

CANTON PUBLIC SCHOOLS



FOOD ALLERGY MANAGEMENT POLICY
Adopted March 1, 2018

FOOD ALLERGY AWARENESS AND MANAGEMENT PLAN

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FOOD ALLERGY MANAGEMENT POLICY

PREFACE TO FOOD ALLERGY MANAGEMENT POLICY

The number of students with life threatening food allergies has increased by 50 percent from 1997-2011. The Massachusetts Department of Elementary and Secondary Education (DESE) states that approximately 25% of reactions that require the use of epinephrine in schools are for students that have not had a previously diagnosed LTA. This points to the importance of vigilance and education and being allergy aware in all settings. DESE's allergy awareness guidelines are built on the allergy awareness platform to protect all students, not just the ones with previously diagnosed LTAs. ¹ Allergic reactions vary among students and can range from mild to severe and life-threatening anaphylactic reactions. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body, the most dangerous of which are breathing difficulties, a drop in blood pressure and shock, which are potentially fatal. Anaphylaxis may occur in allergic individuals after exposure to a specific allergen even when prior exposure to the allergen has not resulted in symptoms. Anaphylaxis can occur immediately or up to two hours following allergen exposure. Some students, who are very sensitive, may react to just touching or inhaling the allergen (Massachusetts Department of Elementary and secondary Education, 2016)

In an effort to make our schools safer and comply with the laws as they relate to students with food allergies, the Canton Public Schools has developed the following protocols to support its Food Allergy Policy. This policy was developed, in part, by referencing the spring 2016 publication by the Massachusetts Department of Education entitled *Managing Life-Threatening Allergies in Schools*. The American Academy of Allergy, Asthma, and Immunology (AAAAI) and the Massachusetts Department of Elementary and Secondary Education (formerly called Massachusetts Department of Education) jointly recommended that all schools have in place a system to identify children with life-threatening allergies (LTA) and be prepared in the school workplace to deal with life threatening allergic reactions. Education of staff regarding life-threatening allergy awareness is the cornerstone of this initiative (Massachusetts Department of Elementary and secondary Education, 2016).

DISTRICT RESPONSE

A broad based committee was initiated by the Director of Student Services at Canton Public Schools. This committee included the Director of Student Services, the Nurse Leader, nursing staff and the Food Services Manager. The purpose was to develop a clear and concise policy for dealing with the issue of food allergies. Much research based information was obtained from other school districts that have worked with the issue, parents of children with food allergies and a consultation company entitled *Educating for Food Allergies, LLC.*, as well as the Massachusetts Department of Elementary and Secondary Education and Massachusetts Department of Public Health. The information was carefully reviewed and discussed by the Committee. The result of these efforts is the production of a draft policy that will be presented to the School Committee in early 2018.

¹ Massachusetts Department of Elementary and Secondary Education (DESE). (2016). *Managing Life-Threatening Allergies in Schools* (pp. 1-75). Massachusetts: DESE.

FOOD ALLERGY MANAGEMENT POLICY

The Canton Public Schools take seriously their responsibility to implement reasonable steps to protect the safety of its school community members by recognizing that every allergic reaction has the possibility of developing into a life-threatening, potentially fatal anaphylactic reaction. In order to minimize the incidence of allergic reactions, our school system will maintain a district-wide **Food Allergy Awareness and Management Plan** to address allergies with the intent to reduce exposures.

The focus of the **Food Allergy Awareness and Management Plan** shall be prevention, education, awareness, communication and emergency response. The **Food Allergy Awareness and Management Plan** shall be the basis for the development of the procedural guidelines that will be implemented at the school level and provide for consistency across all schools within the district. There will be annual teacher, substitute teacher, staff, faculty, bus driver and support personnel training in accordance with the plan. A critical component of the annual and mandatory training about food allergy awareness and management is to heighten awareness about life-threatening allergies throughout the school system. Canton Public Schools will provide information through the Canton community to foster a greater appreciation concerning life-threatening allergies.

Revised: January 19, 2017

Adopted: March 1, 2018

REGULATIONS REGARDING STUDENTS WITH FOOD ALLERGIES

Federal law entitles students with disabilities to have the same rights and privileges, and the same access to benefits, such as school meals, as non-disabled students. Consequently, schools which do not make appropriate program accommodations for students with disabilities could be found in violation of federal civil rights laws.

School administrators and nutrition staff should be aware of two issues involving liability: (1) the school's responsibility for providing program accommodations for students with disabilities and (2) the question of personal responsibility in cases of negligence.

It is the Canton School Committee's expectation that specific building-based guidelines/actions will take into account the health needs and well-being of all children without discrimination or isolation of any child.

UNDERSTANDING THE LAW AS IT RELATES TO STUDENTS WITH FOOD ALLERGIES

USDA Federal Regulation - 7 CFR 210.10

(1) Exceptions for medical or special dietary needs. Schools must make substitutions in lunches [and after-school snacks]* for students who are considered to have a disability under 7 CFR Part 15b and whose disability restricts their diet. Schools may also make substitutions for students who do not have a disability, but who cannot consume the regular lunch [or after-school snack]* because of medical or other special dietary needs. Substitutions must be made on a case by case basis only when supported by a statement of the need for substitutions that includes recommended alternate foods, unless otherwise exempted by U.S. Department of Agriculture Food and Nutrition Services. Such statement must, in the case of a student with a disability, be signed by a physician or, in the case of a student who is not disabled, by recognized medical authority.

* Canton Public Schools does not serve after-school snacks.

Massachusetts General Laws Chapter 71, Section 55A

No public school teacher and no collaborative school teacher, no principal, secretary to the principal, nurse or collaborative school employee who, in good faith, renders emergency first aid or transportation to a student who has become injured or incapacitated in a public school building or collaborative school building or on the grounds thereof shall be liable in a suit for damages as a result of his acts or omissions either for such first aid or as a result of providing emergency transportation to a place of safety, nor shall such person be liable to a hospital for its expenses if under such emergency conditions he causes the admission of such injured or incapacitated student, nor shall he be subject to any disciplinary action by the school committee, or collaborative board of such collaborative for such emergency first aid or transportation.
Added by ST.1938, c.265, s.3: amended by St.1973, c.660; St.1983, c.114; St.1984, c.328; St.1985,

Section 504 - Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act of 1973 specifically mandates that

“...no otherwise qualified individual with a disability shall solely by reason of his or her disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

This mandate has been incorporated in 7 CFR Part 15b, USDA regulations implementing this law, as well as the Department of Education’s Section 504 regulation at 34 CFR Part 104. Thus, schools receiving Federal funding must make accommodations to enable students with disabilities to participate in the child nutrition programs.

Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA) assists States and school districts in making a “free appropriate public education” available to eligible students.

Under IDEA, a “free appropriate public education” means special education and related services provided under public supervision and direction, in conformity with an individualized education program, at no cost to parents.

A student who has a food allergy and who is making effective educational progress in the regular education program, does not need a special education evaluation, an IEP, or special education services. Whether such a student is in regular education or special education, however s/he has the right to have the school make reasonable accommodations for his/her disability, under section 504 and the ADA.

Americans with Disabilities Act - Title II

Title II of the Americans with Disabilities Act (ADA), enacted in 1990, prohibits discrimination against qualified individuals with disabilities in state and local government programs and services, including public schools.

In this respect, the ADA tracks the requirements of Section 504, prohibiting discrimination on the basis of disability by programs receiving Federal funding, such as reimbursement under the school meal programs.

Title II of the ADA does not impose any major new requirements on school districts because the requirements of Title II and Section 504 are similar. Virtually all school districts receive Federal financial assistance and have been required to comply with Section 504 since the 1970’s.

Reference:

MGL, c.71, s.55A

MDPH: The Comprehensive School Health Manual

MDOE: Managing Life-Threatening Allergies in Schools May 2017 ASN Position Statement:

The Role of the School Nurse in Allergy/Anaphylaxis Management Epinephrine Use in Life-Threatening Emergencies

FOOD ALLERGY MANAGEMENT PLAN

Purpose

The Canton Public Schools recognize the increasing prevalence of student allergies and the life-threatening nature of allergies for many students. The goals of these protocols are to minimize the risk of exposure to allergens that pose a threat to students, to educate all members of the school community on management of student allergies, and to plan for the needs of students with allergies. Further, this protocol aims to provide age-appropriate procedures and to assist children in assuming more individual responsibility for their health and safety as they grow older. The schools will work with students with allergies and their parent/guardian to address the student's emotional and social needs in addition to their health needs.

The protocols outline procedures and practices for all members of the school community, as well as student and parent/guardian. They designate staff member responsibilities for implementation of the protocol.

Responsibilities

The implementation of the District protocol and of the individualized plan for each student with allergies requires a team approach and cooperation among administrators, teachers and other staff members, parents, and the student as appropriate.

RESPONSIBILITIES OF THE PARENT OF THE STUDENT WITH FOOD ALLERGIES/ANAPHYLAXIS

_____ Inform the school nurse and food service director of your child's allergies prior to the opening of school (or as soon as possible after a diagnosis), including description of past allergic reactions including triggers and warning signs

_____ Provide the school with a description of the student's emotional response to the condition and the need for support .

_____ Provide the school with a reliable way to reach you (cell phone etc). Update with the nurse as information changes.

_____ Always provide your child with a safe snack.

_____ Consider providing a medical alert bracelet for your child.

_____ Provide the school nurse with medication orders from the licensed provider, including contact phone numbers of pediatrician and allergist.

_____ Participate in developing and maintaining a current Individual Health Care Plan with the school nurse. It may be appropriate to include the student at the middle or high school levels when developing this IHCP.

If the student is not present for the team meeting, it is essential that the parent review prevention plans, symptoms and emergency procedures with their child after the meeting.

