

CLEVELAND MUNICIPAL SCHOOL DISTRICT FOOD ALLERGY GUIDELINES



The purpose of this manual is to provide a guideline for supporting children with life-threatening food allergies in school. This resource is to assist teams in developing individual plans for children.

These guidelines were adapted with permission from Connecticut, Arizona State Food Allergy Guidelines

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Ohio Revised Code

Ohio Revised Code Sec. 3313.719: The board of education of each city, local, exempted village, and joint vocational school district and the governing authority of each chartered nonpublic school shall establish a written policy with respect to protecting students with peanut or other food allergies. The policy shall be developed in consultation with parents, school nurses and other school employees, school volunteers, students, and community members.

General Information about Allergies

The first part of this guide is intended to give the reader general information about allergies, the importance of prevention and general considerations when planning for children with life-threatening allergies.

Food Allergy Facts

Food allergies are presenting increasing challenges for schools. Because of the life-threatening nature of these allergies and the increasing prevalence, school districts and individual schools need to be ready for the entry of students with food allergies. A recent study reported that 25% of all reactions in the past two years occurred at school (Journal of Allergy and Clinical Immunology, Nowak-Wegrzyn, Anna, et al, 2000; 105:S182). More importantly, of the reactions happening at school, 79% occurred within the classroom (The Journal of School Nursing, Vol. 20, Number 5 page 268).

Food allergies affect 8% of children under age three, 6%-8% of school age children and 2.5% of adults. According to published studies, allergy prevalence has increased significantly in the last five years. Forty to fifty percent of those persons with a diagnosed food allergy are judged to have a high risk of anaphylaxis (a life-threatening allergic reaction). Every food allergy reaction has the possibility of developing into a life-threatening and potentially fatal anaphylactic reaction. A life-threatening reaction can occur within minutes or even hours after exposure to the allergen.

Allergic reactions to foods vary among students and can range from mild to severe life-threatening anaphylactic reactions. Some students, who are very sensitive, may react to just touching or inhaling the allergen. For other students, consumption of as little as one five-thousandth of a teaspoon of an allergenic food can cause death. The severity of a reaction is not predictable. Because there is a cumulative effect from past exposures to an allergen, the severity of a future exposure cannot be predicted.

- Eight foods (peanut, tree nut, milk, egg, soy, wheat, fish, and shellfish) account for 90% of total food allergies.
- Peanut and tree nuts account for 92% of severe and fatal reactions, along with fish and shellfish.
- The student with an undiagnosed food allergy may experience his/her first food allergy reaction at school.

Many students with food allergies who have experienced a life-threatening (anaphylactic) reaction may be aware of their own mortality. The emotional, as well as the physical needs of the child must be respected. Children with food allergies are at-risk for eating disorders or teasing. School social workers are available to work with families when teasing concerns are indicated. Bee/insect stings, as well as medications and latex also have the potential of causing a life-threatening allergic reaction.

Anaphylaxis

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock that are potentially fatal.

Recognizing Signs of Anaphylaxis

- Flushing and/or swelling of the face
- Itching and/or swelling of the lips, tongue or mouth
- Itching and /or sense of tightness in the throat, hoarseness, difficulty breathing and/or swallowing
- Hives, itchy rash and/or swelling about the face, body or extremities
- Nausea, abdominal cramps, vomiting
- Shortness of breath, repetitive coughing and /or wheezing
- Faint, rapid pulse, low blood pressure
- Light headedness, feeling faint, collapse
- Distress, anxiety and a sense of dread

How a Child Might Describe a Reaction

Food Allergy News, Vol. 13, No. 2. © 2003 The Food Allergy & Anaphylaxis Network.

- This food is too spicy
- My tongue is hot (or burning)
- It feels like something is poking my tongue
- My tongue (or mouth) is tingling (or burning)
- My tongue (or mouth) itches
- It (my tongue) feels like there is hair on it
- My mouth feels funny
- There's a frog in my throat
- There's something stuck in my throat
- My tongue feels full (or heavy)
- My lips feel tight
- It feels like there are bugs in there (to describe itchy ears)
- It (my throat) feels thick
- It feels like a bump is on the back of my tongue (throat)

Anaphylaxis typically occurs either immediately or up to two hours following allergen exposure. Anaphylaxis is often treated with the administration of epinephrine, a prescribed medication that immediately counteracts the life-threatening symptoms. Epinephrine is administered by an injection that is easily administered. (Refer to CMSD medication policy) In about one third of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two to four hours later. It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved

~When in Doubt, Use Epinephrine~

Medical advice indicates that it is better to give the student's prescribed epinephrine and seek medical attention. Fatalities occur when epinephrine is withheld. In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma. This delayed appropriate treatment with epinephrine.

