

Regulation EFAB

Las Cruces Public Schools

Related Entries: EFAB, IHB, JBB, JLCD
Responsible Office: Chief Operations Officer

STUDENT FOOD ALLERGIES

I. PURPOSE

- A. This regulation sets forth the procedures that support the health and well-being of students and staff at school or school-sponsored events who have food intolerances and food allergies, especially those that may be life threatening. Procedures are organized into: management of milk intolerance, food intolerance, and life-threatening food allergies.
- B. Parents, students and school staff have a role in the protocols for preventative measures to reduce exposure to food allergens in school facilities and school-sponsored activities, professional development, coordination of services, and emergency response procedures.
- C. Staff food allergies are addressed through with the development of an individual plan for the employee.

II. DEFINITIONS

- A. ***“Allergy Management Plan”*** means a written plan for any student with a medical diagnosis of food allergy/food intolerance whose health care needs affect or have the potential to affect the student’s safe and optimal school attendance and academic performance. It includes direct nursing care in the office; any special or emergency procedures in the classroom or cafeteria, meal modification provided by the school in order to meet a student’s special dietary needs, emergency provisions for field trips; and emergency evacuations. The plan covers all the time the student is on campus or school travel, or participates in extracurricular activities. It describes what nursing services, along with any other related services or program modifications, are needed to meet the student’s health care needs. The plan also addresses all emergency provisions for the student, including contacting of parents/guardians and medical healthcare providers.
- B. ***“Anaphylaxis”*** means a potentially life-threatening medical condition 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. An anaphylactic response may occur within minutes of the exposure, although onset may occur one (1) to two (2) hours after contact.

- C. **“Epinephrine”** means the drug used to treat an anaphylactic reaction. It works to reverse the symptoms and helps to prevent their progression. It is available by prescription only in self-injecting devices.
- D. **“Food Allergy”** means an adverse reaction to a food or food component that involves the body’s immune system. Usually a protein in a food, the allergen is perceived by the body as foreign and the body produces specific antibodies to it called Immunoglobulin E (IgE). The next time the food is eaten by the allergic person, his or her IgE triggers the release of histamines and other chemicals that cause the inflammatory response.
- E. **“Food Intolerance”** means a food sensitivity, which occurs when a person has difficulty digesting a particular food and does not involve the immune system. This can lead to symptoms such as intestinal gas, abdominal pain or diarrhea.
- F. **“Individualized Education Plan (IEP)”** means the individualized education program that is written for each child with a disability, designed to meet the child’s unique needs. Each child who receives special education services must have an IEP. The IEP is a written statement that is developed, reviewed, and revised and includes statements about present levels of educational performance, measurable annual goals, special education, and related services and supplementary aids and services to be provided. (LCPS Policy IHB).
- G. **“Least Restrictive Environment (LRE)”** means requirements means that each public agency must ensure that to the maximum extent appropriate, students with disabilities, including students in public or private institutions or other care facilities, are educated with students who are non-disabled; and special classes, separate schooling, or other removal of students with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. The spirit of this requirement is to ensure that students are not unnecessarily removed from the regular classroom or isolated from other non-disabled students of their age and developmental stage. [CFR 300.130]
- H. **“Life Threatening Allergy (LTA)”** means someone who is diagnosed with a Life-Threatening Allergy by a recognized medical authority and prescribed a self-injecting epinephrine device.
- I. **“Milk Intolerance”** means an adverse food-induced reaction that does not involve the immune system. A true food allergy involves the immune system. A person with milk intolerance lacks an enzyme needed to digest milk sugar, called lactose. Consuming lactose may result in symptoms such as gas, bloating, and abdominal pain.
- J. **“Recognized Medical Authority”** means an individual who must be licensed

in the United States. For students with disabilities, this is limited to licensed physicians. For other students, the recognized medical authority is any U.S. licensed medical provider.

