

ALLERGY POLICY

School-aged children are being diagnosed with allergies and food-related allergies. The most common allergens include milk, peanuts, tree nuts (walnuts, almonds, cashews, pecans, etc.), wheat, soy, fish, latex, eggs, and insect stings. Anaphylaxis (a severe allergic reaction that can potentially result in cardio-respiratory failure and can be fatal) is the most extreme presentation of these allergies.

RSU 12 strives to provide a safe learning environment for all students. In keeping with that mission, the District has created a policy regarding food-related allergies. As peanuts and derivative products are the allergens most often identified with potential anaphylactic events in the school setting, the current policy will focus on these food allergies.

The schools and the families of allergic children acknowledge that despite our best efforts, the District cannot guarantee an absolutely allergen-free environment.

- A. It is the responsibility of parents to notify the school of students with medically documented food allergies. Medical documentation must be provided to the school nurse before the student is enrolled and begins attending school. If there is no medical documentation on the student, then he/she is required to have a physical before starting school. The school does not have diagnostic responsibility.
- B. Once medical documentation is provided, an emergency plan and/or 504 plan should be developed for severe food allergic children. If the student requires any medication, such as an EpiPen, then this is the responsibility of the parents to provide the appropriate medication. For EpiPens, the full 2-pack supply of EpiPens should be provided to the school. Epi-pens should be replaced before their annual expiration.
- C. The District encourages parents to provide their severely allergic child with a medic alert bracelet or necklace.
- D. Although the District Food Service Program strives to be nut safe, food prepared by the schools can be a food allergy risk. To avoid contamination of foods with peanut/nut products in the school kitchens and cafeterias, and to reduce the risks of peanut/nut residue in schools, the District will implement the following.
 1. Each individual school in the District will develop a plan for a meal alternative. This plan will be at the discretion of the licensed school nurse, the Food Services Directors, the building administrator, and the parent. RSU 12 cannot guarantee that food served will be completely free of nuts due to shared processing equipment.
 2. There will be a clearly labeled "peanut/nut aware" table in each lunchroom at the elementary level, if needed.
 3. The peanut/nut aware table will be washed before and after each meal with a specially designated cleaning material.
 4. In elementary schools with a highly allergic student, as documented by the allergist or pediatrician in the student's school health record, students who eat peanut butter or nut products for lunch must wash their hands after eating to reduce the risk of peanut butter/nut residue leaving the lunchroom.

- E. Peanut butter, nuts and derivative products distribution is strongly discouraged at any time during after-school programs.
- F. When sending treats to school for classroom celebrations or daily snacks, please check with the school nurse and/or the classroom teacher.
- G. Upon parental approval, at the elementary level students' names, pictures and their allergies will be discreetly posted in the kitchen, nurse's office and classroom. All staff (including kitchen staff) will be informed regarding high-risk food allergic students.
- H. Parents must supply the emergency EpiPens and other medications related to the allergy per the District Medication Policy. Discussion with parents on transportation of emergency medications will be documented on the