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<b>PEANUT AND TREE NUT ALLERGY POLICY</b>	<b>JV</b>
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## Introduction

The Lincoln School District is committed to the safety and health of all students and employees. This policy is intended to comply with the requirements of Rhode Island General Laws §§16-21-31 and 16-21-32. The purpose of this policy is to:

- Provide a safe and healthy learning environment for students with food allergies;
- Reduce the likelihood of severe or potentially life-threatening allergic reactions;
- Ensure a rapid and effective response in the case of a severe or potentially life-threatening allergic reaction; and
- Protect the rights of food allergic students to participate in all school activities.

## Policy Statement

The prevalence of food allergies is increasing, affecting as many as 8% of children nationwide. Food allergies result in about 30,000 emergency room visits and claim about 150 lives every year. Nearly every school has students who have this severe, sometimes life-threatening condition, some of them undiagnosed. Schools are considered high risk areas for students with food allergies, with most incidents of accidental exposure occurring in schools. While schools may not be able to totally prevent allergic reactions, they can dramatically reduce both the likelihood of such reactions occurring and the severity of consequences if they do occur. Effective prevention and treatment plans, proper procedures, well-trained staff and clear communication can save lives.

The level of sensitivity and the types and severity of reactions vary considerably among individuals with food allergies. Therefore the school's approach to preventing and treating food allergies must be tailored to those individual's needs. At the same time, an undiagnosed student may experience an allergic reaction to food for the first time while at school and any allergic reaction can turn life-threatening. Therefore the school's approach must also be comprehensive.

## Definitions

- 1.) Anaphylaxis is an acute allergic reaction that affects more than one system of the body. It is a life-threatening event. If someone exhibits difficulty breathing, a drop in blood pressure, or symptoms in more than one body system (cutaneous, respiratory, gastrointestinal, or cardiovascular) after possible exposure to an allergen, it should be considered anaphylaxis. Medical attention and treatment should be sought immediately.
- 2.) Emergency Health Care Plan (EHCP) means a set of procedural guidelines that provides specific directions about what to do in a particular emergency situation.

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- 3.) Epinephrine (also known as adrenaline) is the treatment of choice to prevent or treat anaphylaxis. It can help reverse the symptoms and prevent progression to other symptoms. It should be given immediately. A delay in treatment with epinephrine can be fatal.
- 4.) Epinephrine auto-injector (sometimes called EpiPen) is a device that is used for the automatic injection of epinephrine into the human body.
- 5.) Food allergy is an abnormal, adverse reaction to a food that is triggered by the body's immune system. The immune system responds to an otherwise harmless food as if it were harmful, resulting in the release of various chemicals, including histamines. The most common food allergies are to peanuts, tree nuts, milk, soy, eggs, fish, crustacean shellfish, and wheat.
- 6.) Food allergy symptoms are manifestations of the allergic reaction in various parts of the body. Symptoms may affect:
  - The cutaneous system (skin inflammation, tingling, itching, hives, rash, swelling of the lips, tongue and/or throat);
  - The respiratory system (runny or stuffy nose, sneezing, coughing, wheezing, difficulty breathing);
  - The gastrointestinal tract (abdominal cramps, vomiting, diarrhea); and
  - The cardiovascular system (drop in blood pressure, dizziness, lightheadedness, heartbeat irregularities, fainting, shock).

Symptoms may begin immediately upon, or up to two hours after, exposure to an allergen. Some individuals exhibit initial symptoms followed by a second phase of symptoms two to four hours later. If more than one system is affected, it is considered anaphylaxis.

- 7.) Individual Health Care Plan (IHCP) means a comprehensive plan for the care of children with special health care needs, including food allergies. IHCPs may include both preventive measures and treatment options.

### **Individual Health Care Plans and Emergency Health Care Plans**

In all schools in Lincoln, an Individual Health Care Plan and an Emergency Health Care Plan shall be developed for each student identified with any food allergy with potentially serious health consequences. The school nurse teacher will develop the IHCP and EHCP in collaboration with the student's health care provider, the parents/guardians of the student, the student (if appropriate) and the Superintendent or his/her designee. This shall be done prior to entry into school or immediately thereafter for students previously diagnosed with an allergy. It should be done immediately after the diagnosis for students already enrolled who are newly diagnosed with an allergy. These plans should include both preventative measures to help avoid accidental exposure to allergens and emergency measures in case of exposure.

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Depending on the nature and extent of the student’s allergy, the measures listed in the IHCP may include, but are not limited to:

- Posting additional signs (e.g., in classroom entryways);
- Prohibiting the sale of particular food items in the school;
- Designating special tables in the cafeteria;
- Prohibiting particular food items from certain classrooms and/or the cafeteria;
- Completely prohibiting particular food items from the school or school grounds;
- Educating school personnel, students, and families about food allergies; and/or
- Implementing particular protocols around cleaning surfaces touched by food products, washing of hands after eating, etc.

The measures shall be taken in conjunction with the Lincoln Public School Department’s Health and Wellness policy and food safety policy.

A plan may also be developed for each staff member with a serious food allergy.

### **District Protocol**

The Superintendent of Schools shall forthwith establish a District wide protocol facilitating the terms of this policy consistent with applicable state law, rule, regulation and to the extent appropriate with guidance from the Rhode Island Department of Education including, but not limited to providing for appropriate posting of signs, staff training, communication to the District Community of the policy, provision for student and staff self-management of his/her condition where and when appropriate, and issuance of emergency protocols and standing orders. This protocol shall provide for reasonable accommodations for non-allergic students to consume peanut/tree-nut based food products.

### **Bullying**

All threats or harassment of students with food allergies will be dealt with in accordance with the District’s bullying policy and pursuant to Rhode Island General Laws §16-21-26.

### **Confidentiality**

The confidentiality of students with food allergies shall be maintained, in conformance with federal and state law, rule and regulation and to the extent appropriate and as requested by the student’s parents/caregivers.

### **Evaluation and Review**

This policy shall be reviewed and updated on a regular basis, particularly after a serious allergic reaction has occurred at a school or at a school-sponsored activity, and

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shall be automatically amended to conform to amendments and changes in applicable state and federal laws, rules and regulations.

**Legal Reference**

Rhode Island General Laws §§16-21-22, 16-21-26, 16-21-31, and 16-21-32  
*Rules and Regulations for School Health Programs (R16-21-SCHO)*  
 Americans with Disabilities Act (ADA)  
 Individuals with Disabilities Education Improvement Act of 2004 (IDEA)  
 Section 504 of the Rehabilitation Act of 1973 (Section 504)  
 Family Educational Rights and Privacy Act (FERPA)  
 Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
 RIDE Guidance to the Superintendents of Schools dated August 26, 2008 entitled  
 “Revision to Peanut Allergy Law.”

**Effective Date**

This policy shall go into effect on upon acceptance by the Lincoln School Committee

First reading: December 8, 2008  
 Second reading: January 12, 2009  
 Approved: January 12, 2009  
 Revised Policy First Reading: August 21, 2023  
 Revised Policy Second Reading:  
 Revised Policy Adopted:

***TOWN OF LINCOLN SCHOOL COMMITTEE, Lincoln, Rhode Island***