

#5120.3.4

**Management Plan and Guidelines for Students with Food Allergies,
Glycogen Storage Disease and/or Diabetes**

The Madison Public Schools (the “district”) recognize that food allergies, glycogen storage disease and diabetes may be life threatening. For this reason, the district is committed to developing strategies and practices to minimize the risk of accidental exposure to life threatening food allergens and to ensure prompt and effective medical response should a student suffer an allergic reaction while at school. The district is also committed to appropriately managing and supporting students with glycogen storage disease and diabetes. The district further recognizes the importance of collaborating with parents, adult students (defined as students age eighteen (18) and older) and appropriate medical staff in developing such practices and encourages strategies to enable the student to become increasingly proactive in the care and management of ~~his/her~~ the student’s food allergy, glycogen storage disease or diabetes, as developmentally appropriate. To this end, the district adopt the following guidelines related to the management of life threatening food allergies, glycogen storage disease, and diabetes for students enrolled in district schools.

I. Identifying Students with Life-Threatening Food Allergies, Diabetes and/or Glycogen Storage Disease

Early identification of students with life-threatening food allergies, diabetes and/or glycogen storage disease (GSD) is important. The district therefore encourages parents/guardians of students and adult students with life-threatening food allergies to notify the school of the allergy, providing as much medical documentation about the extent and nature of the food allergy as is known, as well as any known effective treatment for the allergy. The district also encourages parents/guardians of students and adult students with GSD and diabetes to notify the school of the disease, providing as much medical documentation about the type of GSD or diabetes, nature of the disease, and current treatment of the student.

Students with life-threatening food allergies and diabetes are virtually always students with disabilities and should be referred to a Section 504 team, which will make a final determination concerning the student’s eligibility for services under Section 504. The

33 Section 504 team may determine that the only services needed are in the student's
34 Individualized Health Care Plan (IHCP) and/or Emergency Care Plan (ECP); in that case, the
35 IHCP and/or ECP will also serve as the student's Section 504 plan. The Section 504 team
36 will also ensure that parents receive appropriate notice and are informed of their rights under
37 Section 504, including their right to request an impartial hearing if they disagree with the
38 provisions in the Section 504 plan.

39
40 Students with GSD and less severe food allergies should be referred to a Section 504 team if
41 there is reason to believe that the student's GSD or food allergy substantially limits a major
42 life activity. To determine whether a food allergy is severe enough to substantially limit a
43 major life activity, the team should consider the impact on the student when the student has
44 been exposed to the allergen and has not yet received treatment.

45
46 Major life activities include, but are not limited to:

- 47
48 (i) Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking,
49 standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading,
50 concentrating, thinking, communicating, interacting with others, and working; and
51
52 (ii) The operation of a major bodily function, including functions of the immune system,
53 special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel,
54 bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic,
55 lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily
56 function includes the operation of an individual organ within a body system.

- 57
58 **II. Individualized Health Care Plans and Emergency Care Plans**
59 1. If the district obtains medical documentation that a student has a life-threatening food
60 allergy, GSD, or diabetes, the district shall develop an (IHCP) for the student. Each
61 IHCP should contain information relevant to the student's participation in school
62 activities.

- 64 2. The IHCP shall be developed by a group of individuals, which shall include the parents,
65 the adult student, if applicable, and appropriate school personnel. Such personnel may
66 include, but are not limited to, the school nurse, school or food service administrator(s),
67 classroom teacher(s) and the student, if appropriate. The school may also consult with
68 the school's medical advisor, as needed.
69
- 70 3. IHCPs are developed for students with special health needs or whose health needs
71 require daily interventions. The IHCP describes how to meet the student's health and
72 safety needs within the school environment and should address the student's needs
73 across school settings. Information to be contained in an IHCP should include a
74 description of the functional health issues (diagnoses); student objectives for promoting
75 self-care and age appropriate independence; and the responsibilities of parents, school
76 nurse and other school personnel. The IHCP may also include strategies to minimize
77 the allergic student's risk for exposure. For the student with life-threatening food
78 allergies, GSD, or diabetes, the IHCP may include strategies designed to ameliorate
79 risks associated with such disease and support the student's participation in the
80 classroom. IHCPs for such students may include such considerations:
81
- 82 a. classroom environment, including allergy free considerations, or allowing the
83 student with GSD or diabetes to have food/dietary supplements when needed;
 - 84 b. cafeteria safety;
 - 85 c. participation in school nutrition programs;
 - 86 d. snacks, birthdays and other celebrations;
 - 87 e. alternatives to food rewards or incentives;
 - 88 f. hand-washing;
 - 89 g. location of emergency medication;
 - 90 h. who will provide emergency and routine care in school; including monitoring of
91 continuous glucose monitor (CGM) alerts as may be appropriate, in school;
 - 92 i. risk management during lunch and recess times;
 - 93 j. special events;
 - 94 k. field trips, fire drills and lockdowns;

- 95 l. extracurricular activities;
96 m. school transportation;
97 n. the provision of food or dietary supplements by the school nurse, or any school
98 employee approved by the school nurse;
99 o. staff notification, including substitutes, and training; and
100 p. transitions to new classrooms, grades and/or buildings.
101
- 102 4. The IHCP should be reviewed annually, or whenever there is a change in the student's
103 ECP, changes in self-monitoring and self-care abilities of the student, or following an
104 emergency event requiring the administration of medication or the implementation of
105 other emergency protocols.
106
- 107 5. For a student with a life-threatening food allergy, GSD, or diabetes, the IHCP shall not
108 prohibit a parent or guardian, or a person designated by such parent or guardian, to
109 provide food or dietary supplements to a student with a life threatening food allergy,
110 GSD, or diabetes on school grounds during the school day.
111
- 112 6. In addition to the IHCP, the district shall also develop an ECP for each student
113 identified as having a life-threatening food allergy. The ECP is part of the IHCP and
114 describes the specific directions about what to do in a medical emergency. For the
115 student with a life-threatening food allergy, the ECP should include the following
116 information:
117
- 118 a. The student's name and other identifying information, such as date of birth, grade
119 and photo;
120 b. The student's specific allergy;
121 c. The student's signs and symptoms of an allergic reaction;
122 d. The medication, if any, or other treatment to be administered in the event of
123 exposure;
124 e. The location and storage of the medication;

- 125 f. Who will administer the medication (including self-administration options, as
126 appropriate);
- 127 g. Other emergency procedures, such as calling 911, contacting the school nurse,
128 and/or calling the parents or physician;
- 129 h. Recommendations for what to do if the student continues to experience symptoms
130 after the administration of medication; and
- 131 i. Emergency contact information for the parents/family and medical provider.
132
- 133 7. In addition to the IHCP, the district shall also develop an ECP for each student
134 identified as having GSD and/or diabetes. The ECP is part of the IHCP and describes
135 the specific directions about what to do in a medical emergency. For the student with
136 GSD or diabetes, the ECP should include the following information, as may be
137 appropriate:
- 138
- 139 a. The student’s name and other identifying information, such as date of birth, grade
140 and photo;
- 141 b. Information about the disease or disease specific information (i.e. type of GSD or
142 diabetes);
- 143 c. Whether the student uses a CGM, and how the CGM will be monitored in
144 school;
- 145 ~~b.~~
- 146 ~~e.d.~~ The student’s signs and symptoms of an adverse reaction (such as hypoglycemia);
- 147 ~~d.e.~~ The medication, if any, or other treatment to be administered in the event of an
148 adverse reaction or emergency (i.e. Glucagon or insulin)
- 149 ~~e.f.~~ The location and storage of the medication;
- 150 ~~f.g.~~ Who will administer the medication (including self-administration options, as
151 appropriate);
- 152 ~~g.h.~~ Other emergency procedures, such as calling 911, contacting the school nurse,
153 and/or calling the parents or physician;
- 154 ~~h.i.~~ Recommendations for what to do if the student continues to experience symptoms
155 after the administration of medication; and
- 156 ~~i.j.~~ Emergency contact information for the parents/family and medical provider.

157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187

8. In developing the ECP, the school nurse should obtain current medical documentation from the parents/family and the student’s health care provider, including the student’s emergency plan and proper medication orders. If needed, the school nurse or other appropriate school personnel, should obtain consent to consult directly with the student’s health care providers to clarify medical needs, emergency medical protocol and medication orders.

9. A student identified as having a life-threatening food allergy, GSD, or diabetes is entitled to an IHCP and an ECP, regardless of ~~his/her~~ the student’s status as a student with a disability, as that term is understood under Section 504 of the Rehabilitation Act of 1973 (“Section 504”), or the Individuals with Disabilities Education Act (“IDEA”).

10. The district shall ensure that the information contained in the IHCP and ECP is distributed to any school personnel responsible for implementing any provisions of the IHCP and/or ECP, and that any procedures in the IHCP and/or ECP comply with the district’s policies and procedures regarding the administration of medications to students.

11. When making eligibility determinations under Section 504 and/or the IDEA, schools must consider the student’s needs on an individualized, case-by-case basis.

III. Training/Education

1. The district shall provide appropriate education and training for school personnel regarding the management of students with life-threatening food allergies, GSD and diabetes. Such training may include an overview of life-threatening food allergies, GSD and diabetes; prevention strategies; IHCPs and ECPs; monitoring of blood glucose alerts transmitted by the CGM of the student to a dedicated receiver, tablet/smartphone application, or other appropriate technology during the school day and during school-sponsored activities and food safety and sanitation. Training shall also include, as appropriate for each school (and depending on the specific needs of the individual

188 students at the school), training in the administration of medication with cartridge
189 injectors (i.e. epi-pens), and/or the specific preventative strategies to minimize the risk
190 of exposure to life-threatening allergens and prevent adverse reactions in students with
191 GSD and diabetes (such as the provision of food or dietary supplements for students).
192 School personnel will be also be educated on how to recognize symptoms of allergic
193 reactions and/or symptoms of low blood sugar, as seen with GSD and diabetes, and
194 what to do in the event of an emergency. Staff training and education will be
195 coordinated by **the Coordinator of Health Services**. Any such training regarding the
196 administration of medication shall be done accordance with state law and Board policy.
197

- 198 2. Each school within the district shall also provide age-appropriate information to
199 students about food allergies, GSD and diabetes, how to recognize symptoms of an
200 allergic reaction and/or low blood sugar emergency and the importance of adhering to
201 the school’s policies regarding food and/or snacks.
202

203 **IV. Prevention**

204 Each school within the district will develop appropriate practices to minimize the risk of
205 exposure to life-threatening allergens, as well as the risks associated with GSD and
206 diabetes. Practices that may be considered may include, but are not limited to:

- 207 1. Encouraging handwashing;
208 2. Discouraging students from swapping food at lunch or other snack/meal times;
209 3. Encouraging the use of non-food items as incentives, rewards or in connection
210 with celebrations;
211 4. Training staff in recognizing symptoms of anaphylaxis and hypoglycemia; and
212 5. Planning for school emergencies, to include consideration of the need to access
213 medication, food and/or dietary supplements.
214

215 **V. Communication**

- 216 1. As described above, the school nurse shall be responsible for coordinating the
217 communication among parents, a student’s individual health care provider and the
218 school regarding a student’s life-threatening allergic condition, GSD and/or diabetes.

219 School staff responsible for implementing a student’s IHCP will be notified of their
220 responsibilities and provided with appropriate information as to how to minimize risk
221 of exposure and/or alterations in blood sugar levels and how to respond in the event of
222 such emergency.

223
224 2. Each school will ensure that there are appropriate communication systems available
225 within each school (i.e. telephones, cell phones, walkie-talkies) and for off-site
226 activities (i.e. field trips) to ensure that school personnel are able to effectively respond
227 in case of emergency.

228
229 3. The district shall develop standard letters to be sent home to parents, whenever
230 appropriate, to alert them to food restrictions within their student’s classroom or school.

231
232 4. All district staff are expected to follow district policy and/or federal and state law
233 regarding the confidentiality of student information, including medical information
234 about the student.

235
236 5. The district shall make the Management Plan and Guidelines for Students with Food
237 Allergies, Glycogen Storage Disease and/or Diabetes available on the Board’s website
238 or the website of each school under the Board's jurisdiction.

239
240 6. The district shall provide annual notice to parents and guardians regarding the
241 Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage
242 Disease and/or Diabetes. Such notice shall be provided in conjunction with the annual
243 written statement provided to parents and guardians regarding pesticide applications in
244 the schools.

245

246 **VI. Monitoring the District’s Plan and Procedures**

247 The district should conduct periodic assessments of its Management Plan and Guidelines
248 for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes. Such
249 assessments should occur at least annually and after each emergency event involving the

250 administration of medication to a student with a life-threatening food allergy, GSD or
251 diabetes to determine the effectiveness of the process, why the incident occurred, what
252 worked and what did not work.

253
254 The Superintendent shall annually attest to the Department of Education that the District is
255 implementing the Management Plan and Guidelines for Students with Food Allergies,
256 Glycogen Storage Disease and/or Diabetes.

257

258 **Legal References:**

259 **State Law/Regulations/Guidance:**

260

- 261 Conn. Gen. Stat. § 10-212a Administration of Medications in Schools
262 Conn. Gen. Stat. § 10-212c Life-threatening food allergies and Glycogen Storage
263 Disease: Guidelines; district plans
264 Conn. Gen. Stat. § 10-220i Transportation of students carrying cartridge injectors
265 Conn. Gen. Stat. § 10-231c Pesticide applications at schools without an integrated pest
266 management plan.
267 Conn. Gen. Stat. § 19a-900 Use of cartridge injectors by staff members of before or
268 after school program, day camp or day care facility.
269 Conn. Gen. Stat. § 52-557b “Good Samaritan law”. Immunity from liability for
270 emergency, medical assistance, first aid or medication by
271 injector. School personnel not required to administer or
272 render. Immunity from liability re automatic external
273 defibrillators.
274 Regs. Conn. State Agencies § 10-212a-1 through 10-212a-7 Administration of
275 Medication by School Personnel
276 Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools
277 (Includes Guidelines for Managing Glycogen Storage Disease), Connecticut State
278 Department of Education (Updated 2012).

279

280 **Federal Law:**

- 281 Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794
282 Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.
283 The Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12101 et seq.

284

285

286

287 Date of Adoption: October 1, 2002

288 Date of Revision: March 22, 2016

289 Date of Revision: November 12, 2019

290

291 [First Reading: February 7, 2023](#)

292 [Second Reading: March 7, 2023](#)