (IDEA).

Individualized Health Care Plan (IHP). A plan developed by the school nurse used to implement the student's diabetes medical management plan. The plan describes functional problem areas, sets goals for overcoming problems, and lists tasks/interventions to meet the goals.

Individuals with Disabilities Education Act (IDEA). A federal law that provides funds to states to support special education and related services for children with disabilities, administered by the Office of Special Education Programs in the U.S. Department of Education. To be eligible for services under IDEA, a student's diabetes must impair his or her educational performance so that he or she requires special education and related services.

M

Medical Management Plan. Describes the medical orders developed by the student's healthcare provider and family.

Medical alert identification. An identification card and necklace or bracelet indicating the student has diabetes and giving an emergency number to call.

P

Pallor. Abnormal paleness of the skin.

Palpitations. Abnormally rapid or violent beating of the heart.

S

Section 504 of the Rehabilitation Act. A federal law that prohibits recipients of federal funds from discriminating against people on the basis of disability.

Syringe. A device used to inject medications, such as insulin into body tissue.



Appendix B: Resource List

National Resources

American Academy of Family Physicians (AAFP)

The AAFP is the national member organization of family doctors. Its website includes articles and national guidelines on the management of life threatening food allergies.

11400 Tomahawk Creek Parkway

Leawood, KS 66211

Phone: (913) 906-6000

www.aafp.org

American Academy of Pediatrics (AAP)

The AAP is a professional membership organization committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

141 Northwest Point Boulevard

Elk Grove Village, IL 60007-1098

Phone: (847) 434-4000

www.aap.org

American Dietetic Association (ADA)

The ADA is a member organization for registered dietitians and registered technicians representing special interests, including public health, sports nutrition, medical nutrition therapy, diet counseling for weight control, cholesterol reduction, and diabetes. More than 5,000 dietitians now belong to the ADA's specialty group on Diabetes Care and Education.

120 South Riverside Plaza, Suite 2000

Chicago, IL 60606-6995

Toll-free: 1-800-877-1600

Consumer referral: 1-800-366-1655

www.eatright.org

American Medical Association (AMA)

The AMA is the nation's leader in promoting professionalism in medicine and setting standards for medical education, practice, and ethics. As the largest physician membership organization in the United States, the AMA is at the forefront of every major development in medicine and is a steadfast and influential advocate for physicians and their patients. The AMA works tirelessly to promote the art and science of medicine and the betterment of public health.

American Medical Association

Science, Quality and Public Health Group

515 N. State Street

Chicago, IL 60610

Phone: (312) 464-4908

<http://www.ama-assn.org/>

 **American School Health Association (ASHA)**

The mission of the ASHA is to promote and improve the well-being of children and youth by supporting comprehensive school health programs. In addition to a journal, the association produces a book for school nurses and families on managing school-age children with chronic health conditions.
Route 43, P.O. Box 708
Kent, OH 44240
Phone: (330) 678–1601
www.ashaweb.org

 **Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH)**

The CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.
4770 Buford Highway, NE
Atlanta, GA 30341
Toll-free: 1–800-311–3435
www.cdc.gov
www.cdc.gov/nccdphp/dash

 **Disability Rights Education and Defense Fund (DREDF)**

DREDF is a national law and policy center dedicated to protecting and advancing the civil rights of people with disabilities through legislation, litigation, advocacy, technical assistance, and education and training of attorneys, advocates, persons with disabilities, and parents and children with disabilities.
2212 Sixth Street
Berkeley, CA 94710
Phone: (510) 644–2555
www.dredf.org

 **Educational Resources Information Center (ERIC)**

The ERIC is a federally funded, nonprofit information network designed to provide ready access to education literature for teachers and parents.
1307 New York Avenue, NW, Suite 300
Washington, DC 20005–4701
Toll-free: 1–800–822–9229
www.eric.ed.gov

 **The Food Allergy & Anaphylaxis Network (FAAN):**

FAAN is a trusted source of information, programs, and resources related to food allergy and anaphylaxis.
<http://www.faankids.org> and <http://www.faanteen.org> and <http://www.foodallergy.org/>

 **National Association of Elementary School Principals (NAESP)**

The NAESP promotes advocacy and support for elementary and middle level principals and other education leaders in their commitment to all children.
Linkages to Learning
1615 Duke Street
Alexandria, VA 22314
Toll-free: 1–800–38–NAESP (1–800–386–2377)
www.naesp.org

 **National Association of School Nurses (NASN)**

The NASN is a nonprofit organization that represents school nurses; it offers continuing education, issues briefs, holds an annual conference, provides legislative updates and position statements, and other materials.