_____ Provide a current photograph for the nurse to attach to the Emergency Health Care Plan for photographic recognition. Your permission for use of the photograph will be necessary.

_____ Provide parent/guardian consent to share information with other school staff

_____ Participate in team meetings or communicate with all staff members who will be in contact with the child (preferably before the opening of school) to:

- Discuss implementation of Individualized Health Care Plan (IHCP).
- Discuss implementation of 504 Plan
- Establish prevention plan and discuss risk reduction plans
- If the student is not present for the team meeting, it is essential that the parent review prevention plans, symptoms and emergency procedures with their child after the meeting.
- Periodically (halfway through the year) review prevention and emergency action plans with the nurse who will pass pertinent information on to the team.

_____ Provide the school nurse with at least annual updates on your child's allergy status.

_____ Provide at least two up-to-date Epi-Pens for the school: one in the nurse's office and one in the classroom and for field trips by the first day of school. Students in the middle and

high school may carry their Epi-Pen with them if parental permission has been provided on the Emergency Health Care Plan.

- _____ Provide the school nurse with the licensed provider's statement if student no longer has allergies.
- _____ Be aware of the need for allergen-aware areas.
- _____ Leave a bag of "safe snacks" in your child's classroom so there is always something your child can choose from during an unplanned special event.
- _____ If possible, provide a non-perishable lunch to keep in school, in case your child forgets lunch one day.
- _____ Discuss your child's life-threatening food allergy with the Food Services Director
- _____ Be willing to go on your child's field trips if possible and if requested. Preference is given to those parents of students with an IHCP that necessitates medical intervention.
- _____ Parents should inform the bus and van driver, and any substitute drivers when possible, about their child's life-threatening food allergy.
- _____ Parents should inform adult supervisors of extracurricular activities, when possible, about their child's life-threatening food allergy and fill out Extracurricular Activities Emergency form
- _____ The student with life-threatening allergies should be encouraged to sit in the front of the bus.

It is important that children take on more responsibility for their food allergies as they grow older and are developmentally ready. Periodically teach your child to:

- _____ Recognize the first symptoms of an allergic/anaphylactic reaction.
- _____ Know where the epinephrine auto-injector is kept and who has access to the epinephrine.
- _____ Communicate clearly as soon as s/he feels any associated warning signs of an impending allergic reaction which requires reporting the symptoms as they appear.
- _____ Carry his/her own epinephrine auto-injector when appropriate.
- _____ Not share snacks, lunches, utensils or drinks.
- _____ Understand the importance of handwashing before and after eating and the importance of cleaning procedures to be safe.
- _____ Report teasing, bullying and threats to an adult authority.
- _____ Take as much responsibility as possible for his/her own safety.
- _____ Communicate the seriousness of the allergy.
- _____ Read labels.
- _____ Administer own Epi-Pen and be able to train others in its use. **Remember – the ultimate goal is that our children eventually learn to keep themselves safe**

RESPONSIBILITIES OF THE SCHOOL NURSE OF THE STUDENT WITH FOOD ALLERGIES/ANAPHYLAXIS

- _____ Upon entry into school or immediately after the diagnosis of a life-threatening allergic condition of a student already in school meet with the student's parent/guardian to initiate the development of an Individual Health Care Plan (IHCP) for the student. It may be appropriate to include the student at the middle or high school levels when developing this IHCP.
- _____ If the student is not present for the team meeting, it is essential that the parent review prevention plans, symptoms and emergency procedures with their child after the meeting.
- _____ Ensure that the Emergency Health Care Plan includes the student's name, photograph, allergens, symptoms of allergic reactions, risk reduction procedures, emergency procedures, and required signatures and permissions for sharing the information with appropriate personnel. **Refer to Appendix A: *Emergency Health Care Plan or Food Allergy Action Plan.***
- _____ Determine if a second Epi-Pen will be kept with the classroom teacher, or if the student will carry his/her own Epi-Pen. Parental signature is required for a student to self-carry.
- _____ Arrange and convene a team meeting (preferably before the opening of school) to develop the classroom and emergency plan with all staff who come in contact with the student with allergies, including the principal or 504 coordinator and the teacher(s). Both the IHCP and the Emergency Health Care Plan will be reviewed with these individuals once they are written.
- _____ Insure that all other ancillary staff are aware of the students who have life-threatening allergies and review emergency response plan on a need-to-know basis. This *could* include specialists, physical education teachers, classroom aides, cafeteria monitors, Food Service directors, and custodians. It is essential to maintain confidentiality as deemed appropriate and clinically safe.
- _____ Provide training to professional and ancillary staff members on management of student allergies. The training will address prevention efforts, information about common allergens, recognition of signs of an allergic reaction including anaphylaxis, and the emergency response plan. The training will be provided annually at the start of the school year and on an as needed basis.
- _____ Provide resources and support for training substitute teachers and new staff concerning the management of student allergies. This includes general training that all substitutes will receive, as well as online training for substitutes in the classrooms of children with life threatening allergies.
- _____ Provide training to appropriate staff members regarding the administration of an Epi-Pen, as outlined in the Department of Public Health regulations. This training will be reviewed periodically during the school year, as needed, such as prior to a field trip.

- _____ In elementary schools, a letter from the school nurse and classroom teacher will be sent to all parents in the class informing them that a student with a food allergy is a member of the class. This letter will also state whether the classroom will be designated as “allergen aware,” and the required accommodations for the safety of the student(s).
- _____ Track in-service attendance of all involved parties to ensure that they have been trained.
- _____ Post school district’s emergency protocol and have available all Individual Health Care Plans and Emergency Health Care Plan in the nurse’s office. Post location of epinephrine auto-injector.
- _____ Monitor medications for expiration dates and arrange for them to be current.
- _____ Reinforce the need to keep an Epi-Pen in the classroom containing necessary instructions, and to help arrange if appropriate. This Epi-Pen will also be used on field trips.
- _____ Arrange periodic follow-up with the parent/guardian on semi-annual basis, or as often as necessary, to review effectiveness of the IHCP. This will serve as a time to discuss issues relating to plan implementation and maintenance of the Emergency health Care Plan.
- _____ Make sure there is a contingency plan in place in the case of a substitute school nurse.
- _____ Continually reinforce the strict “no food sharing” or “utensil sharing” policy with the student with a Life Threatening Allergy, and particularly within the school environment.
- _____ Inform parent/guardian if any student experiences an allergic reaction for the first time at school.
- _____ Insure that the Epi-Pen accompanies the student if the Emergency Health Care Plan is enacted.

RESPONSIBILITIES OF THE NURSE LEADER OF THE STUDENT WITH FOOD ALLERGIES/ANAPHYLAXIS

- _____ Have a plan in place when there is no school nurse available.
- _____ Confirm that the local EMS carry epinephrine.
- _____ Insure that the school district has registered for unlicensed personnel to be trained by a school nurse to administer epinephrine by auto-injector to students with a life-threatening allergic condition. This registration is through the Massachusetts Department of Public Health and is consistent with 105 CMR 210.000. **Refer to Appendix B: Administration of Medication: 105 CMR 21000..**
- _____ Collaborate with administration, faculty and school nurses to develop standardized letters and forms for use relating to allergy management.
- _____ Coordinate with Wellness Coordinator regarding the provision of lesson plan(s) about food allergies for all students with discussion about anaphylaxis in age appropriate terms.
- _____ Implement a periodic anaphylaxis drill similar to a fire drill as part of the periodic refresher course.
- _____ Participate in the development and ongoing revision of the Mandatory Educational Plan which will include, but not be limited to:
 - Review different allergens, including foods, insect stings, medications, latex.
 - Risk reduction procedures and prevention measures.
 - Emergency procedures.
 - How to administer an epinephrine auto-injector in an emergency.
 - Provide time for special training for Food Service personnel.
 - Allergens that cause life-threatening allergies (such as foods, insect stings, medications, latex).
 - Steps to take to prevent life-threatening reactions and accidental exposures to allergens.
 - How to recognize symptoms of the student’s life-threatening allergic reaction.
 - Steps to manage an emergency.

**RESPONSIBILITIES OF THE SCHOOL ADMINISTRATION (or delegate)
OF THE STUDENT WITH FOOD ALLERGIES/ANAPHYLAXIS**

- _____ Provide a time for the school nurse to conduct mandatory training and education for faculty and staff. Refer to Canton Public School's Mandatory Educational Plan for specifics.
- _____ Include in the school's emergency response plan a written plan outlining emergency procedures for managing life-threatening allergic reactions. Modify the plan as needed to meet unique needs of individual students. Consider risk reduction for life threatening allergies.
- _____ Facilitate and support the accommodations developed for individual students, including the classroom-specific protocols. As needed, the administrator will develop and execute a management plan to implement accommodations required beyond the individual classroom, such as requirements concerning team classrooms, specialist classrooms, and common areas.
- _____ Establish practices for allergy management for the cafeteria regarding students with food allergies. Create specific areas that will be allergen aware.
- _____ Provide reminders to staff of the risks of food allergies at high-risk times of the year (e.g., Halloween, Valentine's Day).
- _____ Support faculty, staff and parents in implementing all aspects of the Life Threatening Allergy program.
- _____ Provide emergency communication devices for school activities, including transportation that involves a student with life-threatening allergies.
- _____ A full time nurse should be available in every school with students with life-threatening allergies during school hours.
- _____ Make sure a contingency education plan is in place in case of a substitute teacher, nurse or food service personnel.
- _____ Ensure that the student is placed in a classroom where the teacher is trained to administer an Epi-pen, if needed. This may not be feasible in the middle and high schools.
- _____ Require that, when food is consumed by staff and parents in areas that students access, tables/desks or other spaces will be wiped with an appropriate cleaning substance prior to leaving room.
- _____ The Building Use form will include a statement that, if food is consumed, it is the responsibility of the individual reserving the space, to wipe all tables and chairs with an appropriate cleaning solution prior to leaving the building.
- _____ Insure that any student receiving emergency epinephrine will be transported to the hospital via emergency services.