Individual Health Care Plan, Emergency Action Plan & 504 Plan

An Individual Health Care Plan (IHCP) (Appendix B) puts in writing what the school can do to accommodate the individual needs of a child with a life-threatening allergy. Prior to entry into school (or immediately after the diagnosis of a potentially life-threatening allergic condition), the parent/guardian should meet with the school nurse to develop an Individualized Health Care Plan. This plan details the preventative steps a school will take to help protect a student with life-threatening allergies. Included within the Individual Health Care Plan is an Emergency Action Plan. (See Appendix C) The Emergency Action Plan details specifically what steps staff must take in the event of an emergency

CMSD will follow the CMSD 504 Policy and Procedure Manual to determine if a student requires a 504 plan and if needed, to write the 504 plan. The District is obligated under Section 504 to evaluate any student who, because of a disability, needs or is believed to need special education or related services. A student with food allergies or other medical impairments may be eligible for evaluation and services under Section 504 if they meet the criteria for having a disability (see Glossary, page 20) and should be referred for evaluation. Each situation will be decided on a case-by-case basis, however, when evaluating a student to determine eligibility under Section 504, CMSD shall not limit its assessment to whether the mental or physical impairment substantially limits the major life activities of learning or other educational deficits. The Individual Health Care Plan and the Emergency Action Plan will be a component of the 504 Plan.

Copies of the District's Section 504 Procedural Safeguards and Section 504 Manual may be obtained on the District's website, www.cmsdnet.net, and in every CMSD building.

The District's Section 504 Compliance Officer, the person in the District responsible for assuring that the District complies with Section 504 is:

Wayne J. Belock, Esq.
Section 504 Compliance Officer
Cleveland Metropolitan School District
1111 Superior Avenue East, Suite 1800
Cleveland, Ohio 44114
Phone: (216) 838-0070
E-mail: Wayne.Belock@clevelandmetroschools.org

The Office for Civil Rights of the United States Department of Education enforces the requirements of Section 504 of the Rehabilitation Act of 1973. The address of the Ohio Office is:

Office for Civil Rights, Cleveland Office
U.S. Department of Education
1350 Euclid Avenue, Suite 325
Cleveland, Ohio 44115

Telephone: 216.522.4970
Facsimile: 216.522.2573
TDD: 877.521.2172
E-Mail: OCR.Cleveland@ed.gov

Importance of Prevention

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex. Avoidance is the key to preventing a reaction.

School is a high-risk setting for accidental ingestion of a food allergen, due to such factors as the large number of students, increased exposure of the food allergic student to food allergens, as well as cross-contamination of tables, desks, and other surfaces.

Other high-risk areas and activities for the student with food allergies include:

- the cafeteria
- food sharing
- hidden ingredients in craft, art, and science projects
- bus transportation
- fund raisers, bake sales, parties and celebrations
- field trips
- before and after school hours school sponsored events (dances, after school sports)
- substitute teaching staff being unaware of the food allergic student

Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (direct contact) exposure or, in rare cases, inhalation exposure. (peanut dust and peanut spray)The amount of food needed to trigger a reaction depends on multiple variables. Each food allergic person's level of sensitivity may fluctuate over time. The symptoms of a food allergy reaction are specific to each individual. He/she should be medically evaluated by an allergist to assess severity of allergies and the orders must be specific to actual student allergies.

General Guidelines

This next section serves as a guide to outline the range of responsibilities staff can have concerning a child with a life-threatening allergy. Note that each child's team ultimately determines the responsibilities of individual staff members. This guide will help teams determine which accommodations are necessary for a given child. (Recommend student support team meeting)

Epinephrine by auto-injector should be readily accessible and reasonably secure at all times during school hours. It may be carried by the student if appropriate. To promote rapid life-saving steps, emergency medication should be in a safe accessible and reasonably secure location that can be properly supervised by a school nurse or other authorized and trained staff members. Key staff members, such as the teacher, principal, and cafeteria staff, should know where the auto-injector is stored even if they are not trained to administer it. All staff trained in use of epinephrine should know exactly where it is located. Identification of the place where the epinephrine is stored should be written in the student's health care plan. When epinephrine is administered, there shall be immediate notification of the local emergency response services system (911), followed by notification of the school nurse, principal, and student's parents.

Each school shall maintain and make available a list of those school personnel authorized and trained to administer epinephrine by auto-injector. In an emergency when the school nurse is not immediately available or in cases when there is no school nurse, a current list should be placed in the school administrator's office as well as the health office and in the

classroom of the food allergic child.