1416 Park Street, Suite A

Castle Rock, CO 80109

Toll-free: 1-866-NASN-SNS (1-866-627-6767)

www.nasn.org

 **School Nutrition Association**

Recognized as the authority on school nutrition, the association has been advancing the availability, quality, and acceptance of school nutrition programs as an integral part of education since 1946.

<http://www.schoolnutrition.org/Content.aspx?id=634>

 **FDA Food Recalls**

The list below provides information gathered from press releases and other public notices about certain recalls of FDA-regulated products.

<http://www.fda.gov/Safety/Recalls/default.htm>

 **National Association of Secondary School Principals (NASSP)**

The NASSP is a membership organization of middle level and high school principals, assistant principals, and aspiring school leaders from across the United States and around the world. The association provides members with various programs and services to guide them in administration, supervision, curriculum planning, and staff development to achieve that goal.

1904 Association Drive

Reston, VA 20191

(703) 860-0200

www.principals.org

 **National Association of State Boards of Education (NASBE)**

The NASBE is a nonprofit association that represents state and territorial boards of education.

NASBE's principal objectives include strengthening state leadership in educational policymaking, promoting excellence in the education of all students, advocating equality of access to educational opportunity, and assuring continued citizen support for public education.

277 South Washington Street, Suite 100

Alexandria, VA 22314

Phone (703) 684-4000

www.nasbe.org

 **National Education Association (NEA) Health Information Network**

The NEA Health Information Network is the nonprofit health affiliate of the National Education Association, the nation's largest labor organization representing 2.3 million public school employees. The mission of the NEA Health Information Network is to ensure that all public school employees, students, and their communities have the health information and skills to achieve excellence in education.

1201 16th Street, NW

Suite 521

Washington, DC 20036-3290

Phone: (202) 833-4000

www.neahin.org

-  **National Food Service Management Institute**
Meeting Children’s Special Food and Nutrition Needs in Child Nutrition Programs
 The National Food Service Management Institute (NFSMI), part of the School of Applied Science at The University of Mississippi, is the only federally funded national center dedicated to applied research, education and training, and technical assistance for child nutrition programs.
<http://nfsmi-web01.nfsmi.olemiss.edu/Templates/TemplateDivision.aspx?qs=cEIEPTE=>

-  **National Information Center for Children and Youth with Disabilities**
 This national information and referral clearinghouse on special education and disability-related issues provides information about local, state, or national disability groups and gives technical assistance to parents and professionals.
 P.O. Box 1492
 Washington, DC 20013–1492
 Toll-free: 1–800–695–0285
www.nichcy.org

-  **National Institute of Child Health and Human Development (NICHD), National Institutes of Health**
 The NICHD conducts and supports laboratory, clinical, and epidemiologic research on the reproductive, neurobiologic, developmental, and behavioral processes that determine and maintain the health of children, adults, families, and populations.
 31 Center Drive, MSC 2425
 Bethesda, MD 20892–2425
 Phone: (301) 496–5133
www.nichd.nih.gov

-  **Center for Nutrition Policy and Promotion**
 The USDA Center for Nutrition Policy and Promotion (CNPP) works to improve the health and well-being of Americans by developing and promoting dietary guidance that links scientific research to the nutrition needs of consumers. CNPP is an agency of USDA's [Food, Nutrition, and Consumer Services](#).
www.usda.gov/cnpp

-  **Food and Nutrition Information Center**
 The Food and Nutrition Information Center - a leader in food and human nutrition information dissemination since 1971 - provides credible, accurate, and practical resources for nutrition and health professionals, educators, government personnel, and consumers.
www.nal.usda.gov/fnic

-  **Food and Nutrition Service**
 FNS provides children and low-income people access to food, a healthful diet, and nutrition education.
www.fns.usda.gov/fns

-  **U.S. Department of Agriculture (USDA) Accommodating Children with Special Dietary Needs in the School Nutrition Programs:**
 The U.S. Department of Agriculture's (USDA) nondiscrimination regulation (7 CFR 15b), as well as the regulations governing the National School Lunch Program and School Breakfast Program, make it clear that substitutions to the regular meal must be made for children who are unable to eat school meals because of their disabilities, when that need is certified by a licensed physician. This guidance describes some of the factors which must be considered in the early phases of planning and suggests

ways in which the school food service can interact with other responsible parties in the school and the community at large to serve children with disabilities.

http://www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf.