RESPONSIBILITIES OF THE CLASSROOM TEACHER, RESOURCE ROOM TEACHERS AND ANCILLARY STAFF OF THE STUDENT WITH FOOD ALLERGIES/ANAPHYLAXIS

- _____ Participate in mandatory in-service training for the student with life-threatening allergies. Refer to Canton Public School's Mandatory Educational Plan for specifics.
- _____ Receive, review and be familiar with the Emergency Health Care Plan of any student(s) in your classroom with life-threatening allergies from the school nurse. The Plan will address:
 - The identification of allergens that cause life-threatening allergies for the specific student.
 - The development of classroom-specific protocols regarding the management of food in the classroom for the student as well as steps to take to prevent life-threatening reactions and accidental exposures to allergens.
 - How to recognize symptoms of the student's life-threatening allergic reaction.
- _____ At the elementary level, the school nurse and classroom teacher will develop a letter to be sent to all parents in the class informing them that a student with a food allergy is a member of the class, whether the classroom will be designated as "allergen aware," and the required accommodations for the safety of the student(s).
- _____ Request that the classroom has a functioning intercom or other communication device for emergency communication with the school nurse.
- _____ Keep the student's Emergency Health Care Plan with photo accessible in the classroom. Insure confidentiality with the location of its placement.
- _____ Insure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies and necessary safeguards.
- _____ Leave Emergency Health Care Plan in an accessible location for substitute teachers. This information is to be kept in a folder to ensure student confidentiality.
- _____ Collaborate with parent for permission to educate classmates on how to avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated; enforce school rules about bullying and threats.
- _____ Work with the school nurse to educate other parents about needs of the child with life-threatening allergies in the classroom, particularly at the elementary level.
- _____ Complete the *Food in the Curriculum Notification form* (**Refer to Appendix C**) when your lesson plan includes the use of food.
- _____ Never question or hesitate to act if a student reports signs of an allergic reaction.
- _____ Participate with the planning for student's re-entry to school after an anaphylactic reaction.

_____ All other ancillary staff will contact school nurse to become aware of the students who have life-threatening allergies and review emergency response plan on a need-to-know basis. This could include specialists, physical education teachers, classroom educational assistants, cafeteria aides/monitors, Food Service directors/personnel, and custodians. It is essential to maintain confidentiality as deemed appropriate and clinically safe.

SPECIFIC CIRCUMSTANCES

A. SNACKS/ LUNCHTIME

- _____ A strict “**no food sharing**” or “**no utensil sharing**” policy will be enforced in the school.
- _____ Students will be educated about washing their hands with soap and water before and after eating their snack and eating lunch.
- _____ Opportunities for washing hands with soap and water will be given before and after snack, and eating lunch if there is a student with Life Threatening Allergies in the classroom. A hand wipe that is soap and water based may also be used however, alcohol based hand wipes or products such as Purell™ are not acceptable for a student with food allergies.
- _____ If a student inadvertently brings a snack into the classroom that contains ingredients to which a student in the class is allergic, he/she will not be allowed to eat that snack in the classroom.

B. CLASSROOM ACTIVITIES

- _____ Food is to be primarily utilized in the classroom for scheduled snacks and lunch periods.
- _____ The use of food in the curriculum is permitted. However, a notification process to the parents of food allergic students will be utilized. This form insures that the teacher has considered all aspects of incorporating a food item(s) in a classroom when there is a student with life threatening allergies participating in the lesson. **Refer to Appendix C: Food in the Curriculum Notification form.**
- _____ Stickers, pencils or other non-food items should be used as rewards instead of food items when possible.
- _____ In the event that a student has food rewards and/or specific lessons using food integrated into their Individual Education Program (IEP), that food may be utilized, providing the allergens of a student with a LTA in that classroom are not used.
- _____ Avoid cross-contamination of foods by wiping down eating surfaces with soap and water before and after eating. Tables should also be washed with soap and water in the morning if an after-school event has been held in the classroom the day before.
- _____ At the middle and high school level, students will take responsibility for wiping their own work or eating area in the classroom and will be supported by the classroom teacher when doing so.

C. FIELD TRIPS

It is essential to collaborate with the school nurse, ten days prior to planning a field trip to:

- _____ Review plans for field trips; avoid high-risk places. Eating situations on field trips and plan for prevention of exposure to the student’s life-threatening foods must be considered.

- _____ Insure epinephrine auto-injectors and instructions are taken on field trips and accompany the Emergency Health Care Plan.
- _____ Insure that one to two people on the field trip are trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedures. That trained individual is to travel with the student with life threatening allergies.
- _____ Invite parents of a student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone. However, the student's safety or attendance must not be conditioned on the parent's presence. Preference will be given to those parents of students with an IHCP that necessitates medical intervention.
- _____ Insure that functioning cell phone or other communication device is taken on field trip and available on each bus.
- _____ Know where the closest medical facilities are located and 911 procedures.
- _____ Consider ways to wash hands before and after eating (e.g. provision of hand sanitizers, access to soap and water, etc.) as well as cleansing surfaces where food we will be eaten.

RESPONSIBILITIES OF THE FOOD SERVICES DIRECTOR OF THE STUDENT WITH FOOD ALLERGIES/ANAPHYLAXIS

- _____ Be aware and knowledgeable of all aspects and procedures in operating the kitchen, food preparation and serving including: menus, recipes, food products and ingredients, food handling procedures and cleaning and sanitation practices. **Refer to Appendix D: *Damaged or Discarded Product Log.***
- _____ Establish communications and training for all Food Services staff and related personnel regarding safe food preparation and student food allergies.
- _____ Food Service Director will be available to meet with parents if requested to discuss a student's food allergies and related concerns. Alternatively, the Food Service Director may collaborate with the school nurse.
- _____ Post in a non-public location the student's Allergy Action Plan with consent of parent/guardian. This also is in POS system in computer
- _____ Annually review the laws protecting students with food allergies as they relate to Food Services.
- _____ Maintain information concerning food ingredients or food labels with such information from each food served for at least 24 hours following service in case any student displays an allergic reaction.
- _____ Maintain contact information with vendors and purveyors to access food content information and require clear and complete labeling of all food products.
- _____ Read all food labels and recheck routinely for potential food allergens.
- _____ Review and follow sound food handling practices to avoid cross contamination with potential food allergens. **Refer to Appendix D: *Preventing Cross-Contamination During Receiving, Storage, and Preparation: Standing Operating Procedures.***
- _____ Ensure that Non-latex gloves are to be used by Food Service personnel.
- _____ Oversee staff regarding the strict adherence to the cleaning and sanitation protocols which prevent cross-contamination.
- _____ After receiving a doctor's note, make appropriate substitutions or modifications for meals served to students with food allergies.
- _____ Provide advance copies of the menu to parents/guardian and notification if menu is changed upon request.
- _____ Have at least two people in the eating area trained to administer epinephrine by auto-injector.
- _____ Take all complaints seriously from any student with a life-threatening allergy.
- _____ Be prepared to take emergency action.

**RESPONSIBILITIES OF THE SCHOOL CUSTODIAN
OF THE STUDENT WITH FOOD ALLERGIES/ANAPHYLAXIS**

- _____ Oversee staff regarding the strict adherence to the cleaning and sanitation protocols which prevent cross-contamination.
- _____ Insure that all tables, chairs and floors after each meal thoroughly cleaned with appropriate cleaning agents.
- _____ Students should not be responsible for cleaning cafeteria tables

**RESPONSIBILITIES OF THE SCHOOL BUS COMPANY
OF THE STUDENT WITH FOOD ALLERGIES/ANAPHYLAXIS**

- _____ Provide training for all school bus drivers about life-threatening allergies (provide own training or contract with school).
- _____ School bus drivers shall be trained by appropriate personnel in risk reduction procedures, recognition of allergic reaction, and implementation of bus emergency plan procedures.
- _____ Provide functioning emergency communication device (e.g., cell phone, two-way radio, walkie-talkie or similar).
- _____ Know local Emergency Medical Services procedures.
- _____ Maintain a **STRICT** policy of no food eating allowed on school buses unless medically indicated for a student. Exceptions will be provided for students with diabetes who may need a snack to treat a hypoglycemic episode. Students will be informed of this policy at the beginning of each school year, and repeatedly throughout the year.
- _____ The student with life-threatening allergies should be encouraged to sit in the front of the bus.
- _____ Be aware of the student(s) with Life Threatening Allergies if a parent/guardian has discussed the medical concerns with the bus driver and/or bus company.

**RESPONSIBILITIES OF COACHES AND OTHER ONSITE PERSONS IN
CHARGE OF CONDUCTING AFTER SCHOOL ACTIVITIES
OF THE STUDENT WITH FOOD ALLERGIES/ANAPHYLAXIS**

- _____ Conduct activities in accordance with all school policies and procedures regarding life threatening allergies.
- _____ At the parent's request, keep a copy of the Emergency Health Care Plan and a photo with students with life threatening allergies.
- _____ Make certain that emergency communication device (e.g. walkie-talkie, intercom, cell phone, etc.) is always present.
- _____ One to two people should be present who have been trained to administer epinephrine auto-injector.
- _____ Maintain a current epinephrine auto-injector with the adult supervisor or coach, in charge of the extracurricular activity.
- _____ Establish emergency medical procedures with EMS.
- _____ Clearly identify who is responsible for keeping the first aid kit.
- _____ If for safety reasons medical alert identification needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.

