

# Regulations

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## FOOD ALLERGIES

### **Lunch**

The food-allergic child will eat only food brought from home or approved by the parent if buying lunch. Most parents of food-allergic children may prefer to have them bring lunch from home. In the cafeteria, attempts will be made so that the food-allergic child will eat or touch only the foods sent in by his parents. It is the parent who must make the determination as to the safety of a cafeteria school lunch for their food-allergic child. They should discuss this with the Director of Food Service (631) 592-3021. If the food-allergic child is going to buy a school lunch, the parent must notify the teacher, nurse, and food service worker and send in a written permission slip indicating the date and specific lunch to be purchased.

### **Cafeteria**

When parents and their physician inform the District of a nut-allergic/anaphylactic child and request lunchroom accommodations, the District will institute lunchroom procedures to help protect the nut-allergic child. "Nuts" means peanuts or tree-nuts (e.g. cashews, hazel nuts or filberts, walnuts, Brazil nuts, almonds, macadamias, pecans, pine nuts and pistachios.) The school will designate and clearly mark certain cafeteria tables as "nut-controlled". "Nut-controlled" tables will be supervised by a designated monitor. Prior to and after each lunch period, the designated table and benches or seats will be cleaned by the monitor with a wet soapy cleaner and wiped with disposable towels. Each day at the end of the lunch periods, after cleaning, the designated and marked table and benches or seats will be closed by the custodian and isolated from use during any other programs.

At the designated tables there will be no sharing or trading of food, utensils, or containers and no touching of the allergic-child's food. The children at these tables should not put food directly on the table but rather on disposable trays or napkins. Children with "safe lunches" may sit at the nut-controlled tables. The nut-allergic child should not dispose of food in the garbage pail to avoid accidental contact with wrappers, etc. that might have allergens. A letter will be sent home to all families in the school seeking voluntary support for limiting nut products brought in from home. A letter will also be sent home to classmates of food-allergic children explaining cafeteria and classroom rules. The classroom teacher will also inform the class about the rules and explain the seriousness in an age appropriate way.

After consultation with parents and their physician, arrangements may also be made for children with serious food allergies other than nuts. While the school and family will work cooperatively, an allergen-free environment can never be guaranteed. Parents of food allergic/anaphylactic children will provide epi-pens (injectable adrenalin/epinephrine) for the cafeteria. The School Nurse will train monitors in the appropriate protocol and administration.

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## **Food Service**

When a food-allergic child has been identified by his parents and physician, a form with his name, picture, and food allergies will be shared with the food service staff. Children with food allergies will be given a specific code for prepaid lunches as another safety check and will be entered into the student data management system. The cafeteria program will use disposable trays and utensils.

The School Lunch Director will continue to check ingredient labels for food products used in the School Lunch Program, including vending machine products. The Director will make a list of known technical, scientific and alternate names for common food allergens to be shared with each school. School food service will make efforts to eliminate nut containing products.

## **Elementary Classrooms, Snacks, and Parties**

At the elementary level, when the parent and family physician have informed the school of a child with a serious food allergy, a letter will be sent home to the class asking them not to bring in snacks or party foods that contain nuts (or, where appropriate, other food allergens.) [Exhibit 5425E1 Class Letter] The child may be identified by name only with the written permission of the parents. A follow-up reminder will be provided at Meet the Teacher Night.

Home baked goods and other foods prepared at home should not be sent into the classroom. Food brought in for birthdays and special events in the classroom should be purchased in stores, commercially prepared, and contain complete ingredient lists with no nuts or nut products.

Food-allergic children will eat only snacks and goodies brought in from their home. They will not be permitted to eat or touch food brought in by others for snacks, birthdays, holidays and celebrations unless approved by the child's parents. A parent of a food-allergic child may choose to send in their own "treats" for occasions such as these.

In the elementary schools, there are "class parents" for each class. The parent of the food-allergic child will be added as an additional class parent. They will all work together to provide a safer classroom.

The teacher will educate children, in an age appropriate manner, about the seriousness of food allergies and the importance of enforcing the rule never to share or trade snack or party food with a food-allergic classmate. Teasing of any kind is unacceptable and will not be tolerated. After snack, birthday parties, and special celebrations, tables and seats will be cleaned with a wet solution and disposable towels. Food-allergic students should keep the same desk and locker all school year.

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## School

When parents and their family physician notify the school about a food-allergic/anaphylactic child, the student's teachers, including "special area" teachers, and other staff such as paras, monitors, clericals, will be informed. Teachers will avoid using food in lesson plans. Teachers will not use food in art projects or class projects unless cleared with the child's parents. Also, cooking in a classroom may be restricted and approval by the parent will be sought.

The District is also concerned about avoiding "hidden" and non-food sources of food allergies. Gym equipment, in particular stuffed toys and bean bags; arts and crafts supplies such as play dough, paint, and crayons; cleaning supplies such as soaps; and classroom pet supplies such as pet foods and pet litter should be checked for the presence of nut products. No staff member will use peanut butter, nuts or any extracts or derivatives in any school activity.

