

FOOD ALLERGIES/SPECIAL DIETARY NEEDS

Definitions

Special dietary needs include food intolerances, allergies, and other medical needs that may require avoidance of specific foods, but does not have life-threatening (anaphylactic) reactions when exposed to food(s) to which he/she is allergic.

Food allergies are abnormal responses of the body's immune system to certain foods or ingredients.

Anaphylaxis is a potentially life-threatening hypersensitivity to a substance and may be caused by a food allergy. Symptoms may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma. (Education Code 49414)

In severe cases, anaphylaxis may result in lowered blood pressure, loss of consciousness, or even death. Symptoms typically appear immediately after exposure to a certain food or substance but in rare cases may occur after a few hours.

Epinephrine auto-injector is a disposable drug delivery system with a spring-activated concealed needle that is designed for emergency administration of epinephrine to persons suffering a potentially fatal reaction to anaphylaxis. (Education Code 49414)

Notification by Parent/Guardian

If their child has a known food allergy, the parents/guardians shall notify the Superintendent or designee, in writing, and provide written medical documentation, signed by a licensed physician, that describes the nature of the student's condition, instructions, and necessary medications. If the food allergy requires food substitutions or modifications in school meals, the written statement shall also describe the specific foods to be restricted and the foods or choice of foods that must be substituted, signed by a recognized medical authority.

Health Plan

Upon receiving notice of a student's food allergy or other special dietary need, the Superintendent or designee shall ensure that a written health plan is developed, in consultation with the student's parents/guardians and health care provider, to manage the student's needs while at school or at a school-sponsored activity. The plan shall seek to minimize the student's risk of exposure to all allergen and address actions to be taken if exposure occurs.

Prevention Strategies

To minimize students' exposure to foods to which they are allergic, the Superintendent or designee shall, at a minimum, implement the following preventive measures:

FOOD ALLERGIES/SPECIAL DIETARY NEEDS (Continued)

1. Notification to District Staff

When notified by the parent/guardian that a student has a food allergy, the Superintendent or designee shall inform the student's principal, teacher(s), bus driver, school nurse, coach, substitute teacher, and/or any other personnel responsible for supervising the student.

The principal or designee shall notify substitute staff of any students with known food allergies and the school's response plan.

(cf. 5125 - Student Records)

2. Food Services

The district's food services program shall make food substitutions in breakfasts, lunches, and after-school snacks when students are considered to have a disability under Section 504 of the federal Rehabilitation Act of 1973 or Part B of Individuals with Disabilities Education Act (IDEA) that restricts their diet and when a recognized medical authority has signed a statement of need that includes recommended alternate foods. (7 CFR 210.10, 220.8)

(cf. 3550 - Food Service/Child Nutrition Program)

(cf. 3552 - Summer Meal Program)

(cf. 3554 - Other Food Sales)

(cf. 5030 - Student Wellness)

(cf. 5148.2 - Before/After School Programs)

Substitutions may be made on a case-by-case basis for students who do not have a disability under Section 504 or Part B of IDEA but who cannot consume the regular breakfast, lunch, or after-school snack because of medical or other special dietary needs, when supported by a statement of need signed by a recognized medical authority. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to food(s) to which they have problems. (7 CFR 210.10, 220.8, 225.16)

If it is determined that a child's allergic condition may be disabling, the district's food services staff shall check food labels or specifications to ensure that foods do not contain traces of substances to which the student is allergic.

Under no circumstances shall food services staff diagnose health conditions, prescribe nutritional requirements or revise, or interpret, a diet order prescribed by a physician.

Prescribed food substitutions shall not result in any additional cost to the student or family.

FOOD ALLERGIES/SPECIAL DIETARY NEEDS (Continued)

3. Class Parties/School Activities

Without identifying the student, the principal or teacher may notify parents/guardians of other students in the class that a student is allergic to a specific food and may request that the food not be provided at class parties or other school events.

Whenever the ingredients in any food served at class parties or other school activities are unknown, the student shall be encouraged to avoid the food.

4. Sanitation and Cleaning

To avoid spreading allergens, cafeteria tables and classroom surfaces shall be cleaned with a fresh cloth or disposable paper towels and cleaning products known to effectively remove food proteins, excluding waterless cleaners or instant hand sanitizers that do not involve a wet-wash step. Cross-contact from a sponge or cloth used to clean allergen-containing tabletops shall be avoided.

Staff shall use and promote hand-washing using soap and water before and after food handling.

Students shall be notified that exchanging meals or utensils is prohibited.

5. Professional Development

Schoolwide professional development shall be provided to appropriate staff on the identification and management of food allergies, including avoidance measures, typical symptoms, the proper use of epinephrine auto-injectors, documentation and storage of medication, and emergency drills.

(cf. 4131 - Staff Development)

(cf. 4231 - Staff Development)

(cf. 4331 - Staff Development)

6. Supervision of Students

Staff who are trained and knowledgeable about symptoms of anaphylaxis and actions to take in an emergency shall provide supervision in the classroom and cafeteria, on the playground, and on field trips or other school activities whenever students known to have a food allergy are present.

7. Health Education

The district's health education curriculum may include instruction on food allergies in order to assist food-allergic students in taking responsibility for monitoring their diet and to teach other students about the dangers of sharing foods or utensils with others.

FOOD ALLERGIES/SPECIAL DIETARY NEEDS (Continued)

(cf. 6142.8 - Comprehensive Health Education)

Emergency Response

Epinephrine auto-injectors or other medicine provided for use in the event of an anaphylactic shock reaction shall be stored and used in accordance with law and BP/AR 5141.21 - Administering Medication and Monitoring Health Conditions.

(cf. 4119.43 - Universal Precautions)

(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)

In addition, staff shall call 911 and seek immediate medical attention for a student experiencing an anaphylactic shock reaction.

(cf. 5141 - Health Care and Emergencies)

As soon as possible, school staff shall contact the student's parents/guardians or other person identified as an emergency contact.

When a student with a known allergy will be off school grounds, such as on a field trip, he/she shall be accompanied by a kit containing at least two doses of epinephrine, other medications as noted by the student's health care provider, and, as appropriate, the student's individualized food allergy plan.