

Students with Food Allergies

To meet state law requirements concerning the management of food allergies and anaphylaxis among students, the Board sets forth the following requirements.

Health care plan

A district school nurse, or a school administrator in consultation with a district school nurse, shall develop and implement a health care plan (plan) for each student with a diagnosis of a potentially life-threatening food allergy. The plan shall address communication between the school and emergency medical services, including instructions for emergency medical responders. If a student qualifies as a student with a disability in accordance with federal law, the student's Section 504 plan, Individualized Education Program (IEP), and/or other plan developed in accordance with applicable federal law shall meet this requirement.

Reasonable accommodations

Reasonable accommodations shall be made to reduce the student's exposure to agents that may cause anaphylaxis within the school environment. If a student qualifies as a student with a disability in accordance with federal law, the student's Section 504 plan, Individualized Education Program (IEP), and/or other plan developed in accordance with applicable federal law shall meet this requirement.

Access to emergency medications

Emergency medications for treatment of the student's food allergies or anaphylaxis shall be kept in a secure location accessible to designated school staff. Whenever possible and in a timely fashion, the student's parent/legal guardian shall supply the school with the medication needed for treatment of the student's food allergies or anaphylaxis, unless the student is authorized to self-carry such medication in accordance with the Board's policy on administration of medications.

Staff training

The principal or equivalent school administrator, in consultation with a district school nurse, shall determine the appropriate recipients of emergency anaphylaxis treatment training, which shall include those staff directly involved with a student who has a known food allergy during the school day. At a minimum, the training shall prepare staff to have a basic understanding of food allergies and the importance of reasonable avoidance of agents that may cause anaphylaxis, the ability to recognize symptoms of anaphylaxis, and the ability to respond appropriately when a student suffers an anaphylactic reaction. The training shall also include instruction in the administration of self-injectable epinephrine.

Adopted: June 9, 2010

Revised: June 24, 2015

LEGAL REFS.: 20 U.S.C. 1400 *et seq.* (Individuals with Disabilities Education Improvement Act of 2007)

29 U.S.C. 701 *et seq.* (Section 504 of the Rehabilitation Act of 1973)
42 U.S.C. 12101 *et seq.* (Americans with Disabilities Act)
C.R.S. 22-2-135 (Colorado School Children's Food Allergy and Anaphylaxis Management Act)
C.R.S. 22-32-139 (policy required regarding management of food allergies and anaphylaxis among students)
C.R.S. 25-1.5-109 (Colorado Department of Public Health and Environment shall develop, maintain and make available a standard form for school districts to gather information concerning students' food allergies)
1 CCR 301-68 (State Board of Education rules regarding Administration of Colorado School Children's Asthma and Anaphylaxis Act and Colorado School Children's Food Allergy and Anaphylaxis Management Act)

CROSS REF.: JLCD, Administering Medications to Students