U.S. Department of Education

The mission of the Department of Education is to ensure equal access to education and to promote educational excellence throughout the nation.

400 Maryland Avenue, SW
Washington, DC 20202

Office for Civil Rights (OCR)

Toll-free: 1-800-421-3481

TTY: 1-877-521-2172

www.ed.gov/ocr

Office of Special Education Programs (OSEP)

Phone: (202) 205-5507

TTY: (202) 205-5637

www.ed.gov/offices/OSERS/OSEP

Pharmaceutical Companies and Medical Alert Jewelry

AdrenaClick <http://www.adrenaClick.com>

EpiPen and EpiPen Jr. <http://www.epipen.com>

Twinject www.twinject.com or www.twinjecttraining.com

MedicAlert Foundation www.MedicAlert.org

Allergy Moms

The AllergyMoms website provides support for parents of kids with food allergies.

<http://allergymoms.com/index.php>

State Resources

Pennsylvania Department of Education

The mission of the Department of Education is to lead and serve the educational community to enable each individual to grow into an inspired, productive, fulfilled, lifelong learner.

www.pde.state.pa.us

Contact the Division of Food and Nutrition with questions regarding accommodating students with special dietary needs in the School Meals Programs at 1-800-331-0129.

Contact the Bureau of Special Education with questions regarding developing a 504 service plan for a student with special needs at 717-783-6913.

Pennsylvania Department of Health

The mission of the Department of Health is to promote healthy lifestyles, prevent injury and disease, and to assure the safe delivery of quality healthcare for all Commonwealth citizens.

Contact the Division of School Health with questions regarding the roles and responsibilities of the school nurse in providing services for a student with special needs. The contact information for regional School Health Consultants is available at

<http://www.portal.state.pa.us/portal/server.pt/community/schools/14130/consultants/556698> or by calling 1-877-PAHEALTH.
1-877-PA-HEALTH
www.health.state.pa.us

 **Special Kids Network (SKN)**

SKN works in Pennsylvania communities with local service providers, coalitions, and community groups to create or improve services for children with special healthcare needs. The program provides technical assistance and assistance to families through service coordination. SKN also administers a toll-free helpline for Pennsylvania's children with special healthcare needs and their families: 1-800-986-4550, TTY 1-877-232-7640.

 **Pennsylvania School Boards Association**

The mission of the Pennsylvania School Boards Association is to promote excellence in school board governance through leadership, service, and advocacy for public education.
PO Box 2042
Mechanicsburg, PA 17055
717-506-2450
<http://www.psba.org/>

 **Pennsylvania State Board of Nursing**

The State Board of Nursing establishes rules and regulations for the licensure and practice of professional and practical nursing in the Commonwealth of Pennsylvania.
P.O. Box 2649
Harrisburg, PA 17105-2649
717-783-7142
<http://www.dos.state.pa.us/bpoa/cwp/view.asp?a=1104&q=432883>

 **Pennsylvania State Nurses Association**

The PA State Nurses Association, a professional organization, advances the identity, integrity, and continuity of the nursing profession by: providing access to education and improving knowledge and skills; advocating and supporting the nursing profession with Commonwealth policymakers, legislators and regulators; and offering valued information and services for professional practice.
2578 Interstate Drive, Suite 101
Harrisburg, PA 17110
1-888-707-7762
<http://www.panurses.org>

 **Education Law Center**

The Education Law Center is a non-profit legal advocacy and educational organization dedicated to ensuring that all of Pennsylvania's children have access to a quality public education.
<http://www.elc-pa.org>.

