

The New Rhode Island Food Allergy Law ([RI 2008 Public Law 08-086](#)) Requirements and Responsibilities

What School Committees and Non-Public School Authorities Should Do:

Requirements

- Develop a policy, in consultation with the superintendent, to create a safe school environment for students with peanut/tree-nut allergies. This policy shall include:
 - The development of an Individual Health Care Plan (IHCP) and of an Emergency Health Care Plan (EHCP) for each student in elementary, middle, or junior high schools identified with a peanut/tree-nut allergy with potentially serious health consequences; and
 - Implementation of a protocol, consistent with the policy and the IHCPs and EHCPs, providing these students with protections while they are attending school or participating in school-sponsored activities. (RIPL 08-086)
- Follow all federal, state and local laws and regulations relating to disabilities, school health, and privacy including, but not limited to, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), Section 504 of the Rehabilitation Act of 1973 (Section 504), the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the *Rules and Regulations for School Health Programs* (R16-21-SCHO) (see www.thriveri.org/regs).

Recommendations

- Include high schools in the policy. Include all potentially serious food allergies (e.g. dairy, soy, eggs, wheat, fish, and shellfish) not just peanut/tree-nut allergies. Also include staff as well as students.
- Review and update the policy on a regular basis, particularly after a serious allergic reaction has occurred at a school or at a school-sponsored activity or after new scientific information on food allergies is released.

What Superintendents Should Do:

Requirements

- Work with the school committee to develop a policy to create a safe school environment for students with peanut/tree-nut allergies. This policy shall include:
 - The development of an Individual Health Care Plan (IHCP) and of an Emergency Health Care Plan (EHCP) for each student in elementary, middle, or junior high schools identified with a peanut/tree-nut allergy with potentially serious health consequences; and
 - Implementation of a protocol, consistent with the policy and the IHCPs and EHCPs, providing these students with protections while they are attending school or participating in school-sponsored activities. (RIPL 08-086)
- Ensure that all required schools in the district develop necessary protocols, consistent with the district's policy. (RIPL 08-086)
- Follow all federal, state and local laws and regulations relating to disabilities, school health, and privacy including, but not limited to, ADA, IDEA, Section 504, FERPA and R16-21-SCHO.

Recommendations

- Ensure that professional development for staff includes adequate time for school nurses to provide education and training on important health issues, first aid and emergencies, including anaphylaxis.

What District Health & Wellness Subcommittees Should Do:

Recommendations

- As appropriate, provide recommendations to the school committee regarding the development and implementation of the food allergy policy. The policy may be part of the district's local wellness policy, federally required of all local education agencies participating in the National School Lunch Program or National School Breakfast Program.

What Principals/School Administrators Should Do:

Requirements for All Schools

- Have signs posted in a conspicuous place at every point of entry and within the cafeteria facility, advising that there are students with allergies to peanuts/tree-nuts. The exact wording on the sign may vary, in accordance with the measures contained within students' IHCPs and the school protocol. (RIGL §16-21-31, expanded to high schools by RIPL 08-086) (See samples at www.thriveri.org/peanuts).

Requirements for Elementary, Middle, and Junior High Schools

(Also Recommended for High Schools)

- Ensure that the school nurse teacher develops an IHCP and EHCP for each student identified with a peanut/tree-nut allergy with potentially serious health consequences, in collaboration with the student's health care provider, the parents/guardians of the student, and the student (if appropriate). This should be done prior to entry into school or immediately thereafter for students previously diagnosed with an allergy; it should be done immediately after the diagnosis for students already enrolled who are newly diagnosed with an allergy. These plans should include both preventative measures to help avoid accidental exposure to allergens and emergency measures in case of exposure. Depending on the nature and extent of the student's allergy, the measures listed in the IHCP may include, but are not limited to:
 - Posting additional signs (e.g. in classroom entryways);
 - Prohibiting the sale of particular food items in the school;
 - Designating special tables in the cafeteria;
 - Prohibiting particular food items from certain classrooms and/or the cafeteria;
 - Completely prohibiting particular food items from the school or school grounds;
 - Educating school personnel, students, and families about food allergies; and/or
 - Implementing particular protocols around cleaning surfaces touched by food products, washing of hands after eating, etc. (RIPL 08-086)
- In coordination with the school nurse teacher, develop and implement a protocol, consistent with the district's policy, putting into operation the measures contained

within all IHCPs and EHCPs, to protect the health and safety of students with food allergies during school and during school-sponsored activities. (RIPL 08-086)

