

## **Sample Rhode Island School Food Allergy Policy**

### **Intent**

[DISTRICT] is committed to the safety and health of all students and employees. In accordance with this and pursuant to Rhode Island General Laws §§16-21-31 and 16-21-32, the purpose of this policy is to:

- Provide a safe and healthy learning environment for students with food allergies;
- Reduce the likelihood of severe or potentially life-threatening allergic reactions;
- Ensure a rapid and effective response in the case of a severe or potentially life-threatening allergic reaction; and
- Protect the rights of food allergic students to participate in all school activities.

### **Rationale**

The prevalence of food allergies may be increasing, affecting as many as 8% of children nationwide. Food allergies result in about 30,000 emergency room visits and claim about 150 lives every year, with children and young adults being at greatest risk for having a fatal reaction. Nearly every school has students who have this severe, sometimes life-threatening condition, some of them undiagnosed. Schools are considered high risk areas for students with food allergies, with most incidents of accidental exposure occurring in schools. While schools may not be able to totally prevent allergic reactions, they can dramatically reduce both the likelihood of such reactions occurring and the severity of consequences if they do occur. Effective prevention and treatment plans, proper procedures, well-trained staff and clear communication can save lives.

The level of sensitivity and the types and severity of reactions vary considerably among individuals with food allergies. Therefore the school's approach to preventing and treating food allergies must be tailored to those individual's needs. At the same time, an undiagnosed student may experience an allergic reaction to food for the first time while at school and any allergic reaction can turn life-threatening. Therefore the school's approach must also be comprehensive.

### **Definitions and Background Information**

*Anaphylaxis* is an acute allergic reaction that affects more than one system of the body. It is a life-threatening event. If someone exhibits difficulty breathing, a drop in blood pressure, or symptoms in more than one body system (cutaneous, respiratory, gastrointestinal, or cardiovascular) after possible exposure to an allergen, it should be considered anaphylaxis. Medical attention and treatment should be sought immediately.

*Emergency Health Care Plan (EHCP)* means a set of procedural guidelines that provides specific directions about what to do in a particular emergency situation.

Epinephrine (also known as adrenaline) is the treatment of choice to prevent or treat anaphylaxis. It can help reverse the symptoms and prevent progression to other symptoms. It should be given immediately. A delay in treatment with epinephrine can be fatal.

Epinephrine auto-injector (sometimes called EpiPen) is a device that is used for the automatic injection of epinephrine into the human body.

Food allergy is an abnormal, adverse reaction to a food that is triggered by the body's immune system. The immune system responds to an otherwise harmless food as if it were harmful, resulting in the release of various chemicals, including histamines. The most common food allergies are to peanuts, tree nuts, milk, soy, eggs, fish, crustacean shellfish, and wheat.

Food allergy symptoms are manifestations of the allergic reaction in various parts of the body. Symptoms may affect:

- the cutaneous system (skin inflammation, tingling, itching, hives, rash, swelling of the lips, tongue and/or throat);
- the respiratory system (runny or stuffy nose, sneezing, coughing, wheezing, difficulty breathing);
- the gastrointestinal tract (abdominal cramps, vomiting, diarrhea); and
- the cardiovascular system (drop in blood pressure, dizziness, lightheadedness, heartbeat irregularities, fainting, shock).

Symptoms can begin immediately upon, or up to two hours after, exposure to an allergen. Some individuals exhibit initial symptoms followed by a second phase of symptoms two to four hours later. If more than one system is affected, it is considered anaphylaxis.

Individual Health Care Plan (IHCP) means a comprehensive plan for the care of children with special health care needs, including food allergies. IHCPs may include both preventive measures and treatment options.

## **Individual Health Care Plans and Emergency Health Care Plans**

In all schools in [DISTRICT],<sup>1</sup> an Individual Health Care Plan and an Emergency Health Care Plan shall be developed for each student identified with any food allergy<sup>2</sup> with potentially serious health consequences. The school nurse teacher will develop the IHCP and EHCP in collaboration with the student's health care provider, the parents/guardians of the student, and the student (if appropriate). This shall 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.

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<sup>1</sup> This is recommended for all schools. It is required by law for elementary, middle and junior high schools.

<sup>2</sup> This is recommended for all food allergies. It is required by law for peanut and tree nut allergies.

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.

These measures shall be taken in accordance with the [DISTRICT] health and wellness policy and food safety policy.