 **Parent to Parent of Pennsylvania**

The program matches parents and family members of children and adults with disabilities or special needs to supporting parents on a one-on-one basis according to condition or concerns.
1-888-727-2706
<http://www.parenttoparent.org>

 **Kids With Food Allergies Foundation**

The Kids With Food Allergies Foundation improves the day-to-day lives of families raising children with food allergies and empowers them to create a safe and healthy future for their children.

73 Old Dublin Pike, Ste. 10 # 163

Doylestown, PA 18901

(215)230-5394

www.kidswithfoodallergies.org

Appendix C: Cleaning Research

Scientists investigated how effective cleaning agents were in removing peanut allergens. The study was published in the Journal of Allergy and Clinical Immunology.

Surfaces

Researchers looked for cleaning methods for removing peanut allergens from surfaces. They found that common household cleaning agents, such as Formula 409®, Lysol® Sanitizing wipes, and Target® brand cleaners with bleach, removed peanut allergen from tabletops. However, dishwashing liquid left traces of the allergen on 25 percent of the tables. Do not use dishwashing liquid to wash surfaces.

Hands

To test the efficacy of cleaning methods for removing peanut allergens from hands, researchers applied peanut butter to the hands of non-allergic volunteers and then removed the allergen by using different cleaning methods.

- 25 percent of the hands cleaned using water only still had detectable levels of allergen (peanut butter). Do not use water only to wash hands.
- 50 percent of the hands cleaned using antibacterial hand sanitizer still had detectable levels of allergen (peanut butter). Do not use antibacterial hand sanitizer to wash hands.
- All hands cleaned using commercial wipes (Wet Ones®, Tidy Tykes® flushable wipes) were free from the allergen (peanut butter).
- All hands cleaned using liquid soap or bar soap were free from the allergen (peanut butter).

Summary

- Surfaces
Do not use dishwasher liquid to wash surfaces.
- Hands
Do not use water only to wash hands.
Do not use antibacterial hand sanitizer to wash hands.
- Do not use surface wipes like Lysol® sanitizing wipes or Target® brand cleaners to wash a student's hand or face. Wet wipes manufactured for the use on skin should be the only wipes used on a student.

(Perry, T.T., Conover-Walker, M.K. Journal of Allergy and Clinical Immunology)

Appendix D: Excerpts from Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency Care

Each school entity shall prepare a written plan for the implementation of a comprehensive and integrated K-12 program of the student services based on the needs of its students. The plan must include policies and procedures for emergency care and administration of medication and treatment under The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. § § 780-101—780-144) and guidelines issued by the Department of Health. *Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency Care* are available on the “What’s New with School Health” page of the Department of Health website,

http://www.portal.state.pa.us/portal/server.pt/community/schools/14130/what%27s_new_with_school_health/556690

Medication Orders

Individual Orders

- The CSN should be familiar with current laws and regulations governing health professionals’ scope of practice pertaining to medication in the Commonwealth. In addition to licensed physicians, CRNPs and PAs may have prescriptive authority, if approved by the Department of State.
- The CSN must ensure that there is a medication order from a licensed prescriber for each medication to be administered. A prescription provides instruction to the pharmacist for dispensing the medication, while a medication order provides instruction to the nurse for administration of the medication.
 - *Written, faxed, or electronic orders:* Medication orders from a licensed prescriber should be provided to the school nurse in writing with an original signature, or an authorized electronic signature. These orders can be accepted from a licensed prescriber on his/her letterhead, prescription pad, or on a form provided by the school for this purpose, and signed and dated by a licensed prescriber.
 - *Oral (Verbal) orders:* There are circumstances, such as an immediate change in medication dosage, when oral orders may need to be used, until a written order can be obtained. A physician assistant, certified registered nurse practitioner, and a registered nurse may accept these types of orders. Also, a licensed practical nurse may accept a verbal order for medication under the conditions set forth at 49 Pa. Code § 21.145 (2) – (5). Ideally, a written order should be received within five (5) school days.
- In accordance with standard medical practice, a medication order from a licensed prescriber should contain:
 - Student’s name;
 - Name and signature of the licensed prescriber and phone number;
 - Name of the medication;
 - Route and dosage of medication;
 - Frequency and time of medication administration;
 - Date of the order and discontinuation date;

- Specific directions for administration, if necessary.

