



# HANOVER PUBLIC SCHOOLS

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## HEALTHY SCHOOLS COMMITTEE

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### RECOMMENDATIONS REGARDING FOOD CONSUMPTION IN THE CLASSROOM

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# HEALTHY SCHOOLS COMMITTEE'S RECOMMENDATION FOR FOOD CONSUMPTION IN THE HANOVER PUBLIC SCHOOLS

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## **BACKGROUND**

The purpose of the Healthy Schools Committee is to promote continued, open communication in the Hanover School community regarding healthy school environments. The Healthy Schools Committee will focus its mission to include working collaboratively with staff to ensure school environments are healthy for all members of the school community and keeping staff informed of best practices in school safety, cleaning standards, and the role of individual staff members in creating a healthy school environment. An additional focus is to promote health education opportunities, to facilitate healthy choices, and to link the schools with the community resources. In the 2009-2010 school year this committee met on September 30, 2009, November 15, 2009; January 18, 2010; March 4, 2010 and May 6, 2010. Topics included the H1N1 virus and preventive measures being taken in the schools, review of the district emergency preparedness and crisis plans, review the responsibilities of staff in the treatment of life threatening allergies, food choices in the school lunch program, and food consumption in the schools.

The Healthy Schools Committee is diverse with representation from the schools and the community including administrators, teachers, staff, community agencies and parents.

This year the following members have participated:

- ❖ Administrative Team - Jane DeGrenier, Risa Mancillas and Martha Zuther;
- ❖ Food Services Manager - Michael Meagher
- ❖ Food Services Staff - Ann St. Aubin, Ingrid Lancaster, Barbara Vielkind, Anne Judge
- ❖ Facilities and Maintenance - James Hoey, John Wright
- ❖ Business Manager – Joanne McDonough
- ❖ Nurses - Patricia Smith, Karen Mellen, Carol Krall, Maureen Shea
- ❖ Middle School Teachers - Martha Stamper, Joanne Reilly, Michelle Ireland
- ❖ High School Teachers - Deborah Bostwick and Ronald Glennon
- ❖ Parents - Kevin P. Segalla, Cheryl Avitable, Hope Recupero and Bridgette DeMinico
- ❖ Community Member - Linda Kakulski
- ❖ Hanover Board of Health - Nancy Funder
- ❖ VNA - Maureen Cooke

The School Committee Policy FA: Facilities Development Goals (see addendum section, page 14) outline the need to provide the kind of facilities that will best support and accommodate the educational program as well as acknowledge that good health depends upon continuous lifelong attention to scientific advances and the acquisition of new knowledge.

The School Committee Policy on Life-Threatening Allergy (LTA) Policy states that the district cannot guarantee to provide an allergen-free environment for students with life threatening allergies. However, the overall purpose of the recommended policy and procedures is to educate all stakeholders- educators, parents, students and community - about the consumption of food in Hanover Public Schools and to develop a system wide effort to educate all stakeholders, but, in particular, staff about food allergy protocols and the needs of our students as well as to maintain a clean and healthy environment.

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Food allergies are presenting increasing challenges for schools. As a result of the School Committee Policy on Life-Threatening Allergies (see Addendum section, page 9) there has been much discussion as to whether or not to allow food consumption in the Hanover Public Schools. In October 2008 the Superintendent charged the Pupil Personnel Services Director to work with the Healthy Schools Committee to provide recommendations regarding the consumption of food and beverages in the schools. After much discussion during the 2008-2009 school year the Committee's initial recommendation was to implement a two tiered approach with one set of procedures at the elementary schools (Grades PK-4) and a different set of procedures for the secondary level (Grades 5-12). However, after further review of the Department of Elementary and Secondary Education's guidance, task force recommendations and case law this recommendation has been changed.