In music, we will not allow the sharing of musical instruments that go in the mouth with a food-allergic/anaphylactic child. Other musical instruments should be wiped clean before being touched by the child. When using computers, the keyboard should be brushed and/or wiped before being touched by the food-allergic/anaphylactic child.

## Field Trips

Field trip permission forms should include a separate "serious medical condition" section. It should be taken on the trip along with any needed medicines. When a child identified with a "serious medical condition", such as food allergies/anaphylaxis, has a field trip his parent will be requested and encouraged to accompany the child on all such trips. Teachers will give these parents lead time on upcoming special events so that they have time to plan ahead to attend. If it is part of their doctor's treatment protocol, parents must provide two epi-pens for field trips. If a parent will not attend, a designated person trained in their use will take the epi-pens and keep the child in their group. Staff and chaperones will be briefed on the identity of the child, the specific allergies, and the symptoms to be aware of. On every field trip there will be access to a telephone, cell phone, or radio communication in case of emergency.

There will be no eating on the school bus during a field trip. If the children bring their own lunches, all parents will be asked to carefully avoid certain allergens. If the class will be eating at a restaurant, the food-allergic/anaphylactic child must bring his own food or signed permission from the parent to eat out and what the child may eat. Children will be reminded not to share or trade any food.

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## **School Buses**

Unless required by a medical condition, there will be no eating of food on school buses going to and from school. All food is to remain in backpacks. Eating on the bus presents both a choking hazard and an allergy danger. The bus driver will be informed about any food allergic/anaphylactic child. A form with the name, address, phone number, picture, allergies, symptoms to be aware of, and emergency phone numbers will be kept on the bus. There will be designated seats up front, particularly for young children. Parents may arrange for a friend to sit with their child. These designated seats will be cleaned each day with a disposable towel. All buses will be equipped with a reliable communication device, a radio and/or cell phone. An Emergency Response Plan for the school bus shall be formulated by the parents, nurse, and Transportation Director.

If possible, when there is a substitute bus driver, prior to the first run he will speak to the dispatcher and be briefed on the medical needs of the child. Where possible, parents of the food-allergic/anaphylactic child will be informed of the substitute driver and the parent may elect to provide their own transportation.

## **Substitute Teachers**

The regular teacher will keep information about food-allergic/anaphylactic children with her sub plans. The substitute teacher will be informed of the child's allergies and directed to speak to the nurse before the start of the day. Permanent subs will be used where possible. The parents will be notified when there is a substitute teacher.

## **Parent Responsibilities**

When a food-allergic/anaphylactic child has been identified by his parents and physician, the school district will require that the parents:

1. inform the school of the child's allergies and condition and provide written medical documentation and update regularly.
2. provide the school with medical instructions from their physician.
3. provide the school with epi-pens (or epi-pen Jrs. if less than 60 pounds) and other medication, if appropriate, as prescribed by the family physician.
4. be encouraged to provide the child with a medical information bracelet or necklace to be worn at school that lists allergies.
5. assist in the schools' communications plan.
6. participate in the development of a Health Plan.
7. provide safe foods for lunches, snacks, and special occasions.
8. help plan for classroom parties.
9. help plan for field trips and attend if possible.

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10. confer with teachers regarding lessons or projects that use food.
11. teach their allergic child to recognize first symptoms, to communicate these to staff, to not share snacks, lunches, drinks and utensils, and to report any teasing.
12. consent to share photographs and medical information with necessary employees.
13. maintain up-to-date emergency contacts and phone numbers.

## In-Service

Staff who interact with the food-allergic anaphylactic students – teachers, psychologists, cafeteria workers, monitors, bus drivers, coaches and other appropriate staff – will be in-serviced in how to protect the child from exposure, about cross-contamination and labeling issues, how to recognize an allergic symptom, and how to respond to emergencies. Any Health Plan will be shared with these individuals. The school nurse will provide training and keep a list of the staff trained. The training regarding foods which contain specific allergens, symptoms of anaphylaxis, and administration of epi-pens in the case of an emergency may involve the parents of the child. Staff may watch a video such as “It Only Takes One Bite”.

## Letters

When a food-allergic/anaphylactic child has been identified to the school by his parent and family physician, a general letter will be sent to the entire elementary school explaining the presence and the life-threatening seriousness of the condition and requesting cooperation in reducing risk to the child. (Exhibit 5425E2 School Letter) A letter will also be sent to the parents of the class asking help in making the classroom safer. (Exhibit 1 Class Letter) Letters will be sent home prior to the start of the school year or when the school is notified. The child will be identified in the letter only with written permission of the parents.

## Forms

The District should reference Policy and Regulation Number on the Emergency Health Cards that students must complete each year. Policies are available in each school, at Central Office, at the Library, and on the District’s web site at [www.hhh.k12.ny.us](http://www.hhh.k12.ny.us). The health cards should ask for information about asthma and allergies and the need for parents to report this information to the schools.

The nurse in each school will compile a list of students with parent and physician reported food-allergies/anaphylaxis. The nurse shall obtain medical documentation and an emergency action plan from the family and their doctor for each child.

