

**LEWISTOWN PUBLIC SCHOOLS
BOARD OF TRUSTEES**

Lincoln Board Room
215 Seventh Avenue South
Lewistown, Montana 59457

Monday, October 12, 2009

REGULAR BOARD MEETING

CALL TO ORDER (7:00 P.M.)

1. Roll Call
2. Pledge of Allegiance

BOARD OF TRUSTEES

3. Presentation—Garfield and Highland Park Kindergarten Teachers
4. Discussion—Peanuts/Nuts in Our Schools
5. Discussion—Facilities Review
6. Report—Student Representative
7. Report—Committees of the Board
8. Calendar Items, Concerns, Correspondence, Etc.

SUPERINTENDENT'S REPORT

9. Report—Investment
10. Other Items

PUBLIC PARTICIPATION

11. Recognition of Parents, Patrons, and Others Who Wish to Address the Board

ACTION ITEMS

MINUTES

12. Minutes of the September 28, 2009, Regular Board Meeting

APPROVAL OF CLAIMS

13. Claims

CONSENT GROUP ITEMS

14. Approve Substitute(s)
15. Approve Lewistown Junior High School Activity Fund Report for August 2009
16. Approve Fergus High School Activity Fund Reports for August and September 2009

INDIVIDUAL ITEMS

17. Approve Personnel Report
18. Approve Request by the City of Lewistown to Modify Easement Granted in 1986
19. Approve Revisions to the Transportation Policy and Procedure Handbook
20. Approve ARRA Funds Flow Through Application for Purchase of Instructional Materials and Supplies at Fergus High School
21. Approve ARRA Funds Flow Through Application for Possible Hiring of Behavioral Aide and Purchase of Instructional Materials at Elementary Building

ADJOURNMENT

PUBLIC PARTICIPATION

The Board of Education encourages participation at public school board meetings. Under normal circumstances it is desirable to allow everyone to address the Board. However, when there are many persons who wish to address the Board, the following rules shall apply to protect the public's right to be heard:

- Each speaker shall be allowed a presentation not to exceed three (3) minutes at the appropriate time on the Agenda.
- There will be a limit of one presentation per person.
- The Board requests that organizations and groups be represented by a single spokesperson. The spokesperson for each group shall be limited to a presentation of three (3) minutes. To save repetition and time, the Board also requests that persons not speak if a previous speaker has expressed a similar position on the same issue.
- The Board will accept comments from the public on each agenda item as it is discussed.

By a majority vote of the Board, these rules may be suspended for special reasons at any particular meeting. Further, the Board may reserve the right to adjust the length of time.

CONSENT GROUP ITEMS

The action of adoption of the "Consent Group" as an official item on the agenda means that all items appearing under the title "Consent Group" shall be adopted by majority approval of a single motion, unless a member of the Board or the Superintendent requests that any particular item be removed from the "Consent Group" and voted on separately.

Generally "Consent Group" items are matters which members of the Board and Superintendent agree are routine in nature and should be acted upon in one motion to conserve time and permit focus on other than routine matters on the agenda.

LEWISTOWN PUBLIC SCHOOLS
Lewistown, Montana

BOARD AGENDA ITEM

Meeting Date

10/12/2009

Agenda Item No.

3

- Minutes/Claims
 Board of Trustees
 Superintendent's Report
 Action – Consent
 Action – Indiv.

ITEM TITLE: PRESENTATION—GARFIELD AND HIGHLAND PARK KINDERGARTEN TEACHERS

Requested By: Board of Trustees **Prepared By:** _____ **Date:** 10/12/2009

SUMMARY:

The Kindergarten staff of Lewistown Public Schools will enthusiastically share their experiences from the National Kindergarten Conference held last July in Las Vegas, Nevada. Among the information to be shared from the conference is the use of centers in the Kindergarten program; parent involvement programs; and writing in Kindergarten. We will also discuss Lewistown's Full-Time Kindergarten program and schedules, the Kindergarten staff meeting schedule, and progress to date. Attending the Board Meeting will be Sharon Redfern and John Moffatt, principals; Aaryn Bell, Laura Gilskey, Bridget Sparks, Margee Smith, and Brenda Gruener, teachers. Kindergarteners Travis Sura and Brooklyn Nason will attend to lead the pledge and discuss centers in their classroom.