Standing Orders

- Standing orders are medical directives written by the school's physician for licensed health care providers. These orders authorize administration of specific emergency medications such as epinephrine auto-injectors to students according to a defined protocol. The health team, school physician, school administrator and school board should engage in a thorough discussion of the risks and benefits of having standing orders prior to the adoption of the medication policy. Parent/guardian approval (consent) is not needed for the administration of medications during a life threatening emergency. Standing orders for emergency medications should be reviewed, updated and signed by the school physician annually. The health office in each school building must have a copy of the signed standing orders on file.
- School standing orders may include an order from the school physician for the licensed health care providers to administer epinephrine auto-injectors to students who are not known to have a life-threatening food allergy, do not have their own medication order and have their first anaphylactic reaction in school. This standing order may also include an order to administer a second dose of epinephrine if the symptoms of an anaphylactic reaction have not subsided within a specified number of minutes with the first dose of epinephrine.

Parent/Guardian Consent

With the exception of medications administered via standing order during a life threatening emergency, all medications given in the school setting must have a written authorization (consent) from a parent/guardian. The written authorization, renewed at the start of each school year by the parent/guardian, should contain:

- A parent/guardian's printed name, signature, and an emergency phone number;
- Approval to have the CSN, or in the absence of the CSN, other licensed school health staff (RN, LPN) administer medications;
- A list of all other medications that the student is currently taking (recommended).

Documentation of Medication Administration

Individual Student Medication Record

Any medication given during school hours must be documented on an individual student medication record which becomes part of the student's *School Health Record*. Whether records are manually or electronically maintained, the following information should be included:

- Name of student;
- Date and time medication was given;
- Name of medication;
- Dose of medication;
- Route and site of administration;
- Signature of licensed person administering/observing medication being taken;
- In the case of PRN medications, results should also be charted to document whether appropriate results are being obtained.

School health records should include documentation of medication orders, parent/guardian consent, and an individual medication log.

Appendix E: Sample Medication Administration Consent & Licensed Prescriber Order

(School District Name)

Student Name: _____ Date/Time: _____

School: _____ Teacher/Grade: _____

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, **each student** must provide the school nurse with a *Medication Administration Consent* form signed by the student's parent/guardian and a *Medication Order* from a licensed prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

Parent/Guardian Consent:

I give my permission for my child, _____, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed: _____ Phone: _____

.....

Licensed Prescriber Medication Order:

Patient's name: _____ Date: _____

Name of medication: _____

Route and dosage: _____

Time of administration: _____

Directions: _____

Discontinuation date: _____

Allergies: _____

Licensed Prescriber signature: _____

Licensed Prescriber name printed: _____ Phone: _____

Appendix F: Sample Letters

Date:

Dear Parents,

This letter is to inform you that a student in your child's classroom has a severe peanut/nut allergy. Strict avoidance of peanut/nut products is the only way to prevent a life-threatening allergic reaction. We are asking your assistance in providing the student with a safe learning environment.

If exposed to peanuts/nuts, the student may develop a life-threatening allergic reaction that requires emergency medical treatment. The greatest potential for exposure at school is to peanut/nut products. To reduce the risk of exposure, the classroom will be peanut/nut free. Please do not send any peanut or nut containing products for your child to eat during snack in the classroom. Any exposure to peanuts or nuts through contact or ingestion can cause a severe reaction. If your child has eaten peanut or nut prior to coming to school, please be sure your child's hands have been thoroughly washed prior to entering the school.

Since lunch is eaten in the cafeteria, your child may bring peanut butter and peanut or nut products for lunch. In the cafeteria, there will be a designated peanut-free table where any classmate without peanut or nut products can sit. If your child sits at this table with a peanut or nut product, he/she will be asked to move to another table. This plan will help to maintain safety in the classroom while allowing non allergic classmates to enjoy peanut/nut products in a controlled environment. Following lunch, the children will wash their hands prior to going to recess (or returning to the class.) The tables will be cleaned after each lunch.

We appreciate your support of these procedures. Please complete and return this form so we are certain that every family has received this information. If you have any questions, please contact me.

x _____
Signature of Principal/Teacher/Nurse

I have read and understand the peanut/nut free classroom procedures. I agree to do my part in keeping the classroom peanut and nut free.