Responsibilities of the Student with Life-threatening Allergies

The long-term goal is for the student with life-threatening allergies to be independent in the prevention, care, and management of their food allergies and reactions based on their developmental level. With this in mind, students with life-threatening allergies are asked to follow these guidelines:

- Avoid trading or sharing foods.
- Wash hands with soap and water before and after eating or have parents provide Wet Ones disposable wipes. (Wet Ones is the only recommended brand)
- Learn to recognize symptoms of an allergic reaction and notify an adult immediately if a reaction is suspected.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Develop a relationship with the school nurse and at least one other trusted adult in the school to assist in identifying issues related to the management of the allergy in school.
- Do not eat anything with unknown ingredients or ingredients known to contain an allergen.
- Develop a habit of always reading ingredients before eating food.
- If medically necessary, the student is responsible for carrying medication(s). If a Medic Alert bracelet is provided by the parent, the child is responsible for wearing the ID at all times.
- Empower the student to self-advocate in situations that they might perceive as compromising their health.

Responsibilities of the Parents/Guardians

Parents/Guardians are asked to assist the school in the prevention, care, and management of their child's food allergies and reactions. Additionally, parents are encouraged to foster independence on the part of their child, based on her/his developmental level. To achieve this goal, parents are asked to follow these guidelines:

- Inform the school in writing of your child's allergies prior to the opening of school (or immediately after a diagnosis) and request a meeting with the school nurse to develop an Individual Health Care Plan & Emergency Action Plan.

In addition, provide:

- Medication orders specific to the allergy from the licensed provider
 - Up-to-date epinephrine injector and other necessary medication(s)
 - Annual medical update on your child's allergy status including a description of the student's past allergic reactions, including triggers and warning signs
 - A current picture of your child
 - If the child carries medication, periodically check for expiration dates and replace medication as needed
 - Consider providing a Medical Alert bracelet for your child
- Notify supervisors of before and after school activities regarding your child's allergy and provide necessary medication.
 - Introduce your child to the bus driver and head cook to explain your child's allergy. While the school will not exclude an allergic student from a field trip, a parent may choose to do so. Be willing to go on your child's field trips if requested. Provide safe classroom snacks for your own child.
 - If needed, help decide upon an "allergy-free" eating area in the cafeteria.
- It is important that children take increased responsibility for their allergies as they grow

older and as they become developmentally ready. Consider teaching your child to:

- Understand the seriousness and recognize the first symptoms of an allergic/anaphylactic reaction and notify an adult immediately.
 - Carry his/her own epinephrine injector when appropriate (or know where the epinephrine injector is kept), and be trained in how to administer her/his own epinephrine injector, when this is an age-appropriate task.
 - Recognize safe and unsafe foods and do not share snacks, lunches, or drinks.
 - Encourage the habit of reading ingredient labels before eating food.
 - Understand the importance of hand washing before and after eating.
 - Report teasing, bullying, and threats to an adult authority.
 - Inform others of your allergy and specific needs.
- It is suggested your child is seen by an allergist

Guidelines for the School Administration

Principals are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal, the school nurse and the principal are asked to consider these guidelines when developing an Individual Health Care Plan and an Emergency Action Plan.

- A School Student Support Team should be established to adequately prevent, recognize and respond to allergic reactions. This team may include, but is not limited to:

- School nurse
- Administrative representative
- Food service director/staff
- Teachers
- School counselor
- Coaches and physical education teachers
- Bus driver
- Other support staff (Social work, Psychologist)
- Student with food allergy (if age appropriate)
- Plan for student transitions each spring for the next school year.

Guidelines for the School Nurse

When it comes to the school care of children with life-threatening allergies, school nurses carry the responsibility to assist the school team in both prevention and emergency care of children with food allergies and reactions. School nurses are encouraged to foster independence on the part of children, based on their developmental level. To achieve this goal, school nurses are asked to consider these guidelines when developing an Individual Health Care Plan & Emergency Action Plan for a student with a life-threatening allergy:

- Schedule a meeting including the classroom teacher (team), and the student's parent/guardian to develop the Individual Health Care Plan for the student.
- Distribute final copies as outlined in the Individual Health Care Plan and Emergency Action Plan. With parental permission, provide the Emergency Action Plan which includes the child's photo in private areas of the front office, staff lounge and lunchroom.
- In the health office, child's classroom or other appropriate locations post, and label location of Individual Health Care Plans and emergency medication (e.g. EpiPen or Twinject).