## **I. THE ROLE OF THE SCHOOL IN PREVENTING AND MANAGING LIFE THREATENING FOOD ALLERGIES**

The most recent guidance from the Massachusetts Department of Elementary and Secondary Education (2002) outlines the statistics around the prevalence of food allergies. Food allergies affect 8% of children under age three, 6% - 8% of school age children and 2.5% of adults. Food allergy prevalence has increased 55% in the last five years. Moreover, 40% - 50% of those persons with a diagnosed food allergy are judged to have a high risk of anaphylaxis (a life-threatening allergic reaction). A study from the journal, *Archives of Pediatrics and Adolescent Medicine*, 2001 states that 1 in 5 children with food allergies will have a reaction while in school. An October 2004 article in the *Journal of Nursing* revealed that 79 percent of all reactions at school occurred in classrooms. Every food allergy reaction has the possibility of developing into a life-threatening and potentially fatal anaphylactic reaction. This can occur within minutes of exposure to the allergen. (Sampson, HA, "Food Allergy", from *Biology Toward Therapy, Hospital Practice*, 2000: May.) When a physician assesses that a child's food allergy may result in anaphylaxis the child's condition meets the definition of "disability" and is covered under the Federal Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and may be covered under the Individuals with Disabilities Education Act (IDEA) if the allergy management affects the student's ability to make educational progress.

Adequate plans and staff, who are knowledgeable regarding preventive measures and well prepared to handle severe allergic reactions, can save the life of a child. Total avoidance of the substance to which the student is allergic is the only means to prevent food allergy reactions. (Massachusetts Department of Education-2002). The Massachusetts Department of Elementary and Secondary Education guidance lists the responsibilities of school districts as follows:

- ❖ Develop policies and protocols regarding the care of students with life-threatening allergies
- ❖ Ensure that the school nurse oversee the development of an Individual Health Care Plan (IHCP) for each student with a life-threatening allergy (LTA)
- ❖ provide staff with a basic education concerning food allergies and have training in the prevention and management of allergic conditions

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- ❖ implement policies and protocols that respect the physical safety and emotional needs of students with life-threatening food allergies

## **II. RECOMMENDED PROCEDURES FOR FOOD CONSUMPTION IN THE HANOVER PUBLIC SCHOOLS**

In order to ensure a safe educational environment for all constituents it is recommended that no food will be consumed by staff and students in any classroom in the Hanover Public Schools. Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects and latex. The staff will take an active role in preventing exposure to specific allergens by carrying out the responsibilities as outlined later in this document.

### **ELEMENTARY LEVEL SCHOOLS (PK-4)**

The Committee recommends at the elementary level that all food, including snack at indoor recess, will be consumed in the cafeteria. All educational projects involving food will be completed in the cafeteria. When a celebration is being planned the teachers and/or administrators will collaborate with the school nurse to ensure that all students can participate, have fun, and remain safe and healthy. Celebrations that involve food will take place in the cafeteria. The one exemption is a snack bag that will be kept by the classroom teacher and each specialist that has a diabetic child in the event of a soft lockdown drill to ensure that the child's blood sugar is kept at an even level.

Currently, hand wipes are placed at all recess doors, in the cafeteria, and in most classrooms for any student to wipe his/her hands to reduce the risk of allergen protein. In addition, Purell dispensers have been placed in common public areas. Thorough hand washing using soap and water will be encouraged whenever practically feasible in lieu of hand wipes. Signs will be posted in all of the bathrooms showing the recommended steps children should use when washing their hands. Staff will be provided with appropriate cleaning supplies which will be used in the school environment. Staff will not be allowed to bring in cleaning supplies from home.

We strongly recommend, but we are unable to totally enforce, that there is no eating on the bus at any time. Principals will continue to remind students that they should not share or eat one another's snacks. The one exception is when a diabetic student may need to increase his/her blood sugar on the bus. In these cases there is an emergency pack kept in the student's backpack.

### **SECONDARY LEVEL SCHOOLS (5-12)**

The Committee felt strongly that communication between school, parents and students is an important component to a successful healthy food policy at the secondary level. The concentration at this level will be to promote self awareness within students regarding food choices and the ability to self advocate for their individual needs. We envision this knowledge acquisition will take place through specific courses in middle and high school health education courses as well as support programs brought into the school.

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This approach will set the standards for a safe and healthy environment for all students and adults in the middle and high school buildings.