Child's Name: _____

Parent's Signature: _____

Date: _____

Sample Letter for Substitute Teachers, Volunteers, etc.

Substitute teachers are an important link in the school staff. They must be included in the information chain regarding safety measures designed to protect the students with food allergies they supervise. **Sample Letter for Substitute Teachers, Volunteers, etc.**

Substitute teachers must receive written information that the students with food allergies are in the class, information about peanut-free tables or other special modifications, and the resources available if a student has an allergic reaction. Here is a sample letter which teachers can leave with their lesson plans for the substitute:

Dear Substitute Teacher,

The students listed below in this class have severe life-threatening food allergies.

Please maintain the food allergy avoidance strategies that we have developed to protect these students.

Should a student ingest, touch, or inhale the substance to which they are allergic, (the allergen), a severe reaction (anaphylaxis) may follow requiring the administration of epinephrine (Epi-pen[®]).

The Allergy Action Plan, which states who has been trained to administer epinephrine, is located _____. Epinephrine is a life-preserving medication and should be given in the first minutes of a reaction.

Student	Allergies

Please treat this information confidentially to protect the privacy of the students. Your cooperation is essential to ensure their safety. Should you have any question please contact the school nurse _____, or the principal _____.

Classroom teacher

Appendix G: Excerpts from Civil Immunity Statutes Pertaining to Emergency Care

**PENNSYLVANIA CONSOLIDATED STATUTES
TITLE 42. JUDICIARY AND JUDICIAL PROCEDURE
PART VII. CIVIL ACTIONS AND PROCEEDINGS
CHAPTER 83. PARTICULAR RIGHTS AND IMMUNITIES
SUBCHAPTER C. IMMUNITIES GENERALLY**

§ 8331. Medical good Samaritan civil immunity

(a) GENERAL RULE.-- Any physician or any other practitioner of the healing arts or any registered nurse, licensed by any state, who happens by chance upon the scene of an emergency or who arrives on the scene of an emergency by reason of serving on an emergency call panel or similar committee of a county medical society or who is called to the scene of an emergency by the police or other duly constituted officers of a government unit or who is present when an emergency occurs and who, in good faith, renders emergency care at the scene of the emergency, shall not be liable for any civil damages as a result of any acts or omissions by such physician or practitioner or registered nurse in rendering the emergency care, except any acts or omissions intentionally designed to harm or any grossly negligent acts or omissions which result in harm to the person receiving emergency care.

(b) DEFINITION.-- As used in this section "good faith" shall include, but is not limited to, a reasonable opinion that the immediacy of the situation is such that the rendering of care should not be postponed until the patient is hospitalized.

§ 8332. Nonmedical good Samaritan civil immunity

(a) GENERAL RULE.-- Any person who renders emergency care, first aid or rescue at the scene of an emergency, or moves the person receiving such care, first aid and rescue to a hospital or other place of medical care, shall not be liable to such person for any civil damages as a result of any acts or omissions in rendering the emergency care, first aid or rescue, or moving the person receiving the same to a hospital or other place of medical care, except any acts or omissions intentionally designed to harm or any grossly negligent acts or omissions which result in harm to the person receiving the emergency care, first aid or rescue or being moved to a hospital or other place of medical care.

(b) EXCEPTIONS.--

(1) This section shall not relieve a driver of an ambulance or other emergency or rescue vehicle from liability arising from operation or use of such vehicle.

(2) In order for any person to receive the benefit of the exemption from civil liability provided for in subsection (a), he shall be, at the time of rendering the emergency care, first aid or rescue or moving the person receiving emergency care, first aid or rescue to a hospital or other place of medical care, the holder of a current certificate evidencing the successful completion of a course in first aid, advanced life saving or basic life support sponsored by the American National Red Cross or the American Heart Association or an equivalent course of instruction approved by the Department of Health in consultation with a technical committee of the Pennsylvania Emergency Health Services Council and must be performing techniques and employing procedures consistent with the nature and level of the training for which the certificate has been issued.