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## Consent and Waivers

1. A standardized form for consent to release (share) personal information or consent for release of personal information to internal school staff (Exhibit 5425E3)
2. A standardized form for consent for trained individuals to administer medication in the event of an emergency. (Exhibit 5425E4)
3. Waiver: School District and staff will be exempt from liability if emergency treatment is provided.

## Privacy Issues and Sharing Information

It is the responsibility of parents to report a child's food-allergic/anaphylactic condition to the child's school. Parents must consent in writing to the release of personal medical information to the school staff. The following guidelines should be implemented in order to protect the privacy of the child while educating students, staff and parents.

1. Identify the child and medical condition to the staff either individually or at a staff meeting before school begins (teaching and non-teaching staff). Parents may choose to participate.
2. Food Allergy Policy and Regulations will be put in faculty handbook and on web site.
3. At the beginning of the school year each of the child's teachers will be given an allergy alert form with a photo, description, treatment, etc.
4. With permission of the parents, other students may be told and cooperation enlisted, in age appropriate ways.
5. At the high school level, identification to peers should be done only after consultation with the student in addition to permission of the parents.
6. Books and videos will be available to inform adults and staff (such as "It Only Takes One Bite") and students (such as "Alexander the Elephant Who Couldn't Eat Peanuts")
7. Food allergies/anaphylaxis may be explained in health classes or secondary school first-aid programs.
8. PTA's are encouraged to have an annual presentation for parents and members about food allergies/anaphylaxis. Parents of children with food allergies should be offered the opportunity to share information.
9. Information articles about food allergies/anaphylaxis can be written in school newsletters and the District *Herald* each year (Exhibit 5425E5 Article)

## Health Plan

When parents and their physician identify a food-allergic/anaphylactic child to the school, the parents will meet with the school nurse. The parent will fill out a Health Plan form each year (Exhibit 5425E6 HP Form) that provides up-to-date medical information and the treatment protocol

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from the family's physician. Parents will supply medicines and epi-pens to schools as prescribed by their physician.

The Health Plan form should include information from the physician as to symptoms to look for, recognizing warning signs of reactions, administering medical and emergency treatment for the child, and any other pertinent information. The parents will provide ten pictures of the child to be included on each copy of the form. The Health Plan will be shared with teachers, nurses, administrators, food service workers, cafeteria monitors, bus drivers, coaches and others responsible for the student. The Plan will go with the child on all field trips.

The Health Plan will also include phone numbers: child's home, mother's work, mother's cell, dad's work, dad's cell, emergency contact numbers (relatives, friends, neighbors) and child's doctor. Every Health Plan will also include the name of the Fire Department/Rescue Squad and the direct phone number to dial for an anaphylactic emergency.

If exposure to an allergen occurs despite avoidance efforts, the school will follow the prescribing doctor's protocol as consented to by the parents. Parents will be notified if any medicine has been administered. The school will attend to the child and administer the epi-pen if that is the treatment protocol. The Fire Department/Rescue Squad will be called specifying the need for paramedics. A staff member will wait outside the school and direct them to the child.

Any child given an epi-pen injection will be transported immediately to a hospital or nearest emergency department, even if symptoms resolve. An adult will be sent, along with extra epi-pens, to accompany the child in the ambulance to the hospital, and to stay with the child until a parent arrives. After the call to the Fire Department/Rescue Squad, the parents and/or emergency contacts and then the doctor will be called.

Mock drills will be performed annually.

## **Epi-Pens**

Emergency medical kits, with appropriate medications including epi-pens, will be supplied by the parents from their doctor's prescription for a food-allergic/anaphylactic child. Kits will be put in places agreed upon by the school and the parents. The child's Health Plan form will list where the epi-pens are kept. The school nurse should periodically check epi-pen supplies and expiration dates. Epi-pens should be stored in areas that are secure but unlocked and unrefrigerated. Students should be allowed to carry their own epi-pens if age appropriate, have a medical information bracelet or necklace and written approval has been given by the physician and parent/guardian, and the school nurse is made aware. Parents of children who are allowed to self-administer an epi-pen should consider that it may be dangerous to assume that any person, of any age, will be able to self-inject if an allergic/anaphylactic reaction is proceeding rapidly.

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The Health Plan relies on having a trained adult on hand. The nurse will train specified staff to recognize anaphylactic reactions and to administer an epi-pen. She will keep a log of the training. A sheet showing how to administer an epi-pen will be distributed along with the Health Plan form.

Parents will sign a waiver that allows the schools to follow the doctor's treatment protocol and to use epi-pens when considered necessary.

## **Athletic and Extracurricular Activities**

All food allergic/anaphylactic children who are involved in athletic and extracurricular activities will be provided a Health Plan and the coach or supervisor will be trained to administer an epi-pen by the school nurse.

## **Before and After School Child Care**

These programs are not under the auspices of the Half Hollow Hills School District. Parents of food-allergic/anaphylactic children who are enrolled in the REACH/CYA Before or After School Child Care Program should notify REACH/CYA of their medical needs.

Approved: June 20, 2005