At the secondary level supervision will shift away from enforcement to self-advocacy as students become young adolescents and are beginning to become more independent. Students may view a video about the importance of a clean school environment and the need for proper cleanliness procedures. There will be a concentrated effort to educate students about food allergies, food safety and anaphylaxis. The goal will be that students will follow procedures as a result of understanding the reasons these precautions are in place. Every student deserves to have his or her confidential health information protected and educating students about anaphylaxis will avoid endangering, harassing, or isolating students with allergies. Teaching students self advocacy skills around their medical needs will be an important part of their secondary school educational experience.

When a celebration is being planned the teachers and/or administrators will collaborate with the school nurse to ensure that all students can participate, have fun, and remain safe and healthy. Celebrations that involve food will take place in the cafeteria. The one exemption is a snack bag that is kept by the classroom teacher and each specialist that has a diabetic student in the event of a soft lockdown drill to ensure that the student's blood sugar is kept at an even level. Hand wipes are strategically placed for any student to wipe his/her hands to reduce the risk of allergen protein. Thorough hand washing using soap and water will be encouraged whenever practically feasible in lieu of hand wipes. Signs will be posted in all of the bathrooms showing the recommended steps students should use when washing their hands. Staff will be provided with appropriate cleaning supplies which will be used in the school environment. Staff will not be allowed to bring in cleaning supplies from home.

### **III. ROLES AND RESPONSIBILITIES OF SPECIFIC INDIVIDUALS IN THE MANAGEMENT OF STUDENTS WITH LIFE-THREATENING ALLERGIES**

**The Healthy Schools Committee recommends the following responsibilities in addition to those as outlined in the School Committee Policy on Life Threatening Allergies (see pages 9- 14):**

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

- ❖ Take more responsibility for your allergies as you get older.

#### **RESPONSIBILITIES OF THE PARENTS/GUARDIANS OF A STUDENT WITH FOOD ALLERGIES/ANAPHYLAXIS**

- ❖ Provide the school with a way to reach you at all times (cell phone, beeper, etc.).
- ❖ In collaboration with the school nurse decide if additional epinephrine auto-injectors will be kept in the school, aside from the one in the nurse's office, and if so, where.
- ❖ In collaboration with the school nurse discuss implementation of Individual Health Care Plan (IHCP)/Allergy Action Plan (AAP).

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- ❖ Periodically (halfway through the year) review prevention and emergency action plans with the school nurse.
- ❖ Leave a bag of "safe snacks" with your child's school nurse so there is always something your child can choose from during an unplanned special event.
- ❖ Identify one of more safe meals that can be obtained through the cafeteria.
- ❖ Be willing to go on your child's field trips if possible and if requested.
- ❖ **Remember – the ultimate goal is that our children eventually learn to keep themselves safe.**

## **RESPONSIBILITIES OF THE NURSE**

- ❖ Educate new personnel as necessary.
- ❖ Introduce yourself to the student and show him/her how to get to the nurse's office.
- ❖ Post location of epinephrine auto-injector.
- ❖ Periodically check medications for expiration dates and arrange for them to be current.
- ❖ Arrange periodic follow-up on semi-annual basis, or as often as necessary, to review effectiveness of the IHCP/AAP.
- ❖ Communicate with local EMS about location of student and type of allergy when you call 911.

## **RESPONSIBILITIES OF THE CLASSROOM TEACHER/SPECIALIST**

- ❖ Request that the classroom has a functioning intercom, walkie-talkie or other communication device for communication with the school office or nurse.
- ❖ Educate classmates 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 the presence and needs of the child with life-threatening allergies in the classroom.
- ❖ Never question or hesitate to act if a student reports signs of an allergic reaction.

## **A. SNACKS/ LUNCHTIME**

- ❖ Prohibit students from sharing or trading snacks.
- ❖ Encourage parents/guardians to send in a box of "safe" snacks for their child.
- ❖ For the student's safety, encourage the student to take advantage of an eating area that is free of the food to which he/she is allergic.
- ❖ Reinforce hand washing before and after eating.