- Ensure that plans and protocols allow food-allergic students to participate in all school activities. (ADA, IDEA, Section 504)
- Ensure that all school personnel – including substitute teachers – who may be involved in the care of a student diagnosed with a peanut/tree-nut allergy shall be informed of the IHCP and the EHCP, as appropriate. Make sure that staff understand and consistently follow plans and protocols, can recognize symptoms of an allergic reaction, know what to do in an emergency, and work with other school staff to eliminate the use of food allergens in the allergic student’s snacks and meals, educational tools, arts and crafts projects, or incentives. (R16-21-SCHO, Sec. 17.7; RIPL 08-086)
- Communicate to parents any necessary information about their responsibilities, depending on the measures stipulated (e.g. avoiding peanut/tree-nut-based products in snacks or lunches). (RIPL 08-086)

Related Requirements Still in Place for All Schools

- Ensure that the school physician prepares and updates emergency protocols and standing orders, in the event of injuries and acute illnesses. Ensure that a procedure has been developed and adopted for addressing incidents of anaphylaxis and the use of the epinephrine auto-injector. (R16-21-SCHO, Sec. 17.1 and 17.7)
- Identify school personnel who might be involved in managing an emergency in a school, including anaphylaxis. Ensure that these personnel review emergency protocols on an annual basis. (R16-21-SCHO, Sec. 17.1).
- Provide training for these personnel on the signs and symptoms of anaphylactic shock, proper epinephrine auto-injector administration, adverse reactions, accessing the “911” emergency medical system, and preparation for movement and transport of the student. At all times during normal school hours at on-site school-sponsored activities, at least one person other than the certified school nurse teacher must be trained and responsible for the administration of the epinephrine auto-injector. Please be aware that if trained school personnel are not available, any willing person may administer the epinephrine auto-injector. Good Samaritan provisions apply. If appropriate, a medically identified student may self-administer the epinephrine auto-injector. (R16-21-SCHO, Sec. 17.3 to 17.6 and 17.10; RIGL §16-21-22)
- Allow each student at risk for anaphylaxis to carry an epinephrine auto-injector with him/her at all times, if appropriate. If this is not appropriate, ensure that the epinephrine auto-injector is kept in a conspicuous place in the classroom, cafeteria, physical education facility, health room and/or other areas where it is most likely to be used, with reasonable safeguards in place to ensure its safekeeping. (R16-21-SCHO, Sec. 17.9; RIGL §16-21-22)
- In the event of an episode of anaphylaxis, verbally notify the student’s parents/guardians as soon as possible or delegate someone to notify them. Following the episode, in coordination with the school nurse-teacher, ensure that a written report is completed and filed in the student health record. (R16-21-SCHO, Sec. 17.11)
- Take threats or harassment of students with food allergies seriously, in accordance with district bullying policy. (RIGL §16-21-26)

- Follow all federal, state and local laws and regulations relating to disabilities, school health, and privacy including, but not limited to, ADA, IDEA, Section 504, FERPA and R16-21-SCHO.

Recommendations for All Schools

- By the start of the new school year, inform parents about the new peanut/tree-nut allergy law and its potential implications for the school environment.
- Have the school nurse develop and implement IHCPs and EHCPs for each student with any other potentially serious food allergy (e.g. dairy, soy, wheat, eggs, fish, and shellfish). Develop plans for each staff member with a serious allergy, as well.
- Review and update the protocols on a regular basis, particularly after a serious allergic reaction has occurred at school or at a school-sponsored activity.
- Work with the transportation administrator to ensure that school buses are equipped with required communication devices and that drivers are properly trained to recognize symptoms of allergic reactions and know what to do in case of an emergency. A no eating policy should be enforced, with appropriate exceptions made to accommodate diabetic students and others with special needs.
- Work with before- and after-school programs, social service providers and others who use school facilities, to ensure that they understand and consistently follow the school plans and protocols, can recognize symptoms of an allergic reaction, and know what to do in an emergency.