Plans shall also be developed for each staff member with a serious allergy.<sup>3</sup>

### **School Protocol**

In all schools in [DISTRICT],<sup>4</sup> the principal/school administrator, in coordination with the school nurse teacher, shall implement a protocol, consistent with this policy and with the IHCPs and EHCPs, providing food allergic students with protections while they are attending school or participating in school-sponsored activities. The protocols shall be reviewed and updated at least annually, as well as after any serious allergic reaction has occurred at school or at a school-sponsored activity.

### **Posting of Signs**

In all schools in [DISTRICT],<sup>5</sup> signs shall be 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.

### **Staff Training**

In all schools in [DISTRICT],<sup>6</sup> the principal/school administrator shall identify school personnel who might be involved in managing an emergency in a school, including anaphylaxis. Training shall be provided for these personnel on the signs and symptoms of anaphylactic shock, proper

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<sup>3</sup> This is recommended but is not required by law.

<sup>4</sup> This is recommended for all schools. It is required by law for elementary, middle and junior high schools.

<sup>5</sup> This is required by law for all schools.

<sup>6</sup> This is required by law for all schools.

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, subject to Good Samaritan provisions. These personnel shall review emergency protocols on an annual basis.

If trained school personnel are not available, any willing person may administer the epinephrine auto-injector. Good Samaritan provisions apply.

### **Communication**

In all schools in [DISTRICT],<sup>7</sup> the principal/school administrator shall ensure that all school employees and other adults – including, but not limited to, school nurse teachers, classroom teachers, specialty teachers, aides, student teachers, substitute teachers, food service staff, custodial staff, playground monitors, coaches, and after school providers – 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. These individuals should understand and consistently follow plans and protocols, be able to 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.

Parents/caregivers will be informed by the school about their rights and responsibilities regarding IHCPs and EHCPs for food allergic students. They will be given clear guidance to help them follow the measures stipulated in these plans (e.g. avoiding peanut/tree-nut-based products in snacks or lunches).

The principal/school administrator shall 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,<sup>8</sup> with appropriate exceptions made to accommodate diabetic students and others with special needs.

### **Self-Management**

In all schools in [DISTRICT],<sup>9</sup> each student at risk for anaphylaxis shall be allowed to carry an epinephrine auto-injector with him/her at all times, if appropriate. If this is not appropriate, the epinephrine auto-injector shall be 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

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<sup>7</sup> This is required by law for all schools.

<sup>8</sup> This is recommended but not required by law for all schools.

<sup>9</sup> This is required by law.

reasonable safeguards in place to ensure its safekeeping. A medically identified student may self-administer the epinephrine auto-injector, if appropriate.

### **Emergency Protocols and Standing Orders**

In all schools in [DISTRICT],<sup>10</sup> the school physician shall prepare 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. The school physician shall also 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.

The school physician shall also issue 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.<sup>11</sup>

In the event of an episode of anaphylaxis, the principal/school administrator shall verbally notify the student's parents/guardians as soon as possible or delegate someone to notify them. Following the episode, the school nurse-teacher shall complete a written report and file it in the student health record.<sup>12</sup>

### **Allergy Bullying**

All threats or harassment of students with food allergies will be taken very seriously and will be dealt with in accordance with the [DISTRICT] bullying policy and pursuant to Rhode Island General Laws §16-21-26.

### **Confidentiality**

Pursuant to 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), the *Rules and Regulations for School Health Programs* (R16-21-SCHO), and other statutes and regulations, the confidentiality of students with food allergies shall be maintained, to the extent appropriate and as requested by the student's parents/caregivers.

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<sup>10</sup> These are required by law.

<sup>11</sup> This is recommended but is not required by law.

<sup>12</sup> This is required by law.

### **Evaluation and Review**

This policy shall be reviewed and updated on a regular basis, particularly after a serious allergic reaction has occurred at a school or at a school-sponsored activity

### **Legal Reference**

Rhode Island General Laws §§ 16-21-22, 16-21-26, 16-21-31, and 16-21-32  
*Rules and Regulations for School Health Programs* (R16-21-SCHO)  
Americans with Disabilities Act (ADA)  
Individuals with Disabilities Education Improvement Act of 2004 (IDEA),  
Section 504 of the Rehabilitation Act of 1973 (Section 504),  
Family Educational Rights and Privacy Act (FERPA),  
Health Insurance Portability and Accountability Act of 1996 (HIPAA)

### **Effective Date**

This policy shall go into effect on [DATE].