



<p>Pol. 113</p> <p>Pol. 103.1</p> <p>4. Guidelines</p>	<p><b>Medical Plans of Care</b> - written documents individualized for a particular student with a severe or life-threatening food allergy to address the student’s needs throughout the school day, including:</p> <ol style="list-style-type: none"> <li>1. <b>Emergency Care Plan (ECP)</b> - a medical plan of care based on the information provided in the student’s Individualized Healthcare Plan (IHP) and distributed to all school personnel who have responsibilities for the student which specifically describes how to recognize a food allergy emergency and what to do when signs or symptoms of these conditions are observed.</li> <li>2. <b>Individualized Healthcare Plan (IHP)</b> - a medical plan of care that provides written directions for school health personnel to follow in meeting the individual student’s healthcare needs. The plan describes functional problem areas, sets goals for overcoming problems, and lists tasks/interventions to meet the goals. The IHP shall include a Food Allergy Medical Management Plan developed by a student’s personal healthcare team and family, which shall outline the student’s prescribed healthcare regimen and be signed by the student’s board-certified allergist, family physician, physician assistant or certified registered nurse practitioner.</li> <li>3. <b>Related Services Component in Individualized Education Program (IEP)</b> - that part of an IEP for a student receiving special education and related services which includes reference to development and implementation of an IHP and ECP for students with a documented severe or life-threatening food allergy as well as identifying the medical accommodations, educational aids and services to address the student’s needs.</li> <li>4. <b>Section 504 Service Agreement</b> - a medical plan of care which references development and implementation of an IHP and ECP as well as other accommodations, educational aids and services a student with a documented severe or life-threatening food allergy requires in order to have equal access to educational programs, nonacademic services and extracurricular activities as students without food allergies.</li> </ol> <p>Prior to enrollment in the district or immediately after diagnosis of a food allergy, appropriate medical plans of care such as an ECP, IHP, Section 504 Service Agreement and/or IEP shall be developed for each student identified with a food allergy. Plans shall be developed by the school nurse, in collaboration with the student’s healthcare provider, the student’s parents/guardians, district or school nutrition staff, the student, if appropriate, and any other appropriate persons.</p>
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<p>Pol. 210, 210.1</p>	<p>Where a medical plan of care is developed, it should carefully describe the plan for coverage and care of a student during the school day as well as during school-sponsored activities which take place while the student is under school jurisdiction during or outside of school hours. Medical plans of care shall include a component which provides information to the school nutrition service regarding each student with documented severe or life-threatening food allergies.</p> <p>Medical plans of care should include both preventative measures to help avoid accidental exposure to allergens and emergency measures in case of exposure, including administration of emergency medication.</p> <p>A complete set of a student's current medical plans of care related to food allergies shall be maintained by the school nurse. Information or copies of the different components of a student's medical plans of care shall be provided to appropriate personnel who may be involved in implementation of the medical plans of care.</p>
<p>Pol. 103.1, 113</p>	<p><u>Accommodating Students With Disabling Special Dietary Needs</u></p> <p>Students with food allergies may be identified, evaluated and determined to be disabled, in which case the district shall make appropriate accommodations, substitutions or modifications in accordance with the student's medical plans of care.</p> <p>The district must provide reasonable accommodations, substitutions or modifications for students with disabling dietary needs. The student's physician shall determine and document if the student has a disabling dietary need. Examples of a disability under this policy would include metabolic conditions (e.g., diabetes), severe food allergies or cerebral palsy.</p>
<p>7 CFR Sec. 15b.40</p>	<p>Students who fall under this provision must have a written medical statement signed by a licensed physician, which shall be included with the student's IHP. The medical statement must identify:</p> <ol style="list-style-type: none"> <li>1. The student's special dietary disability.</li> <li>2. An explanation of why the disability restricts the student's diet.</li> <li>3. The major life activity(ies) affected by the disability.</li> <li>4. The food(s) to be omitted from the student's diet.</li> <li>5. The food or choice of foods that must be provided as the substitute.</li> </ol>