- For epinephrine injectors stored in the health office, periodically check medications for expiration dates. Contact parent/guardian for replacement as needed.
- Make sure there is a contingency plan in place in the case of a substitute school nurse.
- Conduct and track attendance of in-service training for staff that work with the student. Add the allergy to the medical alert in IEP plus.

Guidelines for the Classroom Teacher

Teachers are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on their developmental level. To achieve this goal, teachers are asked to consider these guidelines as they work with their team to develop an Individual Health Care Plan & Emergency Action Plan for a student with a life-threatening allergy:

- Prepare a substitute folder alerting the substitute teacher that there is a student in the classroom with a food allergy. Leave the information in an organized, prominent, assessable format.
- The principal should be responsible for discussing with the substitute teacher the student's food allergy condition and should make sure the substitute teacher is qualified to handle the situation. If the substitute teacher has questions regarding the Emergency Action Plan or how to administer an epi-injector, contact the school nurse or principal.
- Participate in any team meetings for the student with life-threatening allergies and in-service training.
- Keep the student's Individual Health Care Plan & Emergency Action Plan accessible, including photo, in the classroom.
- In the event of an allergic reaction the Emergency Action Plan should be activated. Have posted in the classroom a list of trained staff that will administer emergency medication and contact them immediately.
- Be sure all the student's teachers and classroom aides are informed of the student's food allergies. (Seek training and information from school nurse when notified).
- Leave information for the substitute teachers in an organized, prominent, and accessible format.
- The school nurse and/or administrator should be responsible for discussing with the substitute teacher the student's food allergy condition and should make sure the substitute teacher is qualified to handle the situation.
- Notify parents in the class of foods that may not be used for class activities. This should be done in writing and should include the seriousness of this condition. (See Appendix A)
- Reinforce school guidelines on bullying and teasing to avoid stigmatizing, or harassing students with food allergies.
- Inform the allergic child's parent/guardian in advance of any classroom event where food products may be used.
- Never question or hesitate to immediately initiate the Emergency Action Plan if a student reports signs of an allergic reaction.
- Have an allergen free table/desk in the student's classroom.
- Sharing or trading food in the classroom should be discouraged at all times for all

students.

Snacks/Lunch Time

- If the teacher discovers unknown or restricted food in the classroom, refer to the student's Individual Health Plan.
- If it is suspected that the student(s) desk has been contaminated, the desk(s) will need to be cleaned by someone other than the allergic child.
- Reinforce hand washing with soap and water before and after eating for all students.
- A parent or guardian of a student with food allergies is responsible for providing classroom snacks for his/her own child. These snacks should be kept in a separate snack box or chest.

Classroom Activities

- Consider the presence of allergenic foods in classroom activities (e.g., arts and crafts, science projects, and celebrations, or other projects). Modify class materials as needed..
- Try not to isolate or exclude a child because of allergies, encourage the use of stickers, pencils, or other non-food items as rewards instead of food.
- If an animal is invited to the classroom, special attention must be paid to other allergies children may have (e.g. dander) and to the animal's food (peanuts, soy milk).
- For birthday parties, consider a once-a-month celebration, with non-food treats.

Field Trips

Consider the student when planning a field trip due to a risk of allergen exposure.

- Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- Consider inviting parents of student(s) at risk for anaphylaxis to accompany their child on school trips in addition to the chaperone(s); however, the parent's presence at a field trip is not required.
- Clearly specify any special meals needed before the field trip.
- Avoid meals that may be food allergy related.
- Package meals appropriately to avoid cross-contamination.
- Ensure the epinephrine injector and Emergency Action Plan are taken on field trips with trained personnel.
- Identify one staff member who will be assigned the task of watching out for the student's welfare and handling any emergency.
- In the absence of accompanying parents/guardians or school nurse, another individual must be trained and assigned the task of watching out for the student's welfare and for handling any emergency. The trained staff or parent carrying the epinephrine should be identified and introduced to the student as well as the other chaperones.
- Field trips should be chosen carefully; no student should be excluded from a field trip due to risk of allergen exposure.

Lunchroom Guidelines

Food and Child Nutrition Services cannot guarantee that food served in the general lunch program is allergen free. If necessary, as indicated in the Individual Health Care Plan, a cook will make available an allergy free lunch substitute. It is ultimately the responsibility of the parent to decide whether the child will buy the allergy-free lunch substitute or bring a lunch

to school.