SUGGESTED ACTION: Informational

Additional Information Attached **Estimated cost/fund source** _____

NOTES:

<i>Board Action</i>	Motion	Second	Aye	Nay	Abstain	Other
Bristol						
Byerly						
Granot						
Jackson						
Monger						
Schelle						
Weeden						

LEWISTOWN PUBLIC SCHOOLS
Lewistown, Montana

BOARD AGENDA ITEM

Meeting Date

10/12/2009

Agenda Item No.

4

- Minutes/Claims
 Board of Trustees
 Superintendent's Report
 Action - Consent
 Action - Indiv.

ITEM TITLE: DISCUSSION—PEANUTS/NUTS IN OUR SCHOOLS

Requested By: Board of Trustees **Prepared By:** _____ **Date:** 10/12/2009

SUMMARY:

The Board of Trustees will have a discussion regarding the information presented by some of the parents with children who have an allergy to peanuts/nuts and also from Food Service Director Cindy Giese at the September 28, 2009, Board meeting. Additional information has been provided for the Board to consider in their discussion.

SUGGESTED ACTION: Informational

Additional Information Attached **Estimated cost/fund source** _____

NOTES:

<i>Board Action</i>	Motion	Second	Aye	Nay	Abstain	Other
Bristol						
Byerly						
Granot						
Jackson						
Monger						
Schelle						
Weeden						

From: Jamie Sura [mailto:jbieber73@yahoo.com]

Sent: Wednesday, October 07, 2009 12:56 PM

To: rooney@midrivers.com; Beth Kirsch; Amy Patnode; Jamie Sura; Jason Butcher; scott@kgreenhouse.com

Subject: Peanut allergy info

Dear Family Members and Mr. Butcher:

Attached please find the "Dream List" that the School Board asked us to come up with. Also I found a very useful tool from the FAAN (Food Allergy & Anaphylaxis Network) which is a guide for teachers/schools/parents. There are strong guidelines already in place and already recognized by the following:

American School Food Service Assoc
National Association of Elementary School Principals
National Association of School Nurses
National School Boards Association.

Jason, thank you for your efforts in getting these materials to the board members. We all are very appreciative of the receptiveness of the board!! I think many of us do plan on being at the next board meeting should any further questions arise. Jamie Sura

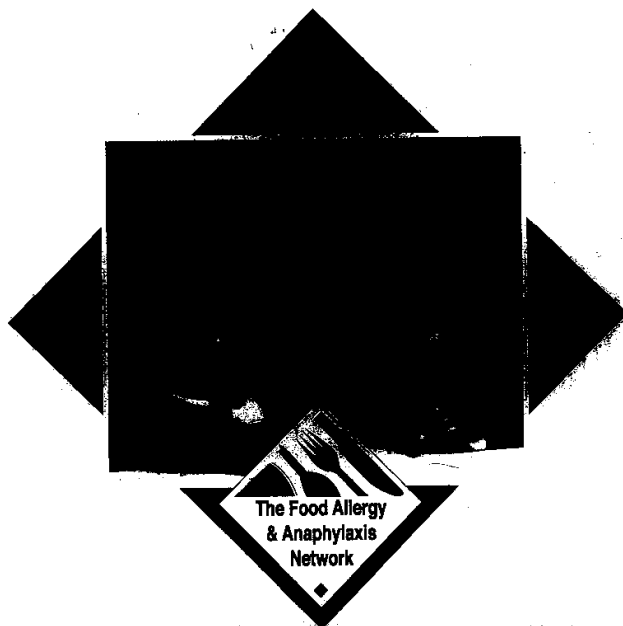
NOTE: This is a compilation from all 4 families and certain items may be a higher priority for each family.