What School Physicians Should Do:

Requirements

- Prepare, date, sign, review, and update, as appropriate, but at least on an annual basis, written emergency protocols and standing orders in the event of injuries and acute illnesses, including anaphylaxis. (R16-21-SCHO, Sec. 17.1)
- Review at least annually the procedures for addressing incidents of anaphylaxis and the use of the epinephrine auto-injector. Such procedures must include accessing the community's emergency medical system (i.e. "911") and prompt transportation by a licensed ambulance/rescue service to an acute care hospital for medical evaluation and follow-up. Such procedures must also stipulate that the epinephrine auto-injector be used only upon the student for whom it was prescribed. However, this stipulation does not prohibit the issuance of a standing order for the administration of an epinephrine auto-injector by the school nurse for a student who has not been previously medically identified for the prevention or treatment of anaphylaxis. (R16-21-SCHO, Sec. 17.1, 17.7 and 17.8; RIGL §16-21-22; RIGL Chapter 21-28)
- Follow all federal, state and local laws and regulations relating to disabilities, school health, and privacy including, but not limited to, ADA, IDEA, Section 504, FERPA and R16-21-SCHO.

Recommendations

- Issue a standing order for the administration of an epinephrine auto-injector by the school nurse for any student who has not been previously medically identified for the prevention or treatment of anaphylaxis. (R16-21-SCHO, Sec. 17.1)

What School Nurse Teachers Should Do:

Requirements

- In accordance with the district policy, for each student identified with a peanut/tree-nut allergy with potentially serious health consequences, develop an IHCP and EHCP in collaboration with the student's health care provider, the parents/guardians of the student, and the student (if appropriate). This should be done prior to entry into school or immediately thereafter for students previously diagnosed with an allergy; it should be done immediately after the diagnosis for students already enrolled who are newly diagnosed with an allergy. These plans should include both preventative measures to help avoid accidental exposure to allergens and emergency measures in case of exposure. Depending on the nature and extent of the student's allergy, the measures listed in the IHCP may include, but are not limited to:
 - Posting additional signs (e.g. in classroom entryways);
 - Prohibiting the sale of particular food items in the school;
 - Designating special tables in the cafeteria;
 - Prohibiting particular food items from certain classrooms and/or the cafeteria;
 - Completely prohibiting particular food items from the school or school grounds;
 - Educating school personnel, students, and families about food allergies; and/or
 - Implementing particular protocols around cleaning surfaces touched by food products, washing of hands after eating, etc. (RIPL 08-086)
- In coordination with the principal, develop and implement a protocol, consistent with the district's policy, putting into operation the measures contained within all IHCPs and EHCPs, to protect the health and safety of students with food allergies during school and during school-sponsored activities. (RIPL 08-086)
- On an annual basis, review written emergency protocols and standing orders in the event of injuries and acute illnesses, including anaphylaxis. (R16-21-SCHO, Sec. 17.1)
- Confirm that procedures are in place for addressing incidents of anaphylaxis and the use of the epinephrine auto-injector. Such procedures must include accessing the community's emergency medical system (i.e. "911") and prompt transportation by a licensed ambulance/rescue service to an acute care hospital for medical evaluation and follow-up. Such procedures must also stipulate that the epinephrine auto-injector be used only upon the student for whom it was prescribed. However, this stipulation does not prohibit the issuance of a standing order for the administration of an epinephrine auto-injector by the school nurse for a student who has not been previously medically identified for the prevention or treatment of anaphylaxis. (R16-21-SCHO, Sec. 17.1, 17.7 and 17.8; RIGL §16-21-22; RIGL Chapter 21-28)
- To prevent or treat a case of anaphylaxis, administer the epinephrine auto-injector to an identified student, in accordance with standard nursing practice and in accordance with the school's standing orders, protocols and procedures. Good Samaritan provisions apply. If appropriate, a medically identified student may self-administer the epinephrine auto-injector. Access the community's emergency medical system (i.e. "911"). Ensure that students who are treated for anaphylaxis are transported by a

licensed ambulance/rescue service promptly to an acute care hospital for medical evaluation and follow-up (R16-21-SCHO, Sec. 17.3, 17.7, 17.10 and 17.11)

- Following an episode of anaphylaxis complete a written report and file it in the student health record. (R16-21-SCHO, Sec. 17.11)
- Follow all federal, state and local laws and regulations relating to disabilities, school health, and privacy including, but not limited to, ADA, IDEA, Section 504, FERPA and R16-21-SCHO.