Guidelines for Food and Child Nutrition Services

- Work with Food and Child Nutrition Services to determine what foods should be eliminated from the school diet of a student with a food allergy.
- Review the Emergency Action Plan and a photograph of the student with life-threatening allergies (per parent permission).
- Provide sound food handling practices to avoid cross-contamination with potential food allergens.
- Maintain contact information for manufacturers of food products.
- Follow cleaning and sanitation protocol to prevent cross-contamination.
- Make sure the space is thoroughly cleaned between preparation and/or use barriers to allow for an allergen-free prep area.
- Provide advanced copies of the menu to parents/guardian when requested.
- If requested, have safe meals for field trips.
- Avoid the use of latex gloves by food service personnel. Order non-latex gloves instead.
- Read all food labels and re-check with each purchase for potential food allergens. (Manufacturers can change ingredients.)
- All food service staff should be trained on how to read product labels and recognize food allergens.
- For non-English speaking staff provide a simple list of basic allergens (e.g. peanuts, milk, eggs) in their native language.
- Cross contamination of a food allergen poses a serious risk to a child with food allergies. Training all food service personnel about cross-contamination should be a part of the regularly scheduled sanitation program.
- Consider creating an allergen free table.
Train cafeteria monitors to observe the situation surrounding a child with allergies and intervene quickly to help prevent trading of food or bullying activities. All students eating lunch in the cafeteria should be encouraged to wash their hands before and after eating so that no traces of allergens will be left on their hands.
- Provide sound food handling practices to avoid cross-contamination with potential food allergens.

Guidelines for Recess/Lunch Room Monitors

- Teachers and staff responsible for lunch and/or recess should be trained to recognize and respond to a severe allergic reaction or anaphylaxis.
- Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the school nurse.
- Encourage hand washing for students after eating.
- Reinforce that only children with “safe lunches” eat at the allergy free table.
- A Medic Alert bracelet should not be removed.
- Adult supervisors may be asked to hold an epinephrine injector for a child.

Guidelines for Coaches and Supervisors of School Funded Activities: (Before and After School Activities)

- Review the Individual Health Care Plan and Emergency Action Plan with the school nurse.
- After school activities sponsored by the school must be consistent with school policies and

procedures regarding life-threatening food allergies.

- Follow the Emergency Action Plan.
- Clearly identify who is trained & responsible for keeping the epinephrine injector and emergency medication and where it will be kept.
- Medic Alert identifications may not be removed for activities.
- Consider the presence of allergenic foods in classroom activities (e.g. arts and crafts, celebrations, or other projects). Modify class materials as needed.

Maintenance/Transportation Department Guidelines

Provide training for the students school bus driver on managing life-threatening allergies. This includes sharing with bus drivers the IHCP & Emergency Action Plan(s), and a photograph(s) of the student(s) with life-threatening allergies (with parent permission).

Guidelines for the School Bus Driver

- Maintain policy of no food eating allowed on school buses.
- School bus drivers shall be trained by appropriate personnel in risk reduction procedures, recognition of allergic reaction, administration of emergency medications and implementation of bus emergency plan procedures.
- The school bus driver must have a means of communicating for emergency calls.
- Administer the epinephrine injector or other prescribed medications when an allergic reaction is suspected and then Call 911.

Appendix A - CMSD Food Allergy Letter

Dear Parent/Guardian,

One of the children in our school has a food allergy. This allergy can be fatal. We ask that you assist us in providing this student with a safe school environment.

This is how you can help:

- Talk to the teacher before sending food to school for parties.
- Some children bring their lunch to school. Peanut butter sandwiches may be brought to school. There will be a special table in the cafeteria for children who have food allergies. Peanut butter sandwiches and nuts will not be allowed at that table.

Thank you for your help. If you have any questions about food allergies, please contact the teacher at _____ or the school nurse at _____.

We will be happy to help you.

Please fill out the bottom of this letter, and return it to your child's teacher.

Sincerely _____ School Nurse signature

I have read the food allergy letter. I agree to do my part for the health of the children with food allergies.

My child's name _____

Parent/Guardian signature _____ Date _____

El apéndice “A” Carta de Alergia de Comida

Appendix B - SECTION 504 REFERRAL PROCEDURES

If a parent or school staff member suspects that a child may have a disability and may be entitled to special accommodations and/or services under Section 504, the principal shall follow these procedures:

	PROCEDURE	PERSON RESPONSIBLE	FORMS (S)
1.	<p>INITIAL REFERRAL FOR SECTION 504 EVALUATION</p> <p>(When a parent refers a child for a Section 504 evaluation)</p> <p>A parent may <i>verbally</i> or <i>in writing</i> request a Section 504 evaluation to the child’s teacher, principal, other administrative staff, school nurse, school psychologist, school social worker or guidance counselor.</p> <ul style="list-style-type: none"> • If the parent requests a 504 evaluation, then the staff member must immediately inform the parent that the parent must fill out a “<i>Referral Form</i>” and that, upon completion, the form must be given directly to the principal. • If the parent requires assistance in writing the referral, the staff member shall assist the parent in filling out the referral form, whether or not the staff member agrees with the grounds for the referral. <p>(Referrals from third parties)</p> <p>When a third party submits a written referral for a Section 504 Evaluation, the child’s parent/legal guardian must be notified of the referral. If the referral is given to the teacher, then that teacher must immediately forward the form to the principal (or designee) for action.</p>	<p>The staff member receiving the verbal or written request</p> <p>Parent</p> <p>Principal</p>	<p>Section 504 Referral Form (FORM A)</p> <p>Section 504 Referral Form (FORM A) & Section 504 Notice to Parents w/ 504 Procedural Safeguards (FORM B)</p>
	POST REFERRAL		
2.	<p>The principal signs and dates the referral. Three copies of the referral are made and within a reasonable time, the principal gives a copy of the referral to the</p> <ol style="list-style-type: none"> 1. parent 2. school psychologist 3. District Section 504 Compliance Officer <p>The original form is placed in the student’s permanent educational file.</p>	Principal	
	INITIAL DETERMINATION OF SUSPICION		
3.	<p>An initial determination is made with deference given to the parent, psychologist and nurse (if applicable), whether the school <i>suspects</i> that the child has a present disabling condition that substantially limits a major life activity. A doctor’s statement does not make the child eligible for a 504 plan. It can be used in conjunction with all data to be reviewed in the team determination.</p> <p>The principal, upon consultation with the parent, teacher, school psychologist, guidance counselor (if applicable), the child’s doctor and/or school nurse (if applicable) forwards a Section 504 Notice to Parents with 504 Procedural Safeguards indicating</p>	Principal	Section 504 Notice to Parents w/ 504 Procedural Safeguards (FORM B)

	<p>whether or not the school suspects the child has a present disabling condition that substantially limits a major life activity.</p> <p>If the child has gone through the IDEIA referral and evaluation process and is deemed ineligible under IDEIA, the child does not need to start over at the referral stage for Section 504. Current evaluation data can assist in the determination of 504 eligibility.</p> <p>If the school team does not suspect that the child has a disability that substantially limits a major life activity, then the team is not obligated to move forward with a full Section 504 evaluation. The school team should provide the parent with procedural safeguards.</p>		
EVALUATION & ELIGIBILITY DETERMINATION			
	<p>If the school team does suspect that the child may be qualified under Section 504, the team must move forward with a full Section 504 evaluation within sixty (60) days of receipt of parental consent to conduct the evaluation. The school team shall make efforts to include the parent and shall include at least one of the child’s general education teacher(s), the school psychologist and school nurse (if applicable) and other applicable support staff, i.e., audiologist, PT, SLP,OT.</p> <p>Parent/legal guardian shall be notified in writing of the Section 504 team meeting to determine eligibility under Section 504. If the student is found to be eligible, the school team should determine if development of a Section 504 plan is necessary at this time. If the student is found to be not eligible, the school team should provide parent with procedural safeguards.</p>	Principal & Section 504 school team	Section 504 Notice to Parents with 504 Procedural Safeguards (FORM B)
SECTION 504 PLAN			
4.	Consent of parent/legal guardian is obtained for implementation of the plan.	Principal	Section 504 Evaluation and Plan (FORM D)
5.	<p>After the Section 504 evaluation meeting, the principal shall make four (4) copies of the Section 504 Evaluation and Plan and give a copy to:</p> <ol style="list-style-type: none"> 1. parent 2. the child’s general education teacher(s) 3. school psychologist and/or nurse (if applicable) 4. Section 504 Compliance Officer, Legal Services Dept. 5. student’s permanent educational file (original) 	Principal	
6.	Section 504 plan is implemented with periodic review, at least	General Education	Section 504

	annually.	Teacher and designated team members	Evaluation and Plan (FORM D)
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FORM A

SECTION 504 REFERRAL FORM

THIS REFERRAL MUST BE GIVEN TO THE PRINCIPAL UPON COMPLETION
This referral is being made by: parent/legal guardian, teacher, principal, other (circle one)

I. STUDENT'S PERSONAL INFORMATION

ID/SS#:
Student:
Parent/Guardian:
Address:
Teacher:
Referred by:
Date of Birth:
Phone(s):
School:
Grade:
Referral Date:

II. BACKGROUND INFORMATION:

A. Reason for Referral:

B. Indicate which major life activity(s) appears to be limited:

- carrying for self, eating, seeing, hearing, sleeping, breathing, standing, speaking, communicating, concentrating, perform manual tasks, walking, lifting, bending, learning, reading, immune system function, respiratory function, normal cell growth, thinking, digestive function, bladder function, neurological function, working, circulatory function, reproductive function, endocrine function, brain function, other (please describe)