1. Remove daily peanut butter sandwich option from Lewis and Clark immediately.
2. Ban peanuts/tree nuts from school altogether.
3. Train all playground aides, secretaries, students, and support staff in addition to all teachers about life threatening symptoms and emergency measures. Be prepared that anaphylaxis (bee stings, food allergies) will happen and ensure that there are staff members available who are properly trained to administer life saving medications during the school day regardless of time or location.
4. Ensure allergy/emergency information is properly shared with guest teachers, and education about these allergies and emergency measures are shared midway through the year, as well as at the start. Other kids may be able to recognize and report problems before a teacher/aide would. Assure that all staff and students who interact with the student on a regular basis understands food allergy, can recognize symptoms, and knows what to do in an emergency.
5. Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician's standing order for epinephrine. In states where regulations permit, medications are kept in an easily accessible secure location central to designated school personnel, not in locked cupboards or drawers. Students should be allowed to carry their own epinephrine, if age appropriate after approval from the students' physician/clinic, parent and school nurse, and allowed by state or local regulations.
6. Institute strict, supervised hand washing policies after arriving at school, before and after all meals AND snacks.
7. Routinely clean all tables, desks, and surfaces with approved cleansers (Formula 409, Target brand cleaner with bleach, Lysol Sanitizing wipes).
8. Remove peanut butter from general hot lunch program at the grade schools.
9. No peanut butter/nut cookies to be served at school functions; for example, parent teacher conferences, open house, etc. NO homemade treats for birthday parties or holidays. Treats should be individually packaged and labeled.
10. Ensure no learning materials contain peanuts/tree nuts or are processed with peanuts/tree nuts (candies for rewards, foods for science experiments, etc.) No peanut/tree nut snacks in classrooms.
11. Establish peanut/tree nut-FREE zones in cafeterias or peanut/tree nut zones for those bringing it from home. Keep the tables consistent. This will ensure proper hand washing takes place and that the tables are cleaned thoroughly.
12. Incorporate allergic children with other children (do not isolate them into another room).
13. Have consistent measures among the elementary schools as to simplify surprises & struggles at each new building a child will be attending.
14. Show other children videos and read the Alexander the Elephant Series.

Thank you for your time and interest in this very serious matter.
The Suras, The Kirchs, The Patnodes and The Rooneys

Off to School With Food Allergies

A GUIDE FOR TEACHERS



EDUCATION ADVOCACY RESEARCH AWARENESS

? What is a food allergy?

A food allergy occurs when the body mistakenly thinks that a food's protein is harmful. In its effort to protect the body, the immune system releases massive amounts of chemicals, including histamine, that trigger the symptoms of an allergic reaction. Basically, food-allergic reactions are caused by an overactive immune system.

A food allergy differs from other adverse food reactions, such as food intolerances. For example, lactose intolerance does not involve the immune system, but rather is caused by the body's inability to digest lactose, a sugar found in cow's milk products.

? What foods cause food-allergic reactions?

While any food potentially can cause a food allergy, six foods are responsible for most food-allergic reactions in children: eggs, milk, peanuts, soy, tree nuts, and wheat.

? What are the typical symptoms that occur during a food-allergic reaction?

Symptoms can range from mild and bothersome to severe and life-threatening. They may involve several body systems, including

- the skin, leading to hives, swelling, an itchy red rash, or eczema
- the gastrointestinal tract, causing nausea, abdominal pain or discomfort, vomiting, and/or diarrhea
- the respiratory tract, inducing itching and/or swelling of the lips, tongue, or throat; watery, itchy eyes; runny or stuffy nose; sneezing; coughing; tightness in the chest; wheezing; or shortness of breath

The most severe form of food-allergic reaction is called anaphylaxis. Anaphylaxis is a serious allergic reaction that is rapid in onset and

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may cause death. Symptoms may include any one or more of the following: hives, flushing, wheezing, hacking cough, shortness of breath, swelling of the mouth and throat area, difficulty breathing, vomiting, diarrhea, cramping, a drop in blood pressure, and loss of consciousness. Epinephrine (adrenaline), available in devices called EpiPen® and Twinject®, is the medication of choice for controlling an anaphylactic reaction.

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Scientists estimate that severe reactions result in 50,000 emergency room visits in the U.S. each year.

Food-allergic reactions generally occur rather quickly, usually within minutes to 1 to 2 hours after the allergy-causing food is eaten.

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Can food allergies kill?

Yes, severe anaphylactic reactions to foods may be fatal. In the U.S., an estimated 150 to 200 adults and children die each year from food-allergic reactions. Unsuccessful food avoidance and delayed or inadequate treatment of the anaphylactic reaction are believed to be responsible for these tragic deaths. Although fatal food-allergic reactions are rare, care should be taken to avoid the allergy-causing foods, and rapid action is necessary to treat all reactions.

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Can food allergies be cured or outgrown?

There is no known cure for food allergies. Strict avoidance of the food allergen is the only way to prevent a reaction.

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Studies suggest that peanut, tree nut, fish, and shellfish allergies should be considered as lifelong. However, about 20 percent of individuals allergic to peanuts outgrow their allergy, and about 10 percent outgrow an allergy to tree nuts.

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On the other hand, many children outgrow allergies to milk, egg, wheat, and soy during childhood. A doctor can determine if a food allergy has been outgrown.



What steps should be taken if a student is experiencing a food-allergic reaction?

