

FAAS Back-to-School Q&A

How common are food allergies in schools?

- Food allergies affect 6-8% of U.S. children. Approximately 3 million children in the U.S. have food allergies.
- Food allergy is believed to be the leading cause of anaphylaxis outside the hospital setting, causing an estimated 50,000 emergency room visits each year in the U.S.
- More than 200,000 Minnesotans have food allergies.
- Approximately 30,000 Minnesota students have food allergies.
- One in five children with food allergies will have a reaction while in school.
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What is the school's legal responsibility for meeting the needs of students with life-threatening food allergies?

- A food allergy that may result in anaphylaxis meets the definition of a disability and is covered under the federal American Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.
- A disability may also be covered under the Individuals with Disabilities Education Act (IDEA) if the allergy management affects the student's ability to learn.
- Minnesota Law 121A.2205 Possession and Use of Nonsyringe Injectors of Epinephrine ensures food allergic students have an individualized written health plan, possess nonsyringe epinephrine, and/or have immediate access to nonsyringe epinephrine in close proximity to the student at all times during the day.
- Minnesota Law 121A.221 Possession and Use of Asthma Inhalers by Asthmatic Students ensures safe possession and use of asthma inhalers.
- Minnesota Law 120A.03 requires public schools to provide every student a safe and positive learning environment. (Duty of Care)
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What is an Individual Healthcare Plan (IHP)?

- An Individualized Healthcare Plan (IHP) is a written document that outlines a student's healthcare needs and the healthcare services provided by the school. It is an individualized plan to address the medical needs of the student.
- Every child with a life-threatening food allergy should have a written Individualized Healthcare Plan and Emergency Action Plan(s).
- The school's health services and/or school nurse is responsible for overseeing the development of the IHP for each student diagnosed with a life-threatening food allergy.
- Prior to entry to school or immediately after the diagnosis of a life-threatening food allergy, the parent/guardian should meet with the school nurse and/or health services to develop an IHP.
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What should the parent/guardian provide?

- Documentation describing the food allergy signed by a licensed health care provider. i.e. Emergency Action Plan
- Physician's order for epinephrine by auto-injector (i.e. EpiPen) as well as any other prescribed emergency medications. Physicians must renew medication orders annually.
- A minimum of 2 up-to-date epinephrine auto-injectors, i.e. EpiPens.
- Parent signed consent form to administer all medications. Form provided by the school district. Read all consent forms carefully!
- Parent signed consent form to share information with other school staff. Read all consent forms carefully! Consent forms are optional.
- Physician signed Emergency Action Plan(s). i.e. Asthma Action Plan if applicable.
- A description of the child's past allergic reactions, child-specific symptoms, and other contributing anaphylaxis risk factors.
- A photo of the child.
- A medical alert ID for the child.
- Physician, asthma/allergy specialist and health care provider contact information.
- Parent/Guardian emergency contact information.
- Food Allergy Self-Care Assessment.
- Physician's order to self-carry and/or self-administer epinephrine as appropriate.
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How should the IHP be implemented at school?

- TRAINING IS CRITICAL!
- All staff should (1) be educated about food allergies (2) receive a copy of the student's IHP including Emergency Action Plan(s) (3) be prepared to respond to an allergic reaction emergency according to physician's orders, IHP, and school's emergency protocol.
- School staff should be equipped with communication devices and school buildings should have an emergency communication protocol in place.
- Epinephrine auto-injector should be readily accessible at all times and a designated adult trained to administer the emergency medication(s) should always supervise the student.
- Preventative safety precautions should be taken at all times to avoid and minimize the risk of exposure to the offending allergen(s).
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What should be included in the school's emergency plan?

- Access to a minimum of two epinephrine auto-injectors should be available, Emergency Action Plan(s), identifying storage locations of emergency medications, and a list of trained personnel authorized to administer emergency medication(s).
- Emergency food allergy reaction drills should be conducted.
- The IHP should include the following emergency steps:
 - Assess the emergency and activate the emergency response plan.
 - **STAY WITH THE STUDENT!** Never leave the student unattended. A trained adult must remain with the student at all times.
 - Refer to the student's Emergency Action Plan.
 - Follow Emergency Action Plan!
 - Immediately administer epinephrine if anaphylactic signs and symptoms are present.
 - Call 911!
 - Identify emergency communication devices.
 - Order in which parent/guardian, physician/allergist, and school personnel are notified.
 - Person responsible for alerting family, healthcare providers, and school personnel.
 - Procedure on addressing the student's classmates during and after an allergic reaction emergency.
- A school re-entry plan should be developed to assist in the follow-up after a life-threatening reaction.
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What is a 504 Plan?

- The 504 Plan refers to Section 504 of the Rehabilitation Act and the American with Disabilities Act, which specifies that no one with a disability can be excluded from participating in federally funded programs or activities, including elementary, secondary or postsecondary school.
- “Disability” refers to a “physical or mental impairment which substantially limits one or more major life activities.” This can include physical impairments; illnesses or injuries; communicable diseases; chronic conditions like asthma, allergies and diabetes; and learning problems.
- A 504 Plan spells out the modifications and accommodations that will be needed for these students to have an opportunity to perform at the same level as their peers.
- A student must have a condition that “substantially limits one or more major life activities” to be eligible for a 504 Plan. i.e. breathing, eating, or caring for oneself
- An Individualized Healthcare Plan is NOT a 504 Plan. However, if a 504 Plan is developed and implemented, the student’s IHP will be included in the 504 plan.
- IHP addresses the health/medical needs of a student. The 504 Plan provides accommodations or modifications so that the student can receive equal and safe access to educational opportunities and extracurricular activities.
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What types of accommodations may be included in a 504 Plan?

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| <input type="checkbox"/> Classroom | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Specialist Classes | <input type="checkbox"/> Computer Lab |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Lesson Plans |
| <input type="checkbox"/> Transportation/Bus | <input type="checkbox"/> Hand washing/wipes |
| <input type="checkbox"/> Gym/Recess | <input type="checkbox"/> Individual lockers |
| <input type="checkbox"/> Cafeteria & Food Services | <input type="checkbox"/> Storage of lunch/food |
| <input type="checkbox"/> Special Events/Parties/Celebrations | <input type="checkbox"/> Commons areas |
| <input type="checkbox"/> Assemblies | <input type="checkbox"/> Allergen-safe classroom poster |
| <input type="checkbox"/> After-school activities | <input type="checkbox"/> Training and list of trained personnel |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> On-site vs. Off-site |
| <input type="checkbox"/> Substitutes | <input type="checkbox"/> Building & facilities |
| <input type="checkbox"/> Snacks | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cleaning | |

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