**RESPONSIBILITIES OF THE STUDENT
WITH FOOD ALLERGIES/ANAPHYLAXIS**

- _____ Take as much responsibility as possible for avoiding known allergens.
- _____ Introduce yourself to the school nurse and identify that you have a Life Threatening Allergy at the start of the school year.
- _____ Do **NOT** share snacks, lunches, utensils or drinks.
- _____ Wash hands before and after eating with soap and water, or a soap-based hand wipe (as opposed to an alcohol based wipe).
- _____ Learn to recognize symptoms of an allergic reaction.
- _____ Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- _____ Take more responsibility for your allergies as you get older (refer to parent responsibilities outline).
- _____ Develop a relationship with the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the allergy in school.

GLOSSARY

American Academy of Pediatrics - The American Academy of Pediatrics (AAP) is a not-for-profit organization with a membership of approximately 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists. The AAP and its member pediatricians dedicate their efforts and resources to attain optimal the health, safety and well-being of infants, children, adolescents and young adults.

Acute - Symptoms that occur suddenly and have a short and fairly severe course

Adrenaline – Refer to epinephrine.

Allergen - A substance that can cause an allergic reaction. The most common food allergens are peanuts, tree nuts, fish, shellfish, milk, wheat, soy, and eggs.

Allergen-Aware Areas – Allergy management can be addressed by providing specifically designated areas in classroom and lunch rooms which are allergen aware. These are often tables where children with allergies can have their snack or lunch with no worries of food residue getting on their hands. An example of such an area is a “Peanut-Aware Zone” to minimize the risk of contact with peanut residue or oils contaminating their food.

Allergic Reaction - An immune system response to a substance that itself is not harmful but that the body interprets as harmful. Accidental exposure may occur by eating the food, inhalation of food vapors, or contact with the skin, mouth or eyes. When an allergen is eaten or inhaled, the food allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure. irregular heartbeat, shock). Each person with a food allergy reacts to the allergy differently. Each reaction by a food allergic student may differ in symptoms. Likewise, the presentation of a child’s allergic reaction can vary from episode to episode. Once accidental exposure occurs, prompt administration of emergency epinephrine, more commonly called an Epi Pen, is critical in the management of the reaction.

Allergy Warning Label - A bright colored label placed on the substitute teacher’s folder in the classroom alerting the substitute to look for information in the folder regarding the food allergic student

Anaphylactic Reaction - Synonym for Anaphylaxis

Anaphylaxis - It is an immediate potentially life threatening allergic reaction. These severe allergic reactions can occur within minutes of ingestion or a reaction can be delayed for up to two hours. Some reactions are “biphasic” in nature with an initial period of symptoms, a symptom free period of 2-3 hours followed by severe shock-like symptoms. The most dangerous symptoms include breathing difficulties, and a drop in blood pressure or shock, which can be fatal. Asthmatic students are at an increased risk for anaphylaxis. Anaphylaxis often involves various areas of the body at once such as the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). The

drug to immediately use to abate anaphylaxis is Epinephrine (contained in an Epi Pen or Epi Pen Jr.).

Antihistamine - A drug that stops histamine from being released in the body during an allergic reaction. Benadryl is an example of an antihistamine.

Asthma - A disease of the lungs in which there is widespread narrowing of airways. The airways become clogged with mucus. Students with asthma and food allergy appear to be at an increased risk for fatal anaphylaxis. Epinephrine is the first-line of defense for an anaphylactic reaction even with a child with asthma medicine.

Biphasic reaction Also known as secondary response. It is a recurrence of symptoms within 72 hours with no further exposure; there is a continued presence of antigens in the body.

Chronic -Symptoms that occur frequently or last a long time.

Consumer Hotline (for food staff) - Major food distributors toll-free numbers usually found on packaging. Can be used to check for additional information on ingredients in a food or the foods processing procedures. (e.g., cross-contamination).

Cross Contamination - When a pan, utensil, or food that is a known allergen comes in contact with a food that is allergen free it contaminates it. The allergen free food is now unsafe for a student allergic to the food it was contaminated with.

Emergency Action Plan - Acronym is EAP. Part of the 504 Plan. It is a specific protocol which explains exactly what steps are taken if a child has an allergic reaction. It usually has the student's recent photograph on the plan.

Emergency Health Care Plan – This is a clear and concise outline of a child's specific allergy, presenting symptoms, and actions steps for intervention. Contact information for parent/guardian, alternative emergency contacts and physician are readily accessible on an Emergency Health Care Plan.

Emergency Medical Services – Abbreviation is EMS. EMS consists of trained emergency medical technicians and paramedics to provide emergency medical services.

Epi-Pen - By prescription only. Also known as Epinephrine. It is a device that, once activated, will automatically inject one measured dose of epinephrine when jabbed into the thigh. It looks like a black magic marker. The Epi- Pen is contained in an orange cylindrical container as the medicine is light sensitive. Once out of the container, the Epi Pen's blue cap is removed and it is activated and ready to use. It is firmly jabbed, with black tip, on the allergic student's outer thigh. After a 10 second hold, the Epi-Pen is removed and the area is massaged. If the needle is projecting from the thick black tip of the Epi-Pen, then the medicine has been injected. If no needle appears, then jab again. An Epi-Pen simply abates allergic symptoms for 15-20 minutes. Symptoms may reappear if prompt medical attention is not given to the allergic student. Always call for emergency personnel when epinephrine is given.

Epi-Pen Jr. - It operates the same as the Epi-Pen. It has the same medicine as in the Epi-Pen but at a lower dose for lighter weight children. Like the Epi-Pen, it delivers one dose only. The newer Epi-Pen Jr. has green packaging which distinguishes it from the yellow Epi-Pen. Always call for emergency personnel when epinephrine is given.

Epinephrine - *The medicine contained in the **Epi Pen** and **Epi Pen, Jr.** It is the drug of choice for anaphylaxis. It is the first medicine that should be used in the emergency management of a child having a potentially life-threatening allergic reaction. Epinephrine boosts the supply of oxygen and glucose to the brain and muscles, while suppressing other non-emergency bodily processes (digestion in particular). It is synonymous with adrenaline. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction. **Always call for emergency personnel when epinephrine is given.***

FAAN - Abbreviation for the Food Allergy and Anaphylaxis Network that has educational material on food allergies. FAAN's membership is close to 30,000 worldwide and includes families, dietitians, nurses, physicians, school staff, and representatives from government agencies and the food and pharmaceutical industries. FAAN serves as the communication link between the patient and others. Each school nurse has FAAN's School Food Allergy Program that guides school management of LTAs.

504 Plan - Refers to a section in the Rehabilitation Act of 1973 which prohibits discrimination against a qualified handicapped individual by any program that receives federal funds. It is a legal document. It confers rights upon the parents by establishing a grievance procedure if the parents and school team do not agree on an issue in the Plan or if the Plan is violated. The parents are entitled to a due process hearing if the grievance cannot be eliminated through the school channels. There are administrative and federal court procedures. A 504 Plan encompasses the student's Emergency Action Plan and Individual Health Care Plan, and any other documents the parents and school deem relevant.

Food Allergy Labeling and Consumer Protection Act (FALCPA) A federal law that requires that the labels of foods containing major food allergens (milk, eggs, fish, crustacean shellfish, peanuts, tree nuts, wheat and soy) note the allergen in plain language.

Food Allergy - An immune system response to a certain food, or allergen. Upon ingestion, the body creates antibodies to that food. When the antibodies react with the food, histamine and other chemicals are released from cells. The release of those chemicals may cause hives, difficulty breathing, or other symptoms of an allergic reaction. At present there is no cure for food allergies and strict avoidance is the key to preventing reactions. See Allergic Reaction, above.

Hand Wipes/Wipes - Wet Ones brand only. Traditional diaper wipes do not have the proper chemical composition to remove allergens from the skin. Alcohol based sanitizers, such as Purell™ do not adequately cleanse peanut and other nut oils.

Histamine - A chemical released by the body during an allergic reaction. It causes the symptoms listed above in Allergic Reaction.

Hives - Itchy, red, mosquito-like bumps that may appear anywhere on the skin. Often a symptom of an allergic reaction.

Individual Health Care Plan – Abbreviation is IHCP. A detailed protocol developed between the school and the allergic student's parents, which includes but is not limited to precautions and emergency procedures for the food allergic student.

Intolerance A reaction to food that does not involve the immune system. For example, people with lactose intolerance lack an enzyme needed to digest milk sugar.

Latex - A synthetic rubber. It is an allergen for some people. It is commonly found in rubber gloves and balloons.

LTA - Abbreviation for Life Threatening Allergy. Students with allergies have over-reactive immune systems. The immune system produces chemicals and histamine which cause the severe symptoms in the body (e.g., swelling, breathing difficulty or shock). See Allergic Reaction, above. Epinephrine found in the Epi-Pen is the recommended treatment.

Medic Alert Bracelet/Necklace - A necklace or bracelet worn by an allergic student that states the allergens and gives a telephone number for additional information.

PAL - Be a PAL: Protect A Life™ Program from FAAN is an educational awareness program designed to help parents and educators teach students what food allergies are and how to help their friends who have food allergies.

Periodic Anaphylaxis Drill - Practice in procedures that would be carried out if there were an anaphylactic emergency. The drill may include but is not limited to: who helps the student, who retrieves the Epi-Pen or administers it, who calls 9-1-1, and who directs the paramedics to the child.

Twin Jet - Up to 1 out of every 5 patients may require more than 1 dose of epinephrine. A second dose may be needed within 10 minutes of the first. For this reason, it is very important to have a second, prepared dose of epinephrine nearby during an anaphylactic reaction. Twin ject is the only available auto-injector that provides 2 doses of epinephrine in 1 device.

