

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

Name: _____ D.O.B.: _____

Allergic to: _____

 Weight: _____ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**
**PLACE
PICTURE
HERE**
NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.
Extremely reactive to the following allergens: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

 FOR **ANY** OF THE FOLLOWING:

SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**
**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

 Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

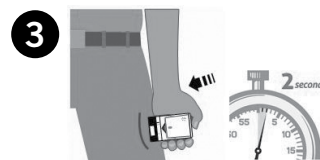
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

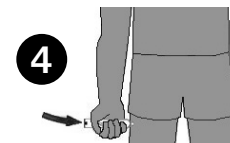
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



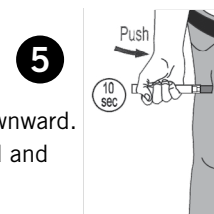
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

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 _____