

FOOD ALLERGY POLICY

General Statement

The Board of Education of the Miller Place School District (the “Board”) recognizes that many children are being diagnosed with life-threatening food allergies. As such the Board sets policy guidelines to address this emerging challenge.

The Board’s primary goal is to provide a safe environment for all children. However, because some allergies are so tenacious and pervasive, it is unrealistic to guarantee an allergen-free environment. Rather, this policy aims to minimize the risk by implementing procedures, which will reduce the amount of life-threatening allergens to which students and staff are exposed.

Additionally, the Board seeks to increase community awareness and education of life-threatening allergies. This policy does not attempt to address all types of food allergies. Only those allergies which are life-threatening are considered in this policy.

Because research supports the active participation of the allergic person in managing the allergy, this policy outlines safety measures that are in the best interest of the student. Creating developmentally appropriate goals is the joint responsibility of the school, parent and when appropriate, the student.

However, because the goal of this policy is to provide a safe learning environment for all children in the Miller Place School District (the “District”), it is recognized that a greater share of the responsibility must be assumed by the child’s parents and school staff, working cooperatively.

Student Responsibility

- Should eat only food items that the student has brought from home or has been approved by the parent/guardian (i.e. no trading or sharing with others).
- To avoid allergens or food items with unknown ingredients.
- To notify school staff immediately when symptoms of an allergic reaction occur.
- To be proactive in the care, management, and treatment of their allergy in a developmentally appropriate manner.

Parent Responsibility

- To notify the school of a child’s allergies and to assist school staff in the development of a Food Allergy Action Plan that accommodates the child’s needs throughout the instructional day.
- To encourage the child to consistently wear the medical alert bracelet if applicable.
- To provide school staff with updated and complete written medical documentation, instructions, and medication, etc. periodically and upon request. Include an updated photograph of the child on Food Allergy Action Plan.
- To work with the Core Team (see below) to establish a Food Allergy Action Plan annually.
- To provide updated photographs at the start of each school year for the Food Allergy Action Plan.
- To provide complete and updated emergency contact information.

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- To provide properly labeled medications and to replenish medications after use or upon expiration for the nurse's office, if necessary, and the classroom, provided the appropriate school personnel determine the storage of medication in such classroom is required based upon the nature and/or severity of specific students' conditions.
- To educate the child in the self-management of their allergy, including but not limited to safe and unsafe foods and other potential allergens, strategies for avoiding exposure to unsafe foods or known allergens, including not accepting food from other students, and symptoms of allergic reactions and how and which adult to tell that they are having an allergic reaction.
- To teach the child how to administer an Epi-Pen and how to read food labels, if developmentally appropriate.
- Review Policies/Procedures with the school staff, the child's physician, and the child (if developmentally appropriate) after a reaction has occurred.

School Responsibility

- To be informed of and to follow all applicable Federal laws, including ADA, IDEA, Section 504, and FERPA, as well as any applicable State laws and/or District policies.
- To create a Core Team to work with parents and students (as developmentally appropriate) to establish a Food Allergy Action Plan specific to that child. Team members could include, but are not limited to, the building principal, the school nurse, the child's teacher, the child's physician, the school psychologist, and the food service manager. Changes to the Food Allergy Action Plan to promote food allergy management should be made with Core Team participation.
- To identify, and train (if needed) school personnel to administer medications in accordance with state and federal law.
- To provide a trained individual to administer medications including epinephrine auto-injectors when the school nurse is not available, provided such person is trained individually to administer a specific medication(s) to a specific student.
- To provide appropriate training for all those who are willing and/or volunteer to administer epinephrine auto-injectors in the event of an emergency situation including but not limited to Administrators, Teachers, Coaches, and Clerical Staff, provided such training is provided individually to administer a specific medication to a specific student.
- To practice, to the extent reasonably possible, the Food Allergy Action Plan, as a drill to assure the efficiency/effectiveness of the plan. Emergency protocols shall be updated as needed with team participation.
- To review the Food Allergy Action Plan with Core Team members after a reaction occurs.
- To attempt to discuss field trips with the family to decide appropriate strategies.
- To attempt to notify the parents of a child with a life-threatening allergy in advance of any special events, field trips, etc.
- To follow Federal/State/District laws and regulations regarding sharing medical information about the student (i.e. confidentiality).
- To educate all staff interacting with allergic students so that they understand the severity of the food allergy, can recognize symptoms, and can take emergency action.

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- Review the health records submitted by the parents and physician.
- Include food allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Coordinate with the school nurse to ensure medications are appropriately stored and be sure that an emergency kit is available that contains a physician’s standing order for epinephrine, if appropriate.
- Request access to speak with the child’s physician for clarification purposes.
- Medication should be kept in an easily accessible secure location central to designated school personnel. Where the appropriate school personnel deem it appropriate to require the storage of medication in his/her classroom(s), such medication shall be checked periodically by the school nurse, as he/she deems appropriate, to ensure such medication consists of the appropriate dosage and has not expired. In addition, regardless of whether medication is stored in the nurse’s office and/or a classroom, a system of two separate locks shall be used to secure same (for example, a locked box within a locked cabinet) except as otherwise delineated in a student’s Emergency Care Plan, Individualized Health Care Plan, 504 Plan, or Individualized Education Program, and/or as otherwise determined appropriate by the Superintendent, in consultation with the School Nurse and/or the School Physician, on a student-specific basis.
- Students should be allowed to carry their own epinephrine if developmentally appropriate after approval from students’ physician/clinic, parent and school nurse and the parents have signed the appropriate release.
- Work with the District’s transportation administrator to ensure that school bus driver training includes symptom awareness, including what to do if a reaction occurs and to ensure that each bus has appropriate communication devices in case of emergency.

Reference: *Making the Difference: Caring for Students with Life-Threatening Allergies*, New York State Department of Health, New York State Education Department, New York Statewide School Health Service Center (June 2008), available at https://www.health.ny.gov/professionals/protocols_and_guidelines/docs/caring_for_students_with_life_threatening_allergies.pdf

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