APPENDIX A

Canton Public Schools

Place Photo of

Emergency Health Care Plan

Student Here

School Year: September _____ to August _____

STUDENT'S NAME: _____

DATE OF BIRTH: _____ GRADE: _____ HOME ROOM/TEACHER: _____

ALLERGY TO: _____

Asthmatic Yes* No

*Higher risk for severe reaction

Allergy Aware Table in Cafeteria

Yes No

STEP 1: TREATMENT

To be determined by physician authorizing treatment

Symptoms:

Give Checked Medication

If a food allergen has been ingested, but <i>no symptoms</i> :	EpiPen	Antihistamine
Mouth = itching, tingling, or swelling of lips, tongue, mouth	EpiPen	Antihistamine
Skin = Hives, itchy rash, swelling of the face or extremities	EpiPen	Antihistamine
Gut = Nausea, abdominal cramps, vomiting, diarrhea	EpiPen	Antihistamine
Throat = Tightening of throat, hoarseness, hacking cough	EpiPen	Antihistamine
Lung = Shortness of breath, repetitive coughing, wheezing	EpiPen	Antihistamine
Heart = Thready pulse, low blood pressure, fainting, pale, blueness	EpiPen	Antihistamine
Other = _____	EpiPen	Antihistamine
If reaction is progressing (several of the above areas affected), give	EpiPen	Antihistamine

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

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen Jr.

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

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. _____ at _____

3. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

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

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____

(Required)

TRAINED STAFF MEMBERS

1. _____ Room _____

2. _____ Room _____

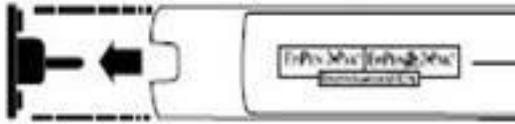
3. _____ Room _____

EpiPen® and EpiPen® Jr. Auto Injector

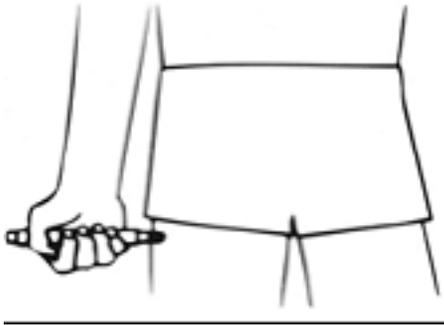
Directions:

First remove the EpiPen Auto-Injector for the plastic carrying case

Pull off the **BLUE** safety release cap



Hold **ORANGE** tip near outer thigh
(Always apply to thigh).



Swing and firmly push orange tip against outer thigh. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

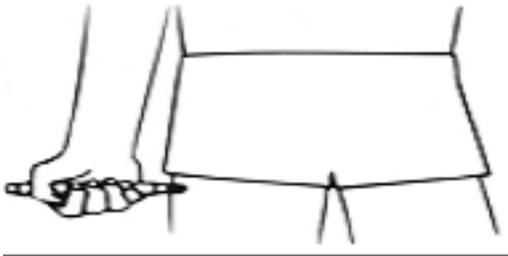
Adrenaclick™ 0.3 mg /
Adrenaclick™ 0.15 mg

Directions:

Adrenaclick™ 0.3 mg an
Adrenaclick™ 0.15 mg Direc



- Remove **GREY** caps labeled “1” and “2.”
- Place **RED** rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove. Massage the injection site.



APPENDIX B

DEPARTMENT OF PUBLIC HEALTH

105 CMR 210.000: THE ADMINISTRATION OF PRESCRIPTION MEDICATIONS IN PUBLIC AND PRIVATE SCHOOLS

Section

- 210.001: Purpose
- 210.002: Definitions
- 210.003: Policies Governing the Administration of Prescription Medications in Schools
- 210.004: Policies Regarding Delegation of Prescription Medication Administration
- 210.005: Responsibilities of the School Nurse Regarding Prescription Medication Administration
- 210.006: Self-Administration of Prescription Medications
- 210.007: Training of School Personnel Responsible for Administering Prescription Medications
- 210.008: Handling, Storage and Disposal of Prescription Medications
- 210.009: Documentation and Record-Keeping
- 210.100: Administration of Epinephrine

210.001: Purpose

The purpose of 105 CMR 210.000 is to provide minimum standards for the safe and proper administration of prescription medications to students in the Commonwealth's public and private primary and secondary schools. 105 CMR. 210.000 permit school nurses to delegate responsibility for administration of prescription medications to trained, nursing-supervised school personnel, provided the school district or private school registers with the Department of Public Health. The aim of 105 CMR 210.000 is to ensure that students requiring prescription medication administration during the school day will be able to attend school and to ensure that prescription medications are safely administered in schools. 105 CMR 210.000 encourages collaboration between parents or guardians and the school in this effort.

210.002: Definitions

As used in 105 CMR 210.000, the following words, unless the context clearly requires otherwise, shall have the following meanings:

Administration of Medication means the direct application of a prescription medication by inhalation, ingestion, or by any other means to the body of a person.

Prescription Medication means any medication which by federal law may be obtained only by prescription.

Cumulative Health Record means the cumulative health record of a pupil as specified under M.G.L. c. 71.

Department means the Massachusetts Department of Public Health.

Investigational New Drug means any medication with an approved investigational new drug (IND) application on file with the Food and Drug Administration (FDA) which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and which has not yet received FDA approval.

Licensed Practical Nurse means an individual who is a graduate of an approved practical nursing program, and who is currently licensed as a practical nurse pursuant to M.G.L. c. 112.

Licensed Prescriber means a health care provider who is legally authorized to prescribe medication pursuant to M-G.L c. 94C and applicable federal laws and regulations.

Parenteral Medication means any medication administered in a manner other than by the digestive tract or topical application, as by intravenous, intramuscular, subcutaneous, or intradermal injection.

Physician means a doctor of medicine or osteopathy licensed to practice medicine in Massachusetts or in another state.

School Nurse means a nurse practicing in a school setting, who is:

- (1) a graduate of an approved school for professional nursing;
- (2) currently licensed as a Registered Nurse pursuant to M.G.L c. 112; and
- (3) appointed by a School Committee or a Board of Health in accordance with M.G.L. c. 71, §§ 53, 53A, and 53B or, in the case of a private school, by the Board of Trustees.

School Physician means a physician appointed by a School Committee or Board of Health in accordance with M.G.L c. 71, §§ 53, 53A, and 53B or, in the case of a private school, by the Board of Trustees.

Supervision means guidance by a qualified school nurse to accomplish a task, with initial direction and instruction concerning the task and periodic inspection and oversight of activities related to the task.

Teacher for the purpose of 105 CMR 210.000, means a professional school employee who:

- (1) instructs students or serves in the role of administrator below the rank of superintendent; and
- (2) is employed by a School Committee or Board of Trustees.

210.003: Policies Governing the Administration of Prescription Medications in Schools

(A) The School Committee or Board of Trustees, consulting with the Board of Health where

appropriate, shall adopt policies and procedures governing the administration of prescription medications and self administration of prescription medications within the school system, following development of a proposal by the school nurse, in consultation with the school physician. Review and revision of such policies and procedures shall occur as needed but at least every two years. At a minimum, these policies shall include:

- (1) designation of a school nurse as supervisor of the prescription medication administration program in a school;
- (2) documentation of the administration of prescription medications;
- (3) response to a medication emergency;
- (4) storage of prescription medications;
- (5) reporting and documentation of medication errors;
- (6) dissemination of information to parents or guardians. Such information shall include an outline of a school's medication policies and shall be available to parents and guardians upon request;
- (7) procedures for resolving questions between the school and a parent or guardian regarding administration of medications. Such procedures shall provide for and encourage the participation of the parent or guardian. Existing procedures for resolution of differences may be used whenever appropriate.

(B) The School Committee or Board of Trustees shall submit these policies and procedures to the Department of Public Health upon request.

210.004: Policies Regarding Delegation of Prescription Medication Administration

(A) The School Committee or Board of Trustees, consulting with the Board of Health where appropriate, may approve a proposal developed by the school nurse and school physician, to permit the administration of prescription medications to be delegated by the school nurse to unlicensed school personnel. Such delegation may occur only if the school district registers with the Department of Public Health pursuant to the applicable provisions of 105 CMR 700.000 and complies with the requirements of 105 CMR 210.000.

(B) In accordance with the proposal of the school nurse and school physician, the School Committee or Board of Trustees may approve categories of unlicensed school personnel to whom the school nurse may delegate responsibility for prescription medication administration.

(1) Said categories of personnel may include administrative and teaching staff, licensed health personnel, health aides and secretaries.

(a) For the purposes of 105 CMR 210.000, health aide shall mean an unlicensed employee of the school district who is generally supervised by the school nurse and performs those health-related duties defined by the school nurse, the School Committee, Board of Health or Board of Trustees.

(b) For the purpose of administering emergency prescription medication to an individual child, including parenteral administration of medication pursuant to 103 CMR 210.004(B)(4), the school nurse may identify individual school personnel or additional categories. Said school personnel shall be listed on the medication administration plan developed in accordance with 105 CMR 210.005(E) and receive training in the

- administration of emergency medication to a specific child.
- (2) An individual in an approved category may be authorized to administer prescription medication if he/she meets the following criteria:
 - (a) is a high school graduate or its equivalent;
 - (b) demonstrates sound judgment;
 - (c) is able to read *and* write English;
 - (d) is able to communicate with the student receiving the prescription medication or has ready access to an interpreter when needed;
 - (e) is able to meet the requirements of 105 CMR 210.000 and follow nursing supervision;
 - (f) is able to respect and protect the student's confidentiality; and
 - (g) has completed an approved training program pursuant to 105 CMR 210.007.
 - (3) A school nurse shall be on duty in the school system while prescription medications are being administered by designated unlicensed school personnel, and available by telephone should consultation be required.
 - (4) The administration of parenteral medications may not be delegated, with the exception of epinephrine administered in accordance with 105 CMR 210.100.
 - (5) Prescription medications to be administered pursuant to p.r.n. ("as needed") orders may be administered by authorized school personnel after an assessment by or consultation with the school nurse for each dose.
 - (6) For each school, an updated list of unlicensed school personnel who have been trained in the administration of prescription medications shall be maintained. Upon request, a parent shall be provided with a list of school personnel authorized to administer prescription medications.