It is important to recognize the symptoms of a food-allergic reaction and **get help immediately** in order to stop the reaction as quickly as possible. If the doctor has prescribed it, inject adrenaline (epinephrine), available as EpiPen, Twinject .3 mg, EpiPen Jr., or Twinject .15 mg and give an oral antihistamine such as Benadryl®. Call the rescue squad if the reaction is severe or once epinephrine has been administered, even if symptoms resolve.



What should be done after a food-allergic reaction resolves?

After any food-allergic reaction, determine how it occurred and set up procedures to prevent it from happening again. Review the emergency treatment plan: Could treatment have been improved? If so, set up appropriate procedures. Be sure to have parents replace all medications in order to be prepared for a future reaction.



Can a child with food allergy be denied attendance at school?

This is a question many parents ask. Fortunately, the answer is no. According to Section 504 of the Rehabilitation Act of 1973, discrimination in education or employment on the basis of handicap is prohibited in any program or institution receiving federal funds. A *handicap* is any condition affecting one or more body systems that substantially limits one or more major life activities, such as eating

or breathing. Generally, a food allergy qualifies as a handicap (or disability) under this as well as other federal laws.

For contact information to order a FAAN booklet, *Students With Food Allergies: How the Laws Can Help*, see page 18.



What is the responsibility of the school with regard to food allergies?

The primary principles in managing a food allergy are

1. recognizing the condition
2. identifying the offending foods
3. avoiding those foods
4. rapidly treating all food reactions

It is each school's responsibility to be prepared to deal with Principle 3 (avoiding the offending foods) and Principle 4 (rapidly treating reactions in all students with food allergies). The individuals responsible for these measures will vary from one school system to the next. Although teachers play an integral role, the responsibility for student safety is shared by a network of staff members.

The school's duty is to ensure that the following conditions exist: (1) students are served foods that do not contain ingredients the student is allergic to, (2) appropriate food substitutions are available, (3) if prescribed, medications such as epinephrine (EpiPen or Twinject) and an antihistamine such as Benadryl are available to treat all food-allergic reactions, and (4) the offending foods will not be used for lessons or projects in the classroom of a student who has food allergies. Refer to your student's Food Allergy Action Plan (see pages 10-11) for information specific to that student.

The U.S. Department of Agriculture Child Nutrition Program requires federally funded school breakfast, snack, and lunch programs to provide special meals or menu substitutions at no extra charge to students who have a doctor's written instructions. These instructions must specify (1) the student's medical or other special diet restriction and (2) the foods or ingredients to be omitted from the menu and the foods or ingredients that may be substituted.

Additionally, teachers should not have to worry about the safety of any student because of another student's disrespect. If a classmate threatens a student who has allergies, the teacher should call the parents of that classmate and clearly explain to both the parents and the student how serious these threats are. Teachers need the cooperation of all parents to ensure the safety of their students. Administrators may need to take disciplinary action if threatening behaviors put a student at risk.



What is the parent's responsibility with regard to the school and their child?

Parents are responsible for creating a partnership with the health office, the teachers, the cafeteria manager, the principal, and their child in order to prevent food-allergic reactions in the school. School officials, especially teachers, need to be informed about a food allergy so that they can (1) prevent food-allergic reactions, (2) recognize a reaction should one occur, and (3) quickly treat it.

By working together and communicating clearly and frequently, you and your student's parents will create an environment that allows the child to grow and learn and, most of all, be safe while at school.



The most severe form of food-allergic reaction is anaphylaxis, which is a serious allergic reaction that is rapid in onset and

Minimizing Food-Allergic Reactions

The key to minimizing allergic reactions is to strictly avoid the offending foods. Snack times and birthday parties are common in elementary school. At the beginning of each month, review your plans for activities that involve food to ensure that all students are able to participate safely in all activities. Read ingredient labels regularly, because ingredients often change without warning.

Consider having foodless celebrations. For example, if it's a birthday, have the birthday student bring in a favorite book or a guest to read a book. You could also have the student be the line leader or do another fun class job for the day.

A study found that the majority of food-allergic reactions in schools occurred from ingredients used in art or science projects. Be sure to check labels, making necessary changes in lesson plans to minimize risk.

Accidents are bound to happen. It is important to have emergency systems in place and to test the systems periodically to be sure everyone knows what to do. There should be a written emergency action plan, signed by the student's doctor, on file for each student with a food allergy. Having a plan in place before you need it will ensure a quick response if a reaction occurs.