What Food Service Directors Should Do (also see All School Staff section below):

Requirements

- Ensure that all food service staff understand and consistently implement school protocols to protect the health and safety of students identified with allergies as they pertain to food service and the cafeteria (e.g. avoiding preparing foods with peanuts/tree-nuts, not selling particular food items, maintaining designated tables, cleaning tables in a prescribed manner, etc.). Coordinate with the custodian, as appropriate, to implement prescribed cleaning protocols. (RIPL 08-086)

What Custodians Should Do (also see All School Staff section below):

Requirements

- Consistently implement school protocols to protect the health and safety of students identified with allergies, as they pertain to the cleaning of surfaces such as, but not limited to, tables in the cafeteria and desks in the classrooms. Coordinate with the food service director and teachers, as appropriate.

What All School Staff and Personnel Should Do:

Requirements

- Understand and consistently follow emergency plans and protocols. Be able to recognize symptoms of an allergic reaction and know how to respond. Work with other school staff to eliminate the use of food allergens in snacks and meals, educational tools, arts and crafts projects, or incentives. (RIPL 08-086)
- If identified by the principal as someone who might be involved in managing an emergency in a school, including anaphylaxis, review emergency written protocols on an annual basis. (R16-21-SCHO, Sec. 17.1).
- If identified by the principal, receive training on the signs and symptoms of anaphylactic shock, proper epinephrine auto-injector administration, adverse reactions, accessing the “911” emergency medical system, and preparation for movement and transport of the student. (R16-21-SCHO, Sec. 17.4)
- In the event of a suspected case of anaphylaxis, if the school nurse teacher is unavailable, and if willing and able, administer the epinephrine auto-injector to an identified student, in accordance the school’s standing orders, protocols and procedures. Good Samaritan provisions apply. If appropriate, a medically identified student may self-administer the epinephrine auto-injector. (R16-21-SCHO, Sec. 17.3 to 17.6 and 17.10; RIGL §16-21-22)

What Parents/Guardians of an Allergic Student Should Do:

Requirements

- As soon as possible, provide the school with a physician's or licensed prescriber's order, parent authorization, and properly labeled filled prescriptions (e.g. epinephrine auto-injectors) notifying the school of the student's allergy and the need to administer the epinephrine auto-injector in a case of anaphylaxis. Replace medications after use or upon expiration. (R16-21-SCHO, Sec. 17.7; RIGL §16-21-22)
- Provide emergency contact information and other relevant information as requested. (R16-21-SCHO, Sec. 17.11)
- In partnership with the school nurse teacher, the child's health care provider and the student (if appropriate), participate in the development of an Individual Health Care Plan and Emergency Health Care Plan for the child. (RIPL 08-086)

Recommendations

- Educate the child in the self-management of their food allergy, as appropriate. Depending on the age and developmental level, this may include educating them on safe and unsafe foods, how to read food labels, strategies for avoiding exposure to allergens, symptoms of allergic reactions, and how and when to tell an adult in the event of an allergy-related problem.
- Educate the teacher or other school staff about preventive measures, symptoms of allergic reactions, and interventions for the child.
- Advocate for allergy awareness in the school.

What Other Parents/Guardians Should Do:

Requirements

- Respect and adhere to all requests from the school to help protect the health and safety of students identified with allergies during school and during school-sponsored activities (e.g. avoiding peanut/tree-nut-based products in snacks or lunches).

Recommendations

- Educate children about the seriousness of food allergies and how to be supportive of students who have them.

What Allergic Students Should Do:

Requirements

- Participate in the development of the Individual Health Care Plan and Emergency Health Care Plan, if appropriate. (RIPL 08-086)
- Carry an epinephrine auto-injector at all times, if appropriate. (R16-21-SCHO, Sec. 17.9; RIGL §16-21-22)
- Notify an adult immediately in case of suspected exposure to food allergens.

Recommendations

- Be as proactive in the care and management of the allergy as possible. Learn to identify safe and unsafe foods. Avoid foods with unknown ingredients. Avoid trading food with others. Learn to read food labels. Develop other strategies for avoiding exposure to allergens. Learn the symptoms of allergic reactions. Learn how and when to tell an adult in the event of an allergy-related problem.