

The Board recognizes that many students are being diagnosed with potentially life-threatening food allergies. To address this issue and meet state law requirements concerning the management of food allergies and anaphylaxis among students, the Board sets forth the following requirements.

**Health care plan**

The school nurse, or a school administrator in consultation with the 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 Board policy JLCD, Administration of Medications.

**Staff training**

The principal or equivalent school administrator, in consultation with the 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-inject able epinephrine.

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

NOTE: State law requires school districts to provide notice of this policy to the parent/legal guardian of each student enrolled in a district school prior to the beginning of each school year. C.R.S. 22-2-135(3)(b). The notice must include the standard allergy and anaphylaxis form developed by the Colorado Department of Public Health and Environment pursuant to C.R.S. 25-1.5-109. The notice must also include language that encourages parents/legal guardians of students for whom medication has been prescribed for treatment of a food allergy or anaphylaxis to give a supply of medication to the school nurse or other school administrator, unless the student has an approved treatment plan that authorizes the student to self-administer the medication. C.R.S. 22-2-135(3)(c).

ADOPTED: June 3, 2010