- K. **“School Community”** means all staff, students, parents/guardians, and other individuals who work or volunteer in a school.
- L. **“School-Level Multidisciplinary Team”** means a team that may include, but is not limited to, students (if age appropriate), parents/guardians, teachers, counselors, LCPS Nutrition Services Department director or his/her designee, school principal or his/her designee, school nurse, extra-curricular advisors, custodian, coaches, and LCPS Transportation Department personnel.
- M. **“Section 504 Plan”** means ensures that no qualified handicapped student shall, on the basis of disability, be excluded from participation in or be denied the benefits of, or otherwise be subjected to discrimination under any program or activity of the Las Cruces Public Schools. A student is considered disabled if he/she suffers from a physical or mental impairment that substantially limits one or more of his/her major life activities, such as learning, walking, seeing, hearing, breathing, working, and performing manual tasks. (LCPS Policy JBB) [CFR 104.1, 104.6 (a)]
- N. **“Student Assistance Team”** means the school-based group of people whose purpose is to provide additional support to students and teachers so the student receives the maximum benefit possible from his/her general education. The SAT’s mission is to approach and arrive at appropriate solutions to problems in the school environment through a cooperative team effort.
- O. **“Symptoms of a food allergy”** means symptoms that vary and range from mild to severe to life threatening. Symptoms may affect different body systems and include one or more of the following: 1) skin: seen as hives, rashes, or eczema; 2) the gastrointestinal tract: vomiting, abdominal cramps, and diarrhea; 3) the respiratory system: a tingling sensation in the mouth, swelling of the tongue and the throat, and difficulty breathing; and 4) the cardiovascular system: a drop in blood pressure, loss of consciousness, shock.

III. GUIDELINES

Comprehensive protocols shall be addressed in order to meet the needs of students and staff with food allergies:

- A. Increasing awareness and communication throughout the school community regarding food allergies, including education and training for all school personnel concerning life-threatening food allergies;
- B. Establishing preventative measures to reduce exposure to food allergens;

- C. Developing education programs for 1) students and their families on food allergen avoidance strategies; and 2) classmates/schoolmates on the avoidance of endangering, isolating, stigmatizing, or harassing students with life-threatening food allergies. Reference to specific students can only be made with prior written parental consent;
- D. Developing a Food Allergy Management plan for a student that is developmentally appropriate;
- E. Establishing emergency procedures for allergic reactions in the school setting with the development of and compliance with an emergency action plans for identified student.

IV. PROFESSIONAL DEVELOPMENT

- A. Professional development at the building level shall be provided annually to all staff and shall consider the following topics:
 - 1. Preventative measures to reduce exposure to food allergens
 - 2. Use of self-injecting epinephrine devices
 - 3. Signs and symptoms of allergic reactions
 - 4. Appropriate response
 - 5. Documentation of training participation
- B. Allergic reactions to food vary among students and can range from mild to severe life-threatening anaphylactic reactions. Students may react to ingestion, touch, or inhalation of the allergen.
- C. Appropriate staff shall be trained on Emergency Response Preparation. It is recommended that a minimum of three (3) school staff be trained in cardiopulmonary resuscitation, in addition to the school nurse.

V. PROCEDURES FOR MILK INTOLERANCE

- A. Each school year, a parent/guardian may request a milk (drinking milk only) substitute for their child by either completing the LCPS Milk Intolerance Management Form (EFAB-E1) or written request, and submitting it to the Nutrition Services cafeteria manager at their child's school. Per USDA's regulations, the option of nutritionally balanced soymilk or Lactaid will be provided (unless the student has a medically verified allergy to both dairy and soy milk).

If a parent/guardian is requesting any dietary modifications *beyond* a drinking milk substitution (e.g. substitution for/removal of: cheese, yogurt, dairy contained within products), a meeting and medical documentation indicating a severe milk intolerance or allergy is required (see VI).
- B. The Nutrition Services cafeteria manager will provide the school nurse and main Nutrition Services department with a copy of The LCPS Milk

Intolerance Management Form (EFAB-E1) or written request.

- C. The parent/guardian/student will inform coaches and sponsors of the student's milk intolerance and drinks to avoid.