<p>Pol. 113.4, 209, 216</p> <p>5. Delegation of Responsibility Pol. 121, 246, 808, 810</p> <p>Pol. 146</p> <p>Pol. 210, 210.1</p>	<p><u>Accommodating Students With Nondisabling Special Dietary Needs</u></p> <p>The district may, at its discretion, make appropriate accommodations, substitutions or modifications for students who have a special dietary need but who do not meet the definition of disability, such as a food intolerance or allergy that does not cause a reaction that meets the definition of a disability. The decision to accommodate such a student shall be made on a case-by-case basis.</p> <p>Students who fall under this provision must have a written medical statement signed by a physician, physician assistant or certified registered nurse practitioner identifying the following:</p> <ol style="list-style-type: none"> <li>1. The medical or other special dietary condition which restricts the student’s diet.</li> <li>2. The food(s) to be omitted from the student’s diet.</li> <li>3. The food or choice of foods to be substituted.</li> </ol> <p><u>Confidentiality</u></p> <p>The district shall maintain the confidentiality of students with food allergies, to the extent appropriate and as requested by the student’s parents/guardians. District staff shall maintain the confidentiality of student records as required by law, regulations and Board policy.</p> <p>The Superintendent or designee, in coordination with the school nurse, school nutrition services staff, and other pertinent staff, shall develop administrative regulations to implement this policy or adopt as administrative regulations the suggested guidelines developed by the Pennsylvania Departments of Education and Health and National School Boards Association (NSBA) guidance on managing severe or life-threatening food allergies in district schools, including all classrooms and instructional areas, school cafeterias, outdoor activity areas, on school buses, during field trips, and during school activities held before the school day and after the school day.</p> <p>Administrative regulations should address the following components:</p> <ol style="list-style-type: none"> <li>1. Identification of students with food allergies and provision of school health services.</li> <li>2. Development and implementation of individual written management plans.</li> <li>3. Medication protocols, including methods of storage, access and administration.</li> </ol>
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Pol. 246	4. Development of a comprehensive and coordinated approach to creating a healthy school environment.
Pol. 113.4, 209, 216	5. Communication and confidentiality.
Pol. 805	6. Emergency response. 7. Professional development and training for school personnel. 8. Awareness education for students. 9. Awareness education and resources for parents/guardians. 10. Monitoring and evaluation.
	<p>The Superintendent or designee shall annually notify students, parents/guardians, staff and the public about the district's food allergy management policy by publishing such in handbooks and newsletters, on the district's website, and through posted notices and other efficient methods.</p>
	<p>References:</p>
	<p>School Code – 24 P.S. Sec. 1422.1, 1422.3</p>
	<p>State Board of Education Regulations – 22 PA Code Sec. 12.41</p>
	<p>Family Educational Rights and Privacy Act – 20 U.S.C. Sec. 1232g</p>
	<p>Individuals With Disabilities Education Act – 20 U.S.C. Sec. 1400 et seq.</p>
	<p>Section 504 of the Rehabilitation Act of 1973 – 29 U.S.C. Sec. 794</p>
	<p>Americans With Disabilities Act – 42 U.S.C. Sec. 12101 et seq.</p>
	<p>Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, Title 7, Code of Federal Regulations – 7 CFR Part 15</p>
	<p>Nondiscrimination on the Basis of Disability, Title 28, Code of Federal Regulations – 28 CFR Part 35</p>

Family Educational Rights and Privacy, Title 34, Code of Federal Regulations – 34 CFR Part 99

Nondiscrimination on the Basis of Handicap, Title 34, Code of Federal Regulations – 34 CFR Part 104

Individuals With Disabilities Education, Title 34, Code of Federal Regulations – 34 CFR Part 300

Board Policy – 103, 103.1, 113, 113.4, 121, 146, 209, 210, 210.1, 216, 246, 805, 808, 810

*Safe at Schools and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-Threatening Food Allergies* – National School Boards Association

*Pennsylvania Guidelines for Management of Food Allergies in Schools: Recommendations and Resource Guide for School Personnel* – Pennsylvania Departments of Education and Health