## **B. CLASSROOM ACTIVITIES**

- ❖ Use safe foods for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, or other projects). Collaborate with the school nurse in advance of activity.
- ❖ Welcome parental involvement in organizing class parties and special events. Consider non-food treats. Collaborate with the nurse and administrator when planning class parties and special events.
- ❖ Use stickers, pencils or other non-food items as rewards instead of food.

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## **C. FIELD TRIPS**

- ❖ Collaborating with the school nurse, prior to planning a field trip to:
  - Ensure that functioning two-way radio, walkie talkie, cell phone or other communication device is taken on field trip.
  - Review plans for field trips; avoid high risk places. Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
  - Know where the closest medical facilities are located and 911 procedures.
- ❖ Invite parents of a student at risk for anaphylaxis to accompany their children's school trips, in addition to the chaperone. However, the student's safety or attendance must not be conditioned on the parent's presence.
- ❖ Consider ways to wash hands before and after eating (e.g. provision of hand wipes, etc.).

## **RESPONSIBILITIES OF THE FOOD SERVICE MANAGER**

- ❖ Ensure that food service personnel are provided with the student's ICHP/AAP.
- ❖ Read all food labels and recheck routinely for potential food allergens.
- ❖ Train all food service staff and their substitutes to read product food labels and recognize food allergens.
- ❖ Maintain contact information for manufacturers of food products (Consumer Hotline).
- ❖ Strictly follow cleaning and sanitation protocol to avoid cross-contamination.
- ❖ Report all complaints from any student with a life-threatening allergy to the nurse or administrator.
- ❖ Be prepared to take emergency action.

## **RESPONSIBILITIES OF THE SCHOOL BUS COMPANY**

- ❖ Be aware and comply with all of the provisions of the school transportation bid.

## **SUPERVISORS of ATHLETICS, EXTRA CURRICULAR and AFTER SCHOOL ACTIVITIES**

- ❖ Conduct activities in accordance with all school policies and procedures regarding life threatening allergies.
- ❖ Keep a copy of the ICHP/AAP and photo of students with life threatening allergies.
- ❖ Make certain that emergency communication device (e.g. walkie-talkie, intercom, cell phone, etc.) is always present.
- ❖ 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.



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## **IV. UNDERSTANDING THE LAW AS IT RELATES TO STUDENTS WITH FOOD ALLERGIES**

### **LEGAL CONCERNS AND LIABILITY**

Federal Law entitles students with disabilities have the same rights and privileges, and the same access to benefits, such as school meals, as nondisabled 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. These two issues are discussed below.

#### **A. School Responsibility to Make Accommodations 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 the 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.

#### **B. Individuals with Disabilities Education Act**

The Individuals with Disabilities Education Act (IDEA) assists states and school districts in making "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 he/she has the right to have the school make reasonable accommodations for his/her disability, under section 504 (discussed above) and the Americans with Disabilities Act (ADA).

#### **American 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.

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## **Americans with Disabilities Act - Title III**

Title III of the ADA extends requirements for public accommodations to privately owned facilities. Thus, all private schools participating in the federally funded child nutrition programs must make accommodations to enable children with disabilities to receive school meals.

## **USDA Federal Regulation - 7 CFR 210.10**

*(1) Exceptions for medical or special dietary needs.* Schools must make substitutions in lunches and afterschool snacks for students who are considered to have a disability under 7 CFR Section 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 afterschool 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 USDA Food and Nutrition Services (FNS). 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 a recognized medical authority.

## **Massachusetts General Laws Chapter 71, Section 55A (“Good Samaritan Law”)**

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, c.111.*

## **RESOURCES**

Center for Disease Control and Prevention

[www.cdc.gov](http://www.cdc.gov)

Food Allergy and Anaphylaxis Network

[www.foodallergy.org/school.html](http://www.foodallergy.org/school.html)

Food Allergy Initiative

[www.foodallergyinitiative.org](http://www.foodallergyinitiative.org)

WebMD Allergies Health Center

[www.webmd.com/allergies](http://www.webmd.com/allergies)

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## HANOVER PUBLIC SCHOOLS SCHOOL COMMITTEE POLICY On LIFE- THREATENING ALLERGIES (LTAs)