VI. PROCEDURES FOR FOOD INTOLERANCES

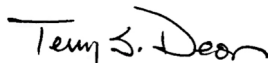
- A. If a parent is requesting any special dietary accommodations for their child, he/she must provide medical documentation annually. Annual documentation must be submitted within 30 (thirty) days of previous note expiration date to avoid special diet accommodation disruptions. This update must include information concerning the student's food intolerance, the foods that need to be avoided, and the appropriate treatment for reactions. Such statement shall, in the case of a student with disabilities, be signed by a physician, or, in the case of a student without disabilities, by a recognized medical authority. In addition, the parent shall provide a history of past reactions, including triggers and warning signs. It is the parent/guardian's responsibility to immediately update the school about any changes to the student's condition or to treatment for reactions.
- B. The school nurse shall organize an initial meeting of the school-level multidisciplinary team, to include at a minimum, the school nurse, Nutrition Services representative, parent/guardian and teacher if breakfast is served in the classroom. The multidisciplinary team is to develop a plan specifying how the school will accommodate the student's food intolerances. If the student has an IEP, the plan can be included in the IEP documents, but is not required. The initial meeting will occur for new food intolerances, changes in food intolerances and when a student transitions to a new primary or secondary school and is requesting special dietary accommodations.
- C. A Food Intolerance Management Plan (EFAB-E2) will be developed by the multidisciplinary team during the initial meeting. Copies of the Food Intolerance Management Plan (EFAB-E2) shall be kept by: the Nutrition Services Department, school nurse, and in substitute folders in the office/classroom of the nurse, Nutrition Services cafeteria manager and teacher.
- D. The Nutrition Services Department shall provide comparable substitutions for the foods that need to be avoided for all documented food allergies as determined by the Plan.
- E. The plan needs to be reviewed annually with the parent and cafeteria manager and may be done in the spring of the year. If there are no changes, only new medical documentation and communication (review of plan) with the new classroom teacher(s) is required in the fall.

VII. PROCEDURES FOR LIFE-THREATENING FOOD ALLERGIES

- A. When the parent/guardian of a student with a life-threatening food

allergy notifies the school, the parent/guardian must provide medical documentation. A recognized medical authority must provide a written update annually. This update must include information concerning the student's allergy, the foods that need to be avoided, and the appropriate treatment for reactions. Such statement shall, in the case of a student with disabilities, be signed by a physician, or, in the case of a student without disabilities, by a recognized medical authority. In addition, the parent shall provide a history of past allergic reactions, including triggers and warning signs. It is the parent/guardian's responsibility to immediately update the school about any changes to the student's condition or to treatment for reactions.

- B. Upon initial notice by the parent/guardian, the multidisciplinary team will meet to determine appropriate interventions, to include at a minimum, school nurse, parent/guardian, nutrition services representative, if student will be eating at school and school administrator. The team may also include the Chief Operations Officer or his/her designee, and representatives from the LCPS Communications Department and the LCPS Health Services Department, as appropriate. Subsequent yearly meetings can be held with the school nurse, parent/guardian and teacher, if needed, and can be held in the spring of the previous school year, if no changes in allergies have occurred.
- C. The multidisciplinary team shall develop an Allergy Management Plan that includes an Emergency Action Plan (EAP) for students with Life-Threatening Allergies, as provided by a recognized medical authority.
- D. The multidisciplinary team, after reviewing all relevant medical data and with careful consideration of the individual needs of the student with a life-threatening food allergy will develop an Allergy Management Plan that is least restrictive and meets the needs of the child.
 - 1. Parents/guardians are responsible for providing all emergency medications as ordered by a recognized medical authority to be stored at school and required to safeguard the student. Parents/guardians bringing medications to school must follow instructions in the medication policy (LCPS Policy JLCD).
 - 2. If a request is made by a parent/guardian to restrict a certain food item at school, the LCPS Superintendent or designee must make that decision.



Chief Operations Officer

May 1, 2016

Date Approved

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Legal Reference: USDA regulations 7 CFR Part 15b, CFR 300.130, CFR 104.1, 104.6 (a)