

**COMMON POLICY FOR FRANKLIN CENTRAL SUPERVISORY UNION
And ITS MEMBER TOWNS:
FAIRFIELD, ST. ALBANS TOWN and ST. ALBANS CITY**

**ACCOMMODATING STUDENTS WITH DOCUMENTED LIFE-
THREATENING ALLERGIES OR LIFE-THREATENING DIETARY NEEDS**

Code: F29

Background - Consistent with the Franklin Central Supervisory Union mission, staff members, all students, and parents share a joint commitment to provide our diverse population with a safe and supportive learning environment. This commitment includes support for all students with **medically** documented allergies that are life-threatening or students with life-threatening dietary needs.

Statement - It is the policy the Franklin Central Supervisory Union and its member towns to maintain an allergen safe¹ and supportive school environment through necessary accommodation where required, so that all students shall have the opportunity as much as possible to participate fully in all school programs and activities.

The Board recognizes that students with proven life-threatening allergies or dietary needs may be found to be protected as individuals with disabilities under Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act. When the school is notified that a student may have such an allergy, a Section 504 Team, including the child’s parent(s), the principal, the school nurse, and other school personnel as deemed necessary shall be convened, to determine whether the allergy constitutes a “disability” under those laws, and, if so, to develop an appropriate 504 Plan and/or Individualized Health Plan, to allow the child access to district programs and facilities.

The Board also recognizes and acknowledges it is impossible to avoid or control completely the introduction of allergens into the public school environment. The emphasis of this policy is to work with staff, students and parents in the school community to reduce a child’s risk of exposure to allergens. Procedures will be developed to plan appropriate supports and accommodations to such children; and to have an appropriate individualized response plan in place for each such child. The steps to be taken in the event of an exposure or an allergic reaction will be incorporated in the Plan.

Application – All schools are responsible for developing accommodations following school policy for the care of students with documented life-threatening allergies or dietary needs. Such accommodations shall include, but not be limited to, medical documentation of typical symptoms and dosing instructions for medications, strategies for physically identifying students at risk with documented life-threatening allergies or dietary needs, strategies to manage student’s allergies or dietary needs including avoidance measures, staff development, training (including bus drivers, lunch room, playground, and substitute teachers).

The following steps include:

¹ For the purposes of this policy and procedures issued to implement it, “allergen safe environment” means an environment in which reasonable precautions have been identified and undertaken to minimize exposure to an identified allergen or allergens. It does not mean an environment guaranteed to be free of the allergen.

1. Following the parent/guardian’s written release to share medical information, the student’s pediatrician or allergist will provide the school in writing annually or as new medical information is provided the following:

- a) a description of the existence and nature of the life-threatening allergen or dietary needs;
- b) identification of the allergen;
- c) a description of the ways in which exposure of a sort that endangers the student’s life may occur;
- d) an opinion as to the types of measures that should be taken by the parent and student at home, in the community, and in the public school environment to minimize risk of exposure/reaction.

2. Using the medical documentation, the appropriate personnel and parent/guardian shall identify precautions to REDUCE life-threatening risk. A 504 Plan will specify the precautions to be taken to prevent exposure to the allergen or to meet the dietary need. An IHP (Individualized Health Plan) will spell out the steps to be taken in the event of an exposure and/or allergic reaction.

Administrative Procedures:

- 1. Transmit relevant information to all appropriate people interacting with an identified student as determined by the planning team.
- 2. An Educational component will become part of the health curriculum to help all students, parents/guardians understand allergic reactions and its consequences.
- 3. Implement an age appropriate educational component to teach the student how to manage the documented life-threatening allergies or dietary needs, avoid life-threatening risk, and create a safe environment for the student.
- 4. Implement reasonable precautions to minimize the life-threatening risks of allergies or dietary needs.

	<u>Fairfield</u>	<u>Town</u>	<u>City</u>
First Reading:	09/08/03	09/10/03	09/11/03
Second Reading:	09/22/03	10/08/03	10/09/03
Date Warned:	09/30/03	11/01/03	09/30/03
Date Adopted:	10/13/03	11/12/03	10/08/03

**FRANKLIN CENTRAL SUPERVISORY UNION
CONFIDENTIAL
INDIVIDUALIZED HEALTH PLAN**

Last Name	First Name	Date of Birth
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Grade/Teacher	Physician	Phone No.
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Date Plan was written	Name of Nurse
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PARENT/GUARDIAN PHONE NO. : _____

EMERGENCY PHONE NO: 1. _____

& ORDER TO CALL 2. _____

Allergic Reaction: _____

Condition	Date of Last Episode
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Medication: _____

SYMPTONS SCHOOL PERSONNEL SHOULD BE LOOKING FOR WHICH WOULD INDICATE A PROBLEM:

1. Itching & swelling of lips, tongue or mouth, tightness in throat, hoarseness, hacking cough, wheezing and/or shortness or breath.
2. Hives, itchy rash and/or swelling about the face or extremities.
3. Nausea, abdominal cramps, vomiting, and/or diarrhea; weak, thready pulse and/or "passing out."

COURSE OF ACTION SCHOOL PERSONNEL SHOULD FOLLOW:

1. Give Epi Pen 0.3 ML (Epinephrine 1:1000) SC or IM.
2. Call 911, observe for symptoms of allergic reaction
3. Call parent or guardian per listed order above.

TRAINED STAFF & DATE OF TRAINING:

Name	Date
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Name	Date
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Name	Date
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Signature of Parent/Guardian: _____