C. Indicate specifically how the major life activity(s) is being limited.

D. Indicate how significant the major life activity(s) is being limited:

- Mildly Moderately Substantially

E. Strategies/interventions to date (attach copies of documentation):

F. List all medications or devices that are currently being used by the student.

G. Attach any additional information (i.e. previous evaluations, medical reports, state/district-wide tests)

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By signing below, I acknowledge receipt of a copy of this referral and a copy of the Notice of Parent/Guardian/Student Rights
I further understand that, as parent or guardian, my signature also acts as my written consent to initiate a full Section 504 evaluation.

*Parent (or person making referral)

Date

THIS REFERRAL MUST BE:

- Provided to the principal
- Signed by the principal
- Copied and provided to the parent
- Copied and provided to the Section 504 Compliance Officer
- Placed in the student's permanent educational file

*Signature of Principal

Date of referral receipt

If the school team finds it necessary to obtain relevant information regarding the student from outside providers, please complete a Authorization to Release/Share Confidential Information (FORM G) and secure parent/legal guardian signature.

Appendix C - CMSD Individual Health Care Plan (Anaphylaxis)

Student _____ Date _____

Teacher and room _____

Parent/Guardian name _____

Home Phone _____ Cell Phone _____ Work phone _____

History of emergency care required. (Document dates, age of child, allergen, symptoms, treatment) Attach all relevant medical documentation.

Prevention strategies: Review each item at team meeting and check those that apply

_____ Use of Medic Alert Bracelet

_____ Allergy free lunch table

_____ Student aware of location of the health office

_____ Beginning of year parent letter

_____ Parent provided safe snacks

_____ Classroom discussion about allergies

_____ Staff training about allergies and EpiPen or Twinject use

_____ Parent permission to post/circulate student picture to building staff and bus driver.

_____ Emergency Action Plan (EAP) attached

_____ Hand washing and parent provided Wet Ones

_____ Encourage no food sharing

_____ Clean student desks after food events

_____ For field trips send medication, wet wipes and EAP with student

Other:

Appendix D - CMSD Emergency Action Plan

Appendix E - Steps to Take After A Reaction:

Set up a Student Support Team Meeting.

Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.

If food was provided by school cafeteria, review food labels with Food and Child Nutrition Services.

Follow-up:

Review the facts about the reaction with the student and the student's parent/guardian.

Amend the Individual Health Care Plan and the Emergency Action Plan as needed.

Specify any changes to prevent another reaction.

GLOSSARY

Acute-

Symptoms that occur suddenly and have a short and fairly severe course **Adrenaline-**
Synonym for epinephrine **Allergen-** A substance that can cause an allergic reaction.

Allergic Reaction-

An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When an allergen is eaten, the food allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock) Each person with a food allergy reacts to the allergy differently. Each reaction by a food allergic student may differ in symptoms.

Allergy Warning Label-

A bright colored label placed on the substitute teacher's folder in the classroom alerting the substitute to look for information in the folder regarding the food allergic student.

Anaphylactic Reaction-

Syn. for Anaphylaxis

Anaphylaxis-

It is a potentially life-threatening allergic reaction. The most dangerous symptoms include breathing difficulties, and a drop in blood pressure or shock, which can be fatal. Asthmatic students are at an increased risk for anaphylaxis. Anaphylaxis often involves various areas of the body at once such as the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). The drug to immediately use to abate anaphylaxis is Epinephrine (contained in an EpiPen, EpiPen Jr. or Twinject).

Antihistamine-

A drug that blocks a histamine response during an allergic reaction. Benadryl is an example of an antihistamine.

Asthma-

A chronic inflammatory disorder of the airways. The primary manifestations of asthma are bronchospasm leading to bronchoconstriction, increased bronchial mucus, and inflammation of bronchial tissue leading to edema. These cause recurrent episodes of "wheezing, breathlessness, chest tightness, and cough...that is associated with widespread but variable airflow obstruction that is often reversible either spontaneously or with treatment". (National Asthma Education & Prevention Program Expert Panel Report, 2002).

Chronic-

Symptoms that occur frequently or last a long time.

Cross Contamination-

Occurs when the proteins from various foods mix rendering a “safe” food “unsafe”. Often this is done in the cooking process –using contaminated utensils, pans, frying oils, grills, etc.

Disability-

A physical or mental impairment which substantially limits one or more major life activities; examples of such major life activities include: 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, as well as the operation of major bodily functions such as the immune system, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. This list is NOT exhaustive or all-inclusive.