§ 8337.1. Civil immunity of school officers or employees relating to emergency care, first aid and rescue

(a) GENERAL RULE.-- An officer or employee of a school who in good faith believes that a student needs emergency care, first aid or rescue and who provides such emergency care, first aid or rescue to the student or who removes the student receiving such emergency care, first aid or rescue to a hospital or other place of medical care shall be immune from civil liability as a result of any acts or omissions by the officer or employee, except any acts or omissions intentionally designed to seriously harm or any grossly negligent acts or omissions which result in serious bodily harm to the student receiving emergency care.

(b) DEFINITIONS.-- As used in this section, the following words and phrases shall have the meanings given to them in this subsection:

"Good faith." Includes, but is not limited to, a reasonable nonmedical opinion that the immediacy of the situation is such that the rendering of care should not be postponed.

"Officer or employee of a school." A school director, principal, superintendent, teacher, guidance counselor, support staff member or other educational or medical employee employed in a day or residential school which provides preschool, kindergarten, elementary or secondary education in this Commonwealth at either a public or nonpublic school.

Appendix H: Excerpt from Public School Code of 1949

Pertaining to the Possession and Use of Asthma Inhalers and Epinephrine Auto-Injectors

24 P.S. § 14-1414.1

§ 14-1414.1. Possession and use of asthma inhalers and epinephrine auto-injectors

(a) Each school entity shall develop a written policy to allow for the possession and self-administration by children of school age of asthma inhalers and epinephrine auto-injectors and the prescribed medication to be administered thereby, in a school setting. The policy shall comply with Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112, 29 U.S.C. § 701 et seq.) and 22 PA. Code Ch. 15 (related to protected handicapped students). The policy shall be distributed with the code of student conduct required under 22 PA. Code § 12.3 (c) (relating to school rules) and made available on the school entity's publicly accessible internet website, if any.

(b) The policy under this section shall require a child of school age that desires to possess and self-administer an asthma inhaler or epinephrine auto-injector in a school setting to demonstrate the capability for self-administration and for responsible behavior in the use thereof and to notify the school nurse immediately following each use of an asthma inhaler or epinephrine auto-injector. The school entity shall develop a system whereby the child may demonstrate competency to the school nurse that the child is capable of self-administration and has permission for carrying and taking the medication through the use of the asthma inhaler or epinephrine auto-injector. Determination of competency for self-administration shall be based on age, cognitive function, maturity and demonstration of responsible behavior. The school entity shall also restrict the availability of the asthma inhaler, the epinephrine auto-injector and the prescribed medication contained therein from other children of school age. The policy shall specify conditions under which a student may lose the privilege to self-carry the asthma inhaler, the epinephrine auto-injector and the medication if the school policies are abused or ignored. A school entity that prevents a student from self-carrying an asthma inhaler or epinephrine auto-injector and the prescribed medication shall ensure that they are appropriately stored at locations in close proximity to the student prohibited from self-carrying and notify the student's classroom teachers of the places where the asthma inhaler or epinephrine auto-injector and the medication are to be stored and means to access them.

(c) The policy under this section may include the following:

(1) The requirement of a written statement from the physician, certified registered nurse practitioner or physician assistant that provides the name of the drug, the dose, the times when the medication is to be taken and the diagnosis or reason the medicine is needed unless the

reason should remain confidential. The physician, certified registered nurse practitioner or physician assistant shall indicate the potential of any serious reaction that may occur to the medication, as well as any necessary emergency response. The physician, certified registered nurse practitioner or physician assistant shall state whether the child is qualified and able to self-administer the medication.

(2) The requirement of a written request from the parent or guardian that the school entity comply with the order of the physician, certified registered nurse practitioner or physician assistant. The parent's note shall include a statement relieving the school entity or any school employee of any responsibility for the benefits or consequences of the prescribed medication when it is parent-authorized and acknowledging that the school entity bears no responsibility for ensuring that the medication is taken.

(3) The ability of the school entity to reserve the right to require a statement from the physician, certified registered nurse practitioner or physician assistant for the continued use of any medication beyond a specified time period. The school entity shall also require updated prescriptions and parental approvals on an annual basis from the pupil.

(d) As used in this section, "school entity" means a school district, intermediate unit, charter school or area vocational-technical school.

HISTORY: Act 2010-104 (H.B. 101), approved Nov. 17, 2010.