STUDENTS WITH FOOD ALLERGIES

The Board of Education recognizes that many students are being diagnosed with potentially life-threatening food allergies. To address this issue and meet state law requirements concerning the management of food allergies and anaphylaxis among students, the Board sets forth the following requirements.

Health Care Plan
The school nurse, or a school administrator in consultation with the school nurse, shall develop and implement a health care plan (plan) for each student with a diagnosis of a potentially life-threatening food allergy. The plan shall address communication between the school and emergency medical services, including instructions for emergency medical responders. If a student qualifies as a student with a disability in accordance with federal law, the student’s Section 504 plan, Individualized Education Program (IEP), and/or other plan developed in accordance with applicable federal law shall meet this requirement.

Reasonable Accommodations
Reasonable accommodations shall be made to reduce the student’s exposure to agents that may cause anaphylaxis within the school environment. If a student qualifies as a student with a disability in accordance with federal law, the student’s Section 504 plan, IEP, and/or other plan developed in accordance with applicable federal law shall meet this requirement.

Access to Emergency Medications
Emergency medications for treatment of the student’s food allergies or anaphylaxis shall be kept in a secure location accessible to designated school staff. Whenever possible and in a timely fashion, the student’s parent/legal guardian shall supply the school with the medication needed for treatment of the student’s food allergies or anaphylaxis, unless the student is authorized to self-carry such medication in accordance with Board policy JLCD, Administering Medication to Students.

Staff Training
The principal or equivalent school administrator, in consultation with the school nurse, shall determine the appropriate recipients of emergency anaphylaxis treatment training, which shall include those staff directly involved with a student who has a known food allergy during the school day. At a minimum, the training shall prepare staff to have a basic understanding of food allergies and the importance of reasonable avoidance of agents that may cause anaphylaxis, the ability to recognize symptoms of anaphylaxis, and the ability to respond appropriately when a student suffers an anaphylactic reaction. The training shall also include instruction in the administration of self-injectable epinephrine.

Adopted June 2, 2010

Legal refs.:  20 U.S.C. 1400 et seq. (Individuals with Disabilities Education Improvement Act of 2007)
29 U.S.C. 701 et seq. (Section 504 of the Rehabilitation Act of 1973)
42 U.S.C. 12101 et seq. (Americans with Disabilities Act)
C.R.S. 22-2-135 (Colorado School Children’s Food Allergy and Anaphylaxis Management Act)
C.R.S. 22-32-139 (policy required regarding management of food allergies and anaphylaxis among students)
C.R.S. 25-1.5-109 (school districts to gather information concerning students food allergies)
1 CCR 301-68

Cross ref.: JLCD, Administering Medications to Students