Disposable Wipes-

Wet Ones brand only. Traditional diaper wipes do not have the proper chemical composition to remove allergens from the skin.

Emergency Action Plan-

This is a written document that evolves from the IHP and provides the educational staff with all necessary information should an emergency occur regarding the student who has a serious health condition. This information should include the physical signs of a health emergency, actions to be taken and emergency contact information.

EpiPen-

By prescription only. It is a device that, once activated, will automatically inject one measured dose of epinephrine when jabbed into the thigh. It looks like a black magic marker. The EpiPen is contained in an orange cylindrical container as the medicine is light sensitive. Always call for emergency personnel when epinephrine is given.

EpiPen Jr.-

It operates the same as the EpiPen. It has the same medicine as in the EpiPen but at a lower dose for lighter weight children. Like the EpiPen, it delivers one dose only. The newer EpiPen Jr. has green packaging which distinguishes it from the yellow EpiPen. Always call for emergency personnel when epinephrine is given.

Epinephrine-

The medicine contained in the EpiPen, EpiPen Jr., and Twinject. The drug of choice for anaphylaxis. It is the first medicine that should be used in the emergency management of a child having a potentially life-threatening allergic reaction. It is synonymous with adrenaline. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction. Always call for emergency personnel when epinephrine is given.

FAAN-

Acronym for the Food Allergy and Anaphylaxis Network that has educational material on food allergies. Each school nurse has FAAN's School Food Allergy Program. It is recommended that each school nurse has FAAN's School Food Allergy Program.

504 Plan-

The Rehabilitation Act of 1973 contains Section 504 Regulations, 34 C.F.R. Part 104. This section states that a recipient of Federal financial assistance cannot discriminate, excluded from participation in, or deny the benefits of any program or activity on the basis of an individual's handicap. As it relates to the educational setting, this is a regular education issue not a special education issue. Procedural safeguards are handled through due process or the Office of Civil Rights and discrimination court case. A person is defined as handicapped if they have a mental or physical impairment that significantly limits the following major life activities: caring for one's self, walking, seeing, hearing, speaking, breathing, learning, working or performing manual tasks.

Food Allergy-

An immune system response to a certain food. Upon ingestion, the body creates antibodies to that food. When the antibodies react with the food, histamine and other chemicals are released from cells. The release of those chemicals may cause hives, difficulty breathing, or other symptoms of an allergic reaction. See Allergic Reaction, above.

Histamine-

A chemical released by the body during an allergic reaction. It causes the symptoms listed above in Allergic Reaction.

Hives-

Itchy, red, mosquito-like bumps that may appear anywhere on the skin. Often a symptom of an allergic reaction.

Individual Health Care Plan-

This written plan is developed by the school nurse using the nursing process to address the needs of students with chronic health conditions. With the input of the family, student and, if possible, the primary care provider, the nurse develops a plan that identifies the student's health needs, describes how the nursing care will be provided and identifies the outcomes expected from that intervention.

Latex-

A synthetic rubber. It is an allergen for some people. It is commonly found in rubber gloves and balloons.

Life-threatening Food Allergy-

Students with allergies have over-reactive immune systems. The immune system produces chemicals and histamine which cause the severe symptoms in the body (e.g., swelling, breathing difficulty or shock). See Allergic Reaction, above. Epinephrine found in the EpiPen or Twinject is the recommended treatment.

Medic Alert Bracelet/Necklace-

A necklace or bracelet worn by an allergic student that states the allergens and gives a telephone number for additional information.

Periodic Anaphylaxis Drill-Practice in procedures that would be carried out if there were an anaphylactic emergency. The drill may include but is not limited to: who helps the student, who retrieves the EpiPen or Twinject or administers it, who calls 9-1-1, and who directs the paramedics to the child.

Twinject-

Auto-injector that delivers epinephrine rapidly and easily. If symptoms reappear before emergency help arrives, Twinject provides a built-in second dose of medication. Epinephrine, the active ingredient in Twinject, is the recommended treatment for severe anaphylaxis. It is administered by way of injection through the skin into the thigh, and begins working immediately. Epinephrine helps you breathe by relaxing constricted airways in the lungs. It also reverses dropping blood pressure by constricting small blood vessels.

Twinject Jr.-

It operates the same as the Twinject. It has the same medicine as in the Twinject but at a lower dose for lighter weight children. Twinject provides a built-in second dose of medication. The newer Twinject Jr. has green packaging which distinguishes it from the blue Twinject. Always call for emergency personnel when epinephrine is given.