

ACCOMMODATING STUDENTS WITH SPECIAL DIETARY NEEDS AND/OR FOOD ALLERGIES

The School District of Jefferson will take all appropriate and reasonable steps to minimize exposure to allergens and provide a safe, positive educational environment for students with life-threatening allergies or special dietary needs.

The School District of Jefferson cannot guarantee an allergy free environment. Because each student's allergy and situation is different, an individual plan of action may be created for some students. The diagnosis of allergy with a risk of anaphylactic reaction is made on the basis of the patient's history and confirmed with the appropriate skin and/or blood tests. Treatment protocols should be physician prescribed for use in the school setting.

ADOPTED: July 22, 2013

REVISED:

LEGAL REF.: USDA Regulations 7 CFR, Part 15b

CROSS REF.: Policy JHCFA-R, Guidelines for Accommodating Students with Special Dietary Needs and/or Food Allergies
Policy IGAHC, Wellness

REVIEW DATE: July 22, 2013

GUIDELINES FOR ACCOMMODATING STUDENTS WITH SPECIAL DIETARY NEEDS AND/OR FOOD ALLERGIES

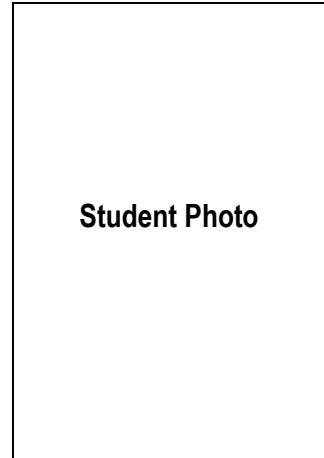
The following guidelines have been developed in order to implement the policy pertaining to students with special dietary needs, including life-threatening allergies.

1. A list of students with food allergies and special dietary needs will be compiled by the school nurse at the beginning of the school year and updated as needed throughout the year. This list will be provided to the building principal for distribution to appropriate personnel and to the district food service director. The lists shall be posted in a confidential manner in the school's health room and kitchen.
2. Each school shall establish a method of ensuring that relevant information is transmitted to all supervising persons of an identified student. It is incumbent upon the school to notify any person who may be supervising a student with identified food allergies, especially those which may be life threatening, including but not limited to peanut allergies.
3. The primary concern of the school is prevention and appropriate treatment of potentially severe allergic reaction, anaphylaxis.
4. School food service staff must make food substitutions or modifications, at no additional costs, for students with disabilities or special dietary needs. If a child with special dietary needs is to receive these accommodations the parents must provide the school with a physician's statement that identifies:
 - The child's disability or special dietary condition which restricts the child's diet
 - An explanation why the disability restricts the child's diet
 - The major life activity affected by the disability
 - The food or foods to be omitted from the child's diet, and the food or choice of food that must be substituted.
 - The physician's statement must be provided on a Food Allergy Action Plan [JHCFA-E(1)], Diet Prescription for Meals at School [JHCFA-E(2)], or a facsimile. Diet orders do not need to be renewed on a yearly basis; however schools are encouraged to ensure that the diet orders reflect current dietary needs of the child. Medication orders need to be updated on a yearly basis.
5. If a child's IEP includes a nutrition component, the school should ensure that the school food service director is involved early on in the decisions regarding special meals or modifications.
6. Parents are encouraged to provide a picture of the child to place on the Food Allergy Action Plan. The action plan shall be reviewed at the beginning of the year with the building's medical emergency response team members and the child's teacher(s).
7. At risk students are encouraged to have some means of identification, such as a medical alert bracelet.
8. Food-allergic children are encouraged to bring their lunch from home.
9. A "no food trading" policy will be encouraged. Students should not exchange foods or utensils with other students.

10. Parents should be encouraged to review/preview menus in order to select safe foods their child may eat. Nutrition information on food items served through the district's food service is available at each school.
11. Consider the following food allergy avoidance strategies due to the fact that risk can never be fully eliminated in the school environment:
 - a. Parents should be encouraged to instruct their children in how to avoid contact with the substances to which they are allergic.
 - b. School staff should carefully monitor identified children, especially in the younger grades.
 - c. Allergic children should consider eating foods only prepared at home.
 - d. Surfaces, toys and equipment should be clean of allergy containing food.
 - e. Food service staff will clean designated "peanut/nut-free" table(s) at the beginning of each school day.
 - f. Desks and cafeteria tables should be cleaned with soap and warm water after food has been consumed.
 - g. All students should wash their hands (and faces if necessary) with soap and warm water before and after eating. Gel or liquid hand sanitizers and hand wipes are not sufficient because they do not wash away the allergens (food proteins).
 - h. Food service personnel should receive annual instruction about necessary measures required to prevent cross-contamination during food handling, preparation and serving food.
 - i. An effort shall be made to keep the classroom of an allergic student free of the allergy food item(s). Instructional aids, project materials and art supplies shall be free of the allergy food items.
 - j. Birthday, Holiday Parties, Special Occasions and Cultural Events:
 - A list of "safe" snacks will be distributed to parents of children in the allergic child's classroom at the beginning of the school year. Parents will be asked to provide only snacks on that list. Reminders about "safe" snacks will be sent periodically throughout the year.
 - Home-baked items are NOT considered "safe" for sharing in the allergic child's classroom due to unknown contaminants and ingredients.
 - k. A student's emergency medications (i.e. epinephrine, Benadryl) shall be brought along on all field trips. The allergic student must be accompanied by a parent or staff member trained in emergency medication administration.
12. The district shall provide training for designated staff in basic first aid, CPR/AED and in the use of epinephrine auto injectors.
13. Epinephrine should be kept in close proximity to students at risk of anaphylaxis, and in all cases where it is administered, 911 shall be called and the student must be sent to the hospital.
14. The district's medical advisor may authorize the use of epinephrine auto-injectors on any student or staff member for treatment of potentially life-threatening allergic reactions.