210.005: Responsibilities of the School Nurse Regarding Prescription Medication Administration

- (A) The school nurse, in consultation with the school physician and the school health advisory committee, if established, shall develop policies and procedures consistent with 105 CMR 210.000 for approval by the School Committee or Board of Trustees, in consultation with the Board of Health where appropriate.
- (B) The school nurse shall have responsibility for the development and management of the prescription medication administration program. Such responsibility shall be delineated in policies and procedures adopted by the School Committee or Board of Trustees, in consultation with the-Board of Health where appropriate.
- (C) **The school nurse, in consultation with the school physician, shall have final decision-making authority with respect to delegating administration of prescription medications to unlicensed personnel in school systems registered with the Department of Public Health.**
- (D) Medication Orders.
 - (1) The school nurse shall ensure that there is a proper medication order from a licensed prescriber which is renewed as necessary including the beginning of each academic year. A telephone order or an order for any change in prescription medication shall be received only by the school nurse. Any verbal order must be followed by a written order within three

school days. Whenever possible, the medication order shall be obtained, and the medication administration plan specified in 105 CMR 210.005(E) shall be developed before the student enters or re-enters school.

(a) In accordance with standard medical practice, a medication order from a licensed prescriber shall contain:

1. the student's name;
2. the name and signature of the licensed prescriber and business and emergency phone numbers;
3. the name, route and dosage of medication;
4. the frequency and time of medication administration;
5. the date of the order;
6. a diagnosis and any other medical condition(s) requiring medication, if not a violation of confidentiality or if not contrary to the request of a parent, guardian or student to keep confidential;
7. specific directions for administration.

(b) Every effort shall be made to obtain from the licensed prescriber the following additional information, as appropriate:

1. any special side effects, contraindications and adverse reactions to be observed;
2. any other medications being taken by the student;
3. the date of return visit, if applicable.

(2) Special Medication Situations

(a) For short-term prescription medications, i.e., those requiring administration for ten school days or fewer, the pharmacy-labeled container may be used in lieu of a licensed prescriber's order. If the nurse has a question, she may request a licensed prescriber's order.

(b) For "over-the-counter" medications, i.e., non-prescription medications, the school nurse shall follow the Board of Registration in Nursing's protocols regarding administration of over-the-counter medications in schools.

(c) Investigational new drugs may be administered in the schools with (1) a written order by a licensed prescriber, (2) written consent of the parent or guardian, and (3) a pharmacy-labeled container for dispensing. If there is a question, the school nurse may seek consultation and/or approval from the school physician to administer the medication in a school setting.

(3) The school nurse shall ensure that there is a written authorization by the parent or guardian which contains:

- (a) the parent or guardian's printed name and signature and a home and emergency phone number;
- (b) a list of all medications the student is currently receiving, if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medication not be documented;
- (c) approval to have the school nurse or school personnel designated by the school nurse administer the prescription medication;
- (d) persons to be notified in case of a medication emergency in addition to the parent or guardian and licensed prescriber.

(E) Medication Administration Plan: The school nurse, in collaboration with the parent or

guardian whenever possible, shall establish a medication administration plan for each student receiving a prescription medication. Whenever possible, a student who understands the issues of medication administration shall be involved in the decision-making process and his/her preferences respected to the maximum extent possible. If appropriate, the medication administration plan shall be referenced in any other health or educational plan developed pursuant to St. 1972, c. 766 the Massachusetts Special Education Law (Individual Education Plan under Chapter 766) or federal laws, such as the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973.

(1) Prior to the initial administration of the prescription medication, the school nurse shall assess the child's health status and develop a medication administration plan which includes:

- (a) the name of the student,
- (b) a medication order from a licensed prescriber, which meets the requirements of 105 CMR 210.005(D)(1);
- (c) the signed authorization of the parent or guardian, which meets the requirements of 105 CMR 210.005(D)(3);
- (d) any known allergies to food or medications;
- (e) the diagnosis, unless a violation of confidentiality or the parent, guardian or student requests that it not be documented;
- (f) any possible side effects, adverse reactions or contraindications;
- (g) the quantity of prescription medication to be received by the school from the parent or guardian;
- (h) the required storage conditions;
- (i) the duration of the prescription;
- (j) the designation of unlicensed school personnel, if any, who will administer the prescription medication to the student in the absence of the nurse, and plans for back-up if the designated personnel are unavailable;
- (k) plans, if any, for teaching self administration of the prescription medication;
- (l) with parental permission, other persons, including teachers, to be notified of medication administration and possible adverse effects of the medication;
- (m) when appropriate, the location where the administration of the prescription medication will take place;
- (n) a plan for monitoring the effects of the medication;
- (o) provision for prescription medication administration in the case of field trips and other short-term special school events. Every effort shall be made to obtain a nurse or school staff member trained in prescription medication administration to accompany students at special school events. When this is not possible, the school nurse may delegate prescription medication administration to another responsible adult. Written consent from the parent or guardian for the named responsible adult to administer the prescription medication shall be obtained. The school nurse shall instruct the responsible adult on how to administer the prescription medication to the child.

(F) Developing Procedures for Administration of Prescription Medications.

(1) The school nurse shall develop procedures for the administration of prescription medications which shall include the following:

- (a) A procedure to ensure the positive identification of the student who receives the medication;

(b) A system for documentation and record-keeping which meets the requirements of 105 CMR 210.009.

(2) The school nurse shall develop a system of documenting observations by the nurse or school personnel and communicating significant observations relating to prescription medication effectiveness and adverse reactions or other harmful effects to the child's parent or guardian and/or licensed prescriber:

(3) The school nurse shall develop and implement procedures regarding receipt and safe storage of prescription medications;

(4) The school nurse shall develop procedures for responding to medication emergencies, *i.e.* any reaction or condition related to administration of medication which poses an immediate threat to the health or well-being of the student. This includes maintaining a list of persons, with their phone numbers, to be contacted as appropriate, in addition to the parent/guardian, school nurse, licensed prescriber and other persons designated in the medication administration plan. Such persons may include other school personnel, the school physician, clinic or emergency room staff, ambulance services and the local poison control center,

(5) The school nurse shall develop procedures and forms for documenting and reporting prescription medication errors. The procedures shall specify persons to be notified in addition to the parent or guardian and nurse, including the licensed prescriber or school physician if there is a question of potential harm to the student. A medication error includes any failure to administer prescription medication as prescribed for a particular student, including failure to administer the prescription medication:

(a) within appropriate time frames;

(b) in the correct dosage;

(c) in accordance with accepted practice;

(d) to the correct student.

(6) The school nurse shall develop procedures to review reports of medication errors and take necessary steps to ensure appropriate prescription medication administration in the future.

(G) Delegation/Supervision. When a School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, has registered with the Department of Public Health and authorized categories of unlicensed school personnel to administer prescription medications, such personnel shall be under the supervision of the school nurse for the purposes of 105 CMR 210.000. The School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, shall provide assurance that sufficient school nurse(s) are available to provide proper supervision of unlicensed school personnel. Responsibilities for supervision, at a minimum, shall include the following:

(1) After consultation with the principal or administrator responsible for a given school, the school nurse shall select, train and supervise the specific individuals, in those categories of school personnel approved by the School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, who may administer prescription medications. When necessary to protect student health and safety, the school nurse may rescind such selection.

(2) The number of unlicensed school personnel to whom responsibility for prescription

medication administration may be delegated is to be determined by:

- (a) the number, of unlicensed school personnel the school nurse can adequately supervise on a weekly basis, as determined by the school nurse;
 - (b) the number of unlicensed school personnel necessary, in the nurse's judgment, to ensure that the prescription medications are properly administered to each student.
- (3) The school nurse shall support and assist persons who have completed the training specified in 105 CMR 210.007 to prepare for and implement their responsibilities related to the administration of prescription medication.
- (4) The first time that unlicensed school personnel administers medication, the delegating nurse shall provide supervision at the work site.
- (5) The degree of supervision required for each student shall be determined by the school nurse after an evaluation of the appropriate factors involved in protecting the student's health, including but not limited to the following:
- (a) health condition and ability of the student;
 - (b) the extent of training and capability of the unlicensed school personnel to whom the prescription medication administration is delegated;
 - (c) the type of prescription medication; and
 - (d) the proximity and availability of the school nurse to the unlicensed person who is performing the prescription medication administration.
- (6) For the individual child, the school nurse shall:
- (a) determine whether or not it is medically safe and appropriate to delegate prescription medication administration;
 - (b) administer the first dose of the prescription medication, if:
 - 1. there is reason to believe there is a risk to the child as indicated by the health assessment, or
 - 2. the student has not previously received this prescription medication in any setting;
 - (c) review the initial orders, possible side effects, adverse reactions and other pertinent information with the person to whom prescription medication administration has been delegated;
 - (d) provide supervision and consultation as needed to ensure that the student is receiving the prescription medication appropriately. Supervision and consultation may include record review, on-site observation and/or assessment;
 - (e) review all documentation pertaining to prescription medication administration on a biweekly basis or more often if necessary.