### **BACKGROUND**

Allergic reactions span a wide range in the severity of symptoms. The most severe and life threatening reaction is anaphylaxis. Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body, the most dangerous of which are breathing difficulties and a drop in blood pressure or shock, both of which are potentially fatal. The most common causes of anaphylaxis in children include allergies to the following:

- Foods (most commonly peanuts, tree nuts, milk , dairy products, soy, wheat, fish and shellfish)
- Insect stings (yellow jackets, bees, wasps, hornets)
- Medications
- Latex

The Hanover Public School guidelines developed within this document are applicable to students who are at risk for anaphylaxis and in circumstances where a previously undiagnosed life-threatening allergic response occurs. Anaphylaxis can occur immediately or up to two hours following allergen exposure. Therefore, it is important to identify students at risk, to implement appropriate preventative policies and to be prepared to handle these emergencies when they arise.

### **GOALS**

As part of its Life Threatening Allergies policy, Hanover Public Schools has developed the following four chief goals:

1. Maintain a system-wide protocol for responding to students' needs
2. Minimize the risk of exposure to allergens that pose a threat to students with life-threatening allergies
3. Prepare for possible allergic reactions, and to respond appropriately to any allergy emergencies
4. Work to prevent occurrence of life threatening allergic reaction

Hanover Public Schools cannot guarantee to provide an allergen-free environment for students with life threatening allergies. However, an overall purpose of the Life Threatening Allergies policy is to develop a system-wide effort to educate all stakeholders - educators, parents, students and community about LTAs. To this end the sections below highlight the major responsibilities

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of those various stakeholders. However, the Individual Health Care Plan (IHCP) developed for each child with an LTA will be individualized and not all responsibilities are or can be detailed in these guidelines.

## **SECTION I: RESPONSIBILITY OF THE HANOVER PUBLIC SCHOOL DEPARTMENT**

The Superintendent and staff are responsible for the following:

1. Create a system-wide emergency plan for addressing life threatening allergic reactions.
2. Provide in-service training and education on reducing allergy risks, recognizing allergy symptoms, and emergency procedures for staff. Training shall include, but not be limited to the following:
  - a. A description/definition of severe allergies and a discussion of the most common food, medication, latex and insect sting LTAs
  - b. A description/discussion of the signs and symptoms of anaphylaxis
  - c. Training to designated staff on the correct use of an Epi-pen
  - d. Discussion of specific steps to follow in the event of an emergency
3. Encourage a “NO FOOD TRADING” and “NO UTENSIL SHARING” practice in all schools with particular focus at the elementary school level.
4. Provide for school nurses, in conjunction with the student’s parent(s)/guardian(s), the primary care provider/allergist, and the school physician (if appropriate) to prepare an Individual Health Care Plan for any student with a life threatening allergy. The Plans will be reviewed by the school nurse, the student’s parent(s) and primary care provider and/or the student’s allergist, and will be signed off by the child’s physician to indicate that he/she deems the IHCP to be adequate.
5. Ensure that LTA precautions are in place in school cafeteria as outlined by the Individual Health Care Plan (i.e., Tables will be cleaned and sanitized and designated by a universal symbol.)
6. Make the Individual Health Care Plan available in the nurse’s office and a student’s homeroom. Recommend that parent(s)/guardian(s) attach a photograph of their student with a Life Threatening Allergy to their Allergy Action Plan (AAP).
7. Submit to School Bus Company an LTA list of students who have life threatening allergies.
8. Require all food service employees to use latex free gloves.
9. Make Epi-Pens (belonging to the school and those prescribed to the students) available in the nurse’s office and in other clearly designated locations as specified in the AAP/IHCP. At the middle and high school levels, students are allowed to carry their Epi-pens on their person as allowed by the medication policy.
10. Familiarize teachers with the IHCP of their students and any other staff member who has contact with student on a need-to-know basis.
11. Post the “Guidelines for Students with Life-Threatening Allergies” on the school district’s website.
12. Provide in-service to food service employees regarding safe food handling practices to avoid cross-contamination with potential food allergens

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## **SECTION II: RESPONSIBILITIES OF THE SCHOOL PRINCIPAL**

The principal of each school is responsible for the following:

1. Familiarize teachers with the Individual Health Care Plan (IHCP) of their students and any other staff member who has contact with student on a need-to know basis.
2. In conjunction with nurses, provide in-service training and education for staff regarding life-threatening allergies, symptoms, risk reduction procedures and emergency procedures including demonstration on how to use the Epi-pen.
3. Discuss the protocol for Life Threatening Allergies at kindergarten orientation.
4. Post the school's emergency protocol on LTAs in appropriate locations, including school website.
5. Notify staff of the locations of Epi-pens in the school.
6. Provide for a contingency plan for staff and students in the event the nurse is not immediately available.
7. Provide a list of students with LTAs to the Business Manager

## **SECTION III: RESPONSIBILITIES OF THE SCHOOL NURSE**

The school nurse is the primary coordinator of each student's plan. Each school nurse has the following responsibilities:

1. Meet and/or collaborate with each parent/guardian of a student with an LTA and develop the students' Individual Health Care Plan (IHCP).
2. Maintain updated IHCPs in nurse's office and in student's homerooms at each school.
3. Assist the principal in providing information about students with LTAs to staff. Work with the principal to provide in-service training for staff regarding LTAs- their symptoms, risk reduction procedures and emergency procedures.
4. Familiarize teachers with the IHCPs of their students and any other staff member who comes in contact with the student.
5. Follow the Department of Public Health regulations regarding administrations of medications, especially administering Epi-pens.
6. Discuss with parents appropriate locations for storing Epi-pens.
7. Inform the principal and parents/guardians of the student if any student experiences an allergic reaction for the first time.
8. Work with the principal to establish emergency protocol in the event the nurse is out of the building.
9. Participate in the planning of a student's re-entry to school after an anaphylactic reaction.

## **SECTION IV: RESPONSIBILITIES OF TEACHERS**

Each teacher has the following responsibilities:

1. Receive and review the IHCP in collaboration with the nurse and the parent of any student in the teacher's classroom with a Life Threatening Allergies.

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2. Leave information in an organized, prominent and accessible format for a substitute teacher.
3. Participate in in-service training for students with life – threatening allergies.
4. Collaborate with the nurse and parents of an allergic student and set protocols in the classroom for management of food in the class.
5. Participate in the planning of a student's re-entry to school after an anaphylactic reaction.
6. Notify the school nurse of upcoming field trips as soon as possible to ensure proper emergency medications are available.

### **SECTION V: RESPONSIBILITIES OF PARENTS**

1. Each parent of a student with an LTA has the following responsibilities:
2. Inform the school nurse of your child's allergies prior to the opening of school or as soon as possible after diagnosis.
3. Arrange to meet and/or collaborate with the school nurse to develop an Individual Health Care Plan/ Allergy Action Plan / (IHCP/AAP) for the student.
4. Provide medical information from the child's treating physician as needed to write the plans, IHCP.
5. Provide the school with a list of foods and ingredients to be avoided, and provide a list of safe or acceptable foods that can be served to your child.
6. Provide the school nurse with enough up-to-date emergency medications (including Epi-pens).
7. Provide a Medic ALERT ID for your child.
8. Notify school nurse of upcoming field trip as soon as possible and provide Epi-pen to be taken on field trips as needed.
9. Instruct your child on the following:
  - a) Recognizing the first symptoms of an allergic/anaphylactic reaction
  - b) Knowing where the epinephrine auto-injector is kept and who has access to the epinephrine
  - c) Communicating clearly as soon as he/she feels a reaction starting
  - d) Carrying his/her own Epi-pen auto-injector when appropriate
  - e) Not sharing snacks, lunches, or drinks
  - f) Washing hands before and after handling food
  - g) Understanding the importance of hand-washing before and after eating
  - h) Reporting teasing, bullying and threats to adult authority
10. Taking as much responsibility as possible for his/her own safety as children get older, instruct them on the following:
  - a) Communicating the seriousness of the allergy to an adult
  - b) Communicating symptoms as soon as they appear to an adult
  - c) Reading labels
  - d) Administering own epinephrine auto-injector and be able to train others in its use.
11. Inform the school of any changes in the child's LTA status.
12. Provide the school with the licensed provider's statement if the student no longer have allergies