The following tips and checklist can easily be adapted to your classroom. They will help keep the lines of communication clear between you and the parents.



Tips for Managing Food Allergies

- ◆ Keep information about the student in a handy place, such as the class roster, in case you require a substitute teacher.
- ◆ Review and modify, if necessary, plans for science and art projects or other class lessons that involve foods the student is allergic to – for example, bird feeders made with peanut butter or model towns built with milk cartons.
- ◆ Create a classroom emergency procedure with your student. If a reaction occurs, how should the student let you know? Who will accompany the student to the nurse's office? If it is you, who will stay with the rest of the class?
- ◆ During fire drills or other safety exercises, make sure there is a procedure in place to bring the student's medication.
- ◆ Discourage food trading between all students, especially at lunch or snack time.
- ◆ Observe how the other students are reacting to the student with food allergies. If you notice a problem, discuss it with the parents as soon as possible.
- ◆ Ask the parents and the student whether they would feel comfortable teaching your class about food allergies. In some cases, the school nurse could give your class a brief lesson on food allergies. This lesson is best taught during the first few weeks of school. Visit FAAN's website for peer education materials from our Be a PAL: Protect A Life™ From Food Allergies program.
- ◆ Review emergency plans with the student's parents before going on a field trip. Always take with you the medications required to control an allergic reaction. Be sure chaperones know who the students at risk are and what the emergency plan is.
- ◆ Talk to the student and give that student confidence in your ability to help if a reaction occurs.

Checklist for Managing Food Allergies During the School Year

Checklist for Managing Food Allergies During the School Year				
<input type="checkbox"/>				Be sure your student's parents have explained the type of reaction that can occur, how to avoid a reaction, which medications are necessary to treat it, and how to administer them.
<input type="checkbox"/>				Have written emergency procedures in place for each student with food allergy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Be sure that information about students with food allergies is someplace where a substitute teacher or aide can easily find it.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review your party and snack plans with the parents.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review emergency procedures, and be sure you are comfortable with when and how to administer epinephrine should the need arise.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review where the medications are stored.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Let the parents know of any upcoming field trips, special events, or class projects involving food.
			<input type="checkbox"/>	Tell the parents what they can do to make it easier for next year's teachers.
			<input type="checkbox"/>	Be sure all medication is sent home when school is over for the summer.

SAMPLE

Food Allergy Action Plan

Student's Name: _____ D.O.B.: _____ Teacher: _____

Place Child's Picture Here

ALLERGY TO: _____

Asthmatic Yes No *Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms:	Give Checked Medication**
	**To be determined by physician authorizing treatment
* If a food allergen has been ingested, but no symptoms:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
* Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
* Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
* Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
* Throat Tightness of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
* Lung Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
* Heart Weak or erratic pulse, low blood pressure, fainting, pale, bluish	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
* Other	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
* If reaction is progressing (several of the above areas affected), give	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

(Potentially life-threatening. The severity of symptoms can quickly change.)

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg (see reverse side for instructions)

Antihistamine: give _____
medication/amount

Other: give _____
medication/amount

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____

3. Parent _____ Phone Number(s): _____

4. Emergency contacts:

Name/Relationship _____ Phone Number(s) _____ 1) _____ 2) _____

b. _____ 1) _____ 2) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY.

Parent/Guardian's Signature _____ Date: _____

Doctor's Signature (Required) _____ Date: _____

SAMPLE

TRAINED STAFF MEMBERS

1. _____	Room _____
2. _____	Room _____
3. _____	Room _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove EpiPen unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions

- Remove caps labeled "1" and "2."



- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

- Uncover rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

*Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.



Be a PAL Educational Awareness Program

Many reactions occur while the child is away from home with friends. Teaching classmates about food allergies can help them keep friends who have a food allergy safe. Copy the checklist below and distribute it to remind students how they can help a classmate who has food allergies. For free, downloadable materials, including a PAL Hero certificate, visit www.foodallergy.org and search on "PAL."

Be a PAL: Protect A Life™ From Food Allergies

1. Food allergies are serious.
Don't make jokes about them.
2. Don't share food with friends
who have food allergies.
3. Wash your hands after
eating.
4. Ask what your friends are
allergic to, and help them avoid it.
5. If a friend who has food allergies becomes ill,
get help immediately!