(H) In accordance with standard nursing practice, the school nurse may refuse to administer or allow to be administered any prescription medication which, based on her/his individual assessment and professional judgment, has the potential to be harmful, dangerous or inappropriate. In these cases, the parent/guardian and licensed prescriber shall be notified immediately by the school nurse.

(1) For the purposes of 105 CMR 210.000, a Licensed Practical Nurse functions under the general supervision of the school nurse who has delegating authority.

(J) The school nurse shall have a current pharmaceutical reference available for her/his use, such

as the Physician's Desk Reference (P.D.R.) or U.S.P. DI (Dispensing Information), Facts and Comparisons.

210.006: Self Administration of Prescription Medications

(A) Consistent with school policy, students may self administer prescription medication provided that certain conditions are met. For the purposes of 105 CMR 210.000, "self administration" shall mean that the student is able to consume or apply prescription medication in the manner directed by the licensed prescriber, without additional assistance or direction.

(B) The school nurse may permit self medication of prescription medication by a student provided that the following requirements are met:

- (1) the student, school nurse and parent/guardian, where appropriate, enter into an agreement which specifies the conditions under which prescription medication may be self administered;
- (2) the school nurse, as appropriate, develops a medication administration plan (105 CMR 210.005(E) which contains only those elements necessary to ensure safe self administration of prescription medication;
- (3) the school nurse evaluates the student's health status and abilities and deems self administration safe and appropriate. As necessary, the school nurse shall observe initial self-administration of the prescription medication;
- (4) the school nurse is reasonably assured that the student is able to identify the appropriate prescription medication, knows the frequency and time of day for which the prescription medication is ordered, and follows the school self administration protocols;
- (5) there is written authorization from the student's parent or guardian that the student may self medicate, unless the student has consented to treatment under M.G.L c. 112, § 12F or other authority permitting the student to consent to medical treatment without parental permission;
- (6) if requested by the school nurse, the licensed prescriber provides a written order for self administration;
- (7) the student follows a procedure for documentation of self-administration of prescription medication;
- (8) the school nurse establishes a policy for the safe storage of self-administered prescription medication and, as necessary, consults with teachers, the student and parent/guardian, if appropriate, to determine a safe place for storing the prescription medication for the individual student, while providing for accessibility if the student's health needs require it. This information shall be included in the medication administration plan. In the case of an inhaler or other preventive or emergency medication,, whenever possible, a backup supply of the prescription medication shall be kept in the health room or a second readily available location;
- (9) the school nurse develops and implements a plan to monitor the student's self administration, based on the student's abilities and health status. Monitoring may include teaching the student the correct way of taking the prescription medication, reminding the student to take the prescription medication, visual observation to ensure compliance, recording that the prescription medication was taken, and notifying the parent, guardian or licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the prescription medication;
- (10) with parental/guardian and student permission, as appropriate, the school nurse may

inform appropriate teachers and administrators that the student is self-administering a prescription medication.

210.007: Training of School Personnel Responsible for Administering Prescription Medications

- (A) All prescription medications shall be administered by properly trained and supervised school personnel under the direction of the school nurse.
- (B) Training shall be provided under the direction of the school nurse.
- (C) At a minimum, the training program shall include content standards and a test of competency developed and approved by the Department of Public Health in consultation with the Board of Registration in Nursing and practicing school nurses.
- (D) Personnel designated to administer prescription medications shall be provided with the names and locations of school personnel who have documented certification in cardiopulmonary resuscitation. Schools should make every effort to have a minimum of two school staff members with documented certification in cardiopulmonary resuscitation present in each school building throughout the day.
- (E) The school nurse shall document the training and evidence of competency of unlicensed personnel designated to assume the responsibility for prescription medication administration.
- (F) The school nurse shall provide a training review and informational update at least annually for those school staff authorized to administer prescription medications.

210.008: Handling, Storage and Disposal of Prescription Medications

- (A) A parent, guardian or parent/guardian-designated responsible adult shall deliver all prescription medications to be administered by school personnel or to be taken by self-medicating students, if required by the self-administration agreement (105 CMR 210.006(B)), to the school nurse or other responsible person designated by the school nurse.
 - (1) The prescription medication must be in a pharmacy or manufacturer labeled container.
 - (2) The school nurse or other responsible person receiving the prescription medication shall document the quantity of the prescription medication delivered.
 - (3) In extenuating circumstances, as determined by the school nurse, the prescription medication may be delivered by other persons; provided, however, that the nurse is notified in advance by the parent or guardian of the arrangement and the quantity of prescription medication being delivered to the school.
- (B) All prescription medications shall lie stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and effective.
- (C) All prescription medications to be administered by school personnel shall be kept in a securely locked cabinet used exclusively for medications, which is kept locked except when opened to obtain medications. The cabinet shall be substantially constructed and anchored securely to a solid surface. Prescription medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 38⁰F to 42⁰F.
- (D) Access to stored prescription medications shall be limited to persons authorized to administer prescription medications and to self-medicating students, to the extent permitted by school policy developed pursuant to 105 CMR 210.006(B)(8). Access to keys and knowledge of the location of keys shall be restricted to the maximum extent possible. Students who are self-medicating shall not have access to other students' medications.
- (E) Parents or guardians may retrieve the prescription medications from the school at any time.

(F) No more than a 30 school day supply of the prescription medication for a student shall be stored at the school.

(G) Where possible, all unused, discontinued or outdated prescription medications shall be returned to the parent or guardian and the return appropriately documented. In extenuating circumstances, with parental consent when possible, such prescription medications may be destroyed by the school nurse in accordance with any applicable policies of the Massachusetts Department of Public Health, Division of Food and Drugs.

210.009: Documentation and Record-Keeping

(A) Each school where prescription medications are administered by school personnel shall maintain a medication administration record for each student who receives prescription medication during school hours.

(1) Such record at a minimum shall include a daily log and a medication administration plan, including the medication order and parent/guardian authorization.

(2) The medication administration plan shall include the information as described in 105 CMR 210.005(E).

(3) The daily log shall contain:

(a) the dose or amount of prescription medication administered;

(b) the date and time of administration or omission of administration, including the reason for omission;

(c) the full signature of the nurse or designated unlicensed school personnel administering the prescription medication. If the prescription medication is given more than once by the same person, he/she may initial the record, subsequent to signing a full signature.

(4) The school nurse shall document in the medication administration record significant observations of the prescription medication's effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any action taken.

(5) All documentation shall be recorded in ink and shall not be altered.

(6) With the consent of the parent, guardian, or student where appropriate, the completed prescription medication administration record and records pertinent to self administration shall be filed in the student's cumulative health record. When the parent, guardian or student, where appropriate, objects, these records shall be regarded as confidential medical notes and shall be kept confidential, except as provided in 105 CMR 210.000.

(B) Medication errors, as defined in 105 CMR 210.005(F)(5), shall be documented by the school nurse on an accident/incident report form. These reports shall be retained in a location as determined by school policy and made available to the Department of Public Health upon request. All suspected diversion or tampering of drugs shall be reported to the Department of Public Health, Division of Food and Drugs. All medication errors resulting in serious illness requiring medical care shall be reported to the Department of Public Health, Bureau of Family and Community Health.

(C) The school district shall comply with the Department of Public Health's reporting requirements for prescription medication administration in the schools.

(D) The Department of Public Health may inspect any individual student medication record or record relating to the administration or storage of prescription medications without prior notice to ensure compliance with 105 CMR 210.000.

210.100: Administration of Epinephrine

(A) A public school district or non-public school, as defined by the Massachusetts Department of Education, may register with the Department for the limited purpose of permitting properly trained school personnel to administer epinephrine by auto injector in a life-threatening situation during the school day when a school nurse is not immediately available, including field trips, provided that the following conditions are met:

- (1) the school committee or, in the case of a non-public school, the chief administrative officer, approves policies developed by the designated school nurse leader or, in the absence of a school nurse leader, a school nurse with designated responsibility for management of the program (“responsible school nurse”) governing administration of epinephrine by auto injector. This approval must be renewed every two years;
- (2) the school committee or chief administrative officer, in consultation with the nurse leader or responsible school nurse, provides a written assurance to the Department that the requirements of the regulations will be met;
- (3) in consultation with the school physician, the designated school nurse leader or responsible school nurse manages and has final decision making authority about the program. This person, or school nurses designated by this person, shall select the individuals authorized to administer epinephrine by auto injector. Persons authorized to administer epinephrine shall meet the requirements of section 210.004(B)(2);
- (4) the school personnel authorized to administer epinephrine by auto injector are trained and tested for competency by the designated school nurse leader or responsible school nurse, or school nurses designated by this person, in accordance with standards and a curriculum established by the Department.
 - (a) The designated school nurse leader or responsible school nurse, or school nurses designated by this person, shall document the training and testing of competency.
 - (b) The designated school nurse leader or responsible school nurse, or a designee, shall provide a training review and informational update at least twice a year.
 - (c) The training, at a minimum, shall include:
 - (i) procedures for risk reduction;
 - (ii) recognition of the symptoms of a severe allergic reaction;
 - (iii) the importance of following the medication administration plan;
 - (iv) proper use of the auto-injector; and
 - (v) requirements for proper storage and security, notification of appropriate persons following administration, and record keeping.
 - (d) The school shall maintain and make available upon request by parents or staff a list of those school personnel authorized and trained to administer epinephrine by auto injector in an emergency, when the school nurse is not immediately available;

(5) epinephrine shall be administered only in accordance with an individualized medication administration plan satisfying the applicable requirements of 105 CMR 210.005(E) and 210.009(A)(6), updated every year, which includes the following:

- (a) a diagnosis by a physician that the child is at risk of a life threatening allergic reaction and a medication order containing proper dosage and indications for administration of epinephrine;
- (b) written authorization by a parent or legal guardian;
- (c) home and emergency number for the parent(s) or legal guardian(s), as well as the names(s) and phone number(s) of any other person(s) to be notified if the parent(s) or guardian(s) are unavailable;
- (d) identification of places where the epinephrine is to be stored, following consideration of the need for storage:
 - (i) at one or more places where the student may be most at risk;
 - (ii) in such a manner as to allow rapid access by authorized persons, including possession by the student when appropriate; and
 - (iii) in a place accessible only to authorized persons. The storage location(s) should be secure, but not locked during those times when epinephrine is most likely to be administered, as determined by the school nurse;
- (d) a list of the school personnel who would administer the epinephrine to the student in a life threatening situation when a school nurse is not immediately available;
- (e) a plan for comprehensive risk reduction for the student, including preventing exposure to specific allergens; and
- (f) an assessment of the student's readiness for self-administration and training, as appropriate.

(6) when epinephrine is administered, there shall be immediate notification of the local emergency medical services system (generally 911), followed by notification of the student's parent(s) or guardian(s) or, if the parent(s) or guardian(s) are not available, any other designated person(s), the school nurse, the student's physician, and the school physician, to the extent possible;

(7) there shall be procedures, in accordance with any standards established by the Department, for:

- (a) developing the medication administration plan;
- (b) developing general policies for the proper storage of medication, including limiting access to persons authorized to administer the medication and returning unused or outdated medication to a parent or guardian whenever possible;
- (c) recording receipt and return of medication by the school nurse;
- (d) documenting the date and time of administration;
- (e) notifying appropriate parties of administration and documenting such notification;
- (f) reporting medication errors in accordance with 105 CMR 210.005(F)(5); (
- (g) reviewing any incident involving administration of epinephrine to determine the adequacy of the response and to consider ways of reducing risks for the particular student and the student body in general;
- (h) planning and working with the emergency medical system to ensure the fastest possible response;

disposing properly of a used epinephrine injector;

(i) submitting a written report to the Department of Public Health each time epinephrine is administered to a student or staff, on a form obtained from the Department;

(j) permitting the Department of Public Health to inspect any record related to the administration of epinephrine without prior notice, to ensure compliance with 105 CMR 210.100.

(B) Epinephrine may be administered in accordance with these regulations in before and after school programs offered or provided by a school, such as athletic programs, special school events and school-sponsored programs on week-ends, provided that the public school district or non-public school is registered with the Department pursuant to section 210.100(A) and meets the requirements set forth in section 210.000(B).

(1) Epinephrine may be administered in such before and after school programs and special events, to students attending the school where the epinephrine is to be administered, provided that the following requirements are met:

(a) the school committee or chief administrative officer in a non-public school approves, in the policy developed in accordance with section 210.100(A)(1), administration of epinephrine in such programs. The policy shall identify the school official(s), along with a school nurse for each school designated by the school nurse leader or responsible nurse, responsible for determining which before and after school programs and special events are to be covered by the policy;

(b) the designated school nurse approves administration of epinephrine in that program and selects the properly trained person(s) to administer the epinephrine;

(c) the school complies with the requirements of 105 CMR 210.100 (A), including immediate notification of emergency medical services following administration of epinephrine, but need not comply with the requirement of section 210.004(B)(3); and

(d) the program is not licensed by another state agency, in which case the regulations promulgated by that state agency will apply.

(2) Epinephrine may be administered in such before and after school programs and special events to students from another school or school district if approved in the school policy developed pursuant to section 210.100(A)(1) and in accordance with the following requirements.

(a) The school complies with the requirements of sections 210.100(A) and 210.100(B)(1), including immediate notification of emergency medical services following administration of epinephrine, except as provided in subsection 210.100(B)(2)(d).

(b) In the event the student is accompanied by school personnel from the sending school, such personnel, whenever possible, shall assume responsibility for ensuring that the epinephrine is brought, properly stored and administered as necessary, in accordance with the medication administration plan developed by the sending school in accordance with subsection 210.100(A)(5).

(c) In the event the student is not accompanied by school personnel from the sending school or such personnel are not trained in the administration of epinephrine, the receiving school may, in its discretion, assume responsibility for administering epinephrine, provided that:

- (i) the designated school nurse in the receiving school is provided with adequate prior notice of the request, which shall be at least one week in advance unless otherwise specified by the designated school nurse;
 - (ii) the designated school nurse in the receiving school approves administration of epinephrine for that student;
 - (ii) the designated school nurse selects properly trained person(s) to administer the epinephrine; and
 - (iii) the student provides the designated school nurse or the person(s) selected by the designated school nurse to administer epinephrine with the medication to be administered.
- (d) If the receiving school assumes responsibility for administering epinephrine, whenever possible, the student shall provide the designated school nurse in the receiving school with a copy of the medication administration plan developed in accordance with section 105 CMR 210.005(E). The plan shall be provided to the designated school nurse in timely fashion in accordance with procedures established by the nurse. If no medication administration plan is provided, the student at a minimum shall provide to the designated school nurse in the receiving school:
- (i) written authorization and emergency phone numbers from a parent or guardian;
 - (ii) a copy of a medication order from a licensed provider; and
 - (iii) any specific indications or instructions for administration.

REGULATORY AUTHORITY 105 CMR 210.000: M.G.L. c. 94C, § 7(g); c. 71, § 54B.

APPENDIX C

FOOD IN THE CURRICULUM PARENT NOTIFICATION FORM

TEACHER: _____ **GRADE LEVEL:** _____

SUBJECT: _____ **DATE OF LESSON:** _____

STUDENT: _____

IDENTIFIED ALLERGEN(S): _____

I HAVE DISCUSSED THE ALLERGY WITH THE NURSE AND REVIEWED THE STUDENT'S INDIVIDUAL HEALTH CARE PLAN: **YES** **NO**

What are the lesson and the student objectives of this lesson?

Why is it essential to this lesson that a food item be used?

How will children with food-related issues be safeguarded before, during and after this activity?

How will the classroom be prepared for the safe return to regular classroom learning?

ADDITIONAL TEACHER RESPONSIBILITIES:

- Notify parent/guardian of known food allergic students five days in advance of the lesson.
- Provide access to all food labels to parent/guardian to ensure the products used are safe.
- Give the parent/guardian the opportunity to provide an alternative for the child or class.

Teacher Signature

Date

Parent Signature

Date

APPENDIX D

HACCP-Based Standard Operating Procedures

Damaged or Discarded Product Log

Instructions: Foodservice employees will record product name, quantity, action taken, reason, initials, and date each time a food or food product is damaged or will be discarded. The foodservice manager will verify that foodservice employees are discarding damaged food properly by visually monitoring foodservice employees during the shift and reviewing, initialing, and dating this log daily. Maintain this log for a minimum of 1 year.

Date	Time	Vendor or School	Product Name	Temperature	Corrective Action Taken	Initials/Date	Manager Initials/Date

APPENDIX E

HACCP-Based Standard Operating Procedures

Peanuts and Nuts Preventing Cross-Contamination During Receiving, Storage and Preparation Standard Operating Procedure

PURPOSE: To prevent life threatening allergic reactions to those with peanut and nut allergies due to exposure to allergen as a result of cross contamination from peanuts/nuts during food storage, preparation and service.

SCOPE: This procedure applies to anyone who is responsible for receiving, storing, preparing, and serving food.

KEY WORDS: Cross-Contamination, Preparation, Contamination, Storage, Receiving

INSTRUCTIONS:

- Train Food Service employees on using the procedures in this SOP.
- Follow State or local health department requirements.
- Wash hands properly. Refer to the Washing Hands SOP.
- Avoid touching ready-to-eat food with bare hands. Refer to Using Suitable Utensils When Handling Ready-To-Eat Foods SOP.
- Examine cases of all nut and peanut products to insure cases are undamaged, dated and intact.
- Store all peanut and nut products on the lowest shelf in dry storage area with a clear separation from other cases of food in storage.
- Use only dry, cleaned, and sanitized equipment and utensils. Refer to Cleaning and Sanitizing Food Contact Surfaces SOP for proper cleaning and sanitizing procedure.
- All utensils and equipment used for the preparation of food items containing peanuts and nuts will be kept in a designated area. These utensils will not be used for any other purpose. They will be washed separately with hot, soapy water, rinsed and then sanitized.**
- Preparation of all food products will take place in a designated area which will ensure prevention of cross contamination of the works space.**
- All products containing peanuts/nuts will be covered or wrapped. Upon service students and staff shall have no direct contact with the inner food.**
- Clean the exterior surfaces of food containers, such as cans and jars, of visible soil before opening.
- Store damaged goods in a separate location. Refer to Segregating Damaged Goods SOP.

MONITORING:

A designated Food Service employee will continually monitor food storage and preparation to ensure that food is not cross-contaminated.

CORRECTIVE ACTION:

Retrain any Food Service employee found not following the procedures in this SOP.

Separate foods found improperly stored.

Discard any food that has become contaminated with peanuts/nuts. Any report of contamination and discard of food will be reported on the Damaged or Discarded Product Log. (Attached)

VERIFICATION AND RECORD KEEPING:

The Food Service Manager will visually observe that employees are following these procedures and taking all necessary corrective actions during all hours of operation. The Food Service Manager will periodically check the storage of foods during hours of operation and complete the Food Safety Checklist daily. The Food Safety Checklist will be kept on file for a minimum of 1 year. Food Service employees will document any discarded food on the Damaged and Discarded Product Log. The Food Service Manager will verify that appropriate corrective actions are being taken by reviewing, initialing, and dating the Damaged and Discarded Product Log each day. The Damaged and Discarded Product Log is to be kept on file for a minimum of 1 year.

DATE IMPLEMENTED: _____ **BY:** _____

DATE REVIEWED: _____ **BY:** _____

DATE REVISED: _____ **BY:** _____