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12. If accommodations cannot be made in the cafeteria for the child's allergy, parents will provide appropriate lunches

## **SECTION VI: RESPONSIBILITIES OF STUDENTS**

1. In accordance with the student's age and level of development, each student with a Life Threatening Allergy is responsible for the following:
  2. Taking responsibility for avoiding allergens
  3. Not trading or sharing foods
  4. Washing hands before and after eating
  5. Learning to recognize symptoms of an allergic reaction
  6. Promptly informing an adult as soon as accidental exposure occurs or symptoms appear
  7. Developing 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 the school

## **SECTION VII: RESPONSIBILITIES OF FOOD SERVICE PERSONNEL**

1. Food Service personnel have the following responsibilities:
  2. Minimize, to the extent practicable, the use of peanut/tree nut products in the cafeteria.
  3. Supply cleaning materials for washing and sanitizing tables.
  4. Participate in in-service regarding safe food handling practices to avoid cross-contamination with potential food allergens.
  5. Wear latex free gloves
  6. Ensure that kitchens are locked at the end of each school day.

## **SECTION VIII: RESPONSIBILITIES OF BUS COMPANY**

1. The bus company has the following responsibilities:
  2. Inform each driver if she/he is transporting a child with a known LTA.
  3. Provide functioning emergency communication devices (e.g., cell phones, two-way radios, etc.) on each bus.
  4. Provide emergency allergy response training to all drivers and/or bus monitors.
  5. Maintain a policy for no eating on the bus.
  6. Ensure surfaces and seats are kept as clean and allergy free as possible.

## **SECTION IX: RESPONSIBILITIES OF VAN DRIVERS**

1. Pull over and call 911 if a student with LTAs is at risk.
2. Participate in awareness training to learn to recognize the symptoms of an allergic reaction.

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## **SECTION X: RESPONSIBILITIES OF PERSONS IN CHARGE OF CONDUCTING AFTER SCHOOL ACTIVITIES**

Persons in charge of extracurricular programs will have the following responsibilities; Coaches and other staff who supervise students' school sponsored activities after school will participate in training and implementation of the Allergy Action Plan/Individual Health Care Plan as appropriate

## **SECTION XI: RESPONSIBILITIES DURING RECESS AND PHYSICAL EDUCATION CLASSES**

During recess and physical education classes, the school's staff will ensure the following:

1. Children will be under the supervision of at least one adult
2. An Epi-pen will be taken outside if specified in the child's IHCP / AAP.

## **SECTION XII: RESPONSIBILITIES FOR FIELD TRIPS**

1. The schools will assume the following the responsibilities relative to participation of LTA students on field trips:
2. Parents will work with staff to evaluate potential risks when determining whether it is appropriate for their child to attend a particular field trip.
3. Lunches should be held in a safe-place so that children cannot access them until the appropriate time. Lunches of children with food allergies should be stored separately to minimize cross contamination.



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## **HANOVER PUBLIC SCHOOLS SCHOOL COMMITTEE POLICY On FACILITIES DEVELOPMENT GOALS**

The School Committee believes that any educational program is influenced greatly by the environment in which its functions. The development of a quality educational program and school facilities that help to implement the program must go hand in hand.

Therefore, it is the Committee's goal to provide the facilities needed for the number of students in the school system, and to provide the kind of facilities that will best support and accommodate the educational program.

In planning facilities, the Committee recognizes that capital outlay funds are limited, and that priorities must be established to make the best use of the school building dollar. Whenever possible, the cultural as well as educational needs of the community will be considered in planning facility expansions.

The Hanover Schools has established a Healthy Schools Committee comprised of representation from administrators, teachers, and staff. The purpose of the Healthy Schools Committee is to promote continued, open communication in the Hanover School community regarding healthy school environments. The Healthy Schools Committee will focus its mission to include working collaboratively with staff to ensure school environments are healthy for all members of the school community and keeping staff informed of best practices in school safety, cleaning standards, and the role of individual staff members in creating a healthy school environment.

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