7/22/13

FOOD ALLERGY ACTION PLAN



STUDENT'S NAME: _____ D.O.B. _____

TEACHER: _____

ALLERGY TO: _____

Asthmatic Yes* _____ No _____ *Higher risk for severe reaction

STEP 1: TREATMENT

SYMPTOMS

Give Checked Medication:
(To be determined by physician authorizing treatment.)

- If a food allergen has been ingested, but no symptoms:

	___ Epinephrine	___ Antihistamine
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- Mouth Itching, tingling, or swelling of lips, tongue, mouth

	___ Epinephrine	___ Antihistamine
--	-----------------	-------------------
- Skin Hives, itchy rash, swelling of face or extremities

	___ Epinephrine	___ Antihistamine
--	-----------------	-------------------
- Gut Nausea, abdominal cramps, vomiting, diarrhea

	___ Epinephrine	___ Antihistamine
--	-----------------	-------------------
- Throat** Tightening of throat, hoarseness, hacking cough

	___ Epinephrine	___ Antihistamine
--	-----------------	-------------------
- Lung** Shortness of breath, repetitive coughing, wheezing

	___ Epinephrine	___ Antihistamine
--	-----------------	-------------------
- Heart** Thready pulse, low blood pressure, fainting, pale, blueness

	___ Epinephrine	___ Antihistamine
--	-----------------	-------------------
- Other** _____

	___ Epinephrine	___ Antihistamine
--	-----------------	-------------------
- If reaction is progressing (several of the above areas affected), give

	___ Epinephrine	___ Antihistamine
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The severity of symptoms can quickly change. **Potentially life-threatening.

DOSAGE:

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3mg Twinject™ 0.15mg

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

Student may carry above medications ___Yes ___No Student may self administer above medications ___Yes ___No

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.

2. Dr. _____ at _____



3. Emergency Contacts:

	NAME/RELATIONSHIP		PHONE NUMBER(S)
a.	_____	1)	_____ 2) _____
b.	_____	1)	_____ 2) _____
c.	_____	1)	_____ 2) _____

Even if parent/guardian cannot be reached, do not hesitate to medicate or take child to medical facility!

Parent/guardian signature _____ Date _____
(Required)

As the authorizing physician, I am willing to accept direct communication from the person dispensing and administering the above medication.

Doctor's signature _____ Date _____
(Required)

To Parent/Guardian/Practitioner: In accordance with state law, school personnel may give prescription medication to students only with complete directions from a practitioner and signed consent by the student's parent/guardian. School personnel may give non-prescription medication to students only with directions and signed consent from parents/guardians. Medication must be supplied in the original container or packaging. For safety and liability reasons, medication received in any other container or package other than the original will not be acceptable for staff administration. By signing this form, you release the Board of Education, its agents and employees from any and all liability which may result from taking this medication.

TRAINED STAFF MEMBERS

1.	_____	Room	_____
2.	_____	Room	_____
3.	_____	Room	_____
4.	_____	Room	_____

DIET PRESCRIPTION FOR MEALS AT SCHOOL FORM

FIGURE 1: PART A				
Student's Name	Age			
Name of School	Grade Level	Classroom		
Does the child have a disability ? If Yes, describe the major life activities affected by the disability.			Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician .			Yes	No
If the child is not disabled , does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority .			Yes	No
If the child does not require special meals, the parent can sign at the bottom and return the form to the school food service.				
PART B				
List any dietary restrictions or special diet.				
List any allergies or food intolerances to avoid.				
List foods to be substituted.				
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up or chopped into bite size pieces: Finely ground: Pureed:				
List any special equipment or utensils that are needed.				
Indicate any other comments about the child's eating or feeding patterns.				
Parent's Signature				Date:
Parent's Printed Name and Phone Number				
Physician or Medical Authority's Signature				Date:
Physician or Medical Authority's Printed Name and Phone Number				

STUDENT INFORMATION FORM

(To be completed by the Food Service Director)

Student's Name _____ Teacher's Name _____

Dietary Restrictions/Special Diet _____

Food Allergies/Intolerances _____

Food Substitutions _____

Other Diet Modifications _____

Supplemental Feedings (snacks) _____

Physician/Medical Authority for Student:

Name _____

Title _____

Telephone _____

Additional Contacts for Student:

Name _____

Title _____

Telephone _____

Individual Completing Form _____ Date _____