School Guidelines for Managing Students With Food Allergies

Food allergies can be life-threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

Family's Responsibility

- Notify the school of the child's allergies.
- Work with the school team to develop a plan that accommodates the child's needs throughout the school, including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, and include a copy of the Food Allergy Action Plan.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on the written form.
- Provide properly labeled medications, and replace medications after use or upon expiration.
- Educate the child in the self-management of food allergy, including:
 - safe and unsafe foods
 - strategies for avoiding exposure to unsafe foods
 - symptoms of allergic reactions
 - how and when to tell an adult they may be having an allergy-related problem
 - how to read food labels (age-appropriate)

- Review policies/procedures with the school staff, the child's physician, and the child (if age-appropriate) after a reaction has occurred.
- Provide emergency contact information.

School's Responsibility

- Be knowledgeable about and follow applicable federal laws, including the Americans With Disabilities Act, the Individuals With Disabilities Education Act, Section 504, and the Family Educational Rights and Privacy Act, as well as any state laws or district policies that apply.
- Review the health records submitted by parents and physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Identify a core team of, but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age-appropriate) to establish a prevention plan. Changes to the prevention plan to promote food allergy management should be made with core team participation.
- Ensure that all staff who interact with the student on a regular basis understand food allergy, can recognize symptoms, know what to do in an emergency, and work with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.

- Practice implementing the Food Allergy Action Plan before an allergic reaction occurs to assure the efficiency/effectiveness of the plan.
- Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains an action plan with the physician's instructions. In states where regulations permit, medications are kept in an easily accessible, secure location central to designated school personnel, not in locked cupboards or drawers. Students should be allowed to carry their own epinephrine, if age-appropriate, after approval from the student's physician/clinic, parent, and school nurse and as allowed by state or local regulations.
- Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.
- Be prepared to handle a reaction, and ensure that there is a staff member available who is properly trained to administer medications during the school day, regardless of time or location.
- Review policies/prevention plan with the core team members, parents/guardians, student (age-appropriate), and physician after a reaction has occurred.
- Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- Recommend that all buses have communication devices for use in case of an emergency.

- Enforce a "no eating" policy on school buses with exceptions made only to accommodate special needs under federal or similar laws or school district policy. Discuss appropriate management of the food allergy with the family.
- Discuss field trips with the family to decide appropriate strategies for managing the food allergy.
- Follow federal, state, and district laws and regulations regarding sharing medical information about the student.
- Take threats or harassment against an allergic child seriously.

Student's Responsibility

- Do not trade food with others.
- Do not eat anything with unknown ingredients or known to contain any allergen.
- Be proactive in the care and management of the food allergies and reactions based on developmental level.
- Notify an adult immediately if you eat something you believe may contain the food to which you are allergic.

More detailed suggestions for implementing these objectives and creating a specific plan for each individual student are available in the Food Allergy & Anaphylaxis Network's (FAAN's) *School Food Allergy Program*. The *School Food Allergy Program* has been endorsed and/or supported by the Anaphylaxis Committee of the American Academy of Allergy, Asthma & Immunology, the National Association of School Nurses, and the Executive Committee of the Section on Allergy and Immunology of the American Academy of Pediatrics. FAAN can be reached at (800) 929-4040.



The following organizations participated in the development of this document:

American School Food Service Association

National Association of Elementary School Principals

National Association of School Nurses

National School Boards Association

The Food Allergy & Anaphylaxis Network

The National Association of Secondary School Principals also supports this document.

Other Sources of Information

The Food Allergy & Anaphylaxis Network
11781 Lee Jackson Highway, Suite 160
Fairfax, VA 22033
(800) 929-4040
www.foodallergy.org

Contact us for a list of resources that may be of interest to you, including our *School Food Allergy Program*, our award-winning educational videos, and a booklet titled *Students With Food Allergies: How the Laws Can Help*. For a sample *Food Allergy News* newsletter, call our office, or send an e-mail to faan@foodallergy.org. Visit our website for free educational materials.



Other resources:

American Academy of Allergy, Asthma & Immunology
(800) 822-2762
www.aaaai.org

American College of Allergy, Asthma & Immunology
(800) 842-7777
www.acaai.org

The information in this book is not designed to take the place of a doctor's instructions. Readers are urged to contact each student's doctor and family for specific information regarding guidelines for care of a student with food allergy.

The inclusion of brand name products, medications, or medical devices does not imply endorsement by the Food Allergy & Anaphylaxis Network.



The Food Allergy & Anaphylaxis Network
11781 Lee Jackson Highway, Suite 160
Fairfax, VA 22033
Tel. (800) 929-4040 Fax (703) 691-2713
E-mail: faan@foodallergy.org
www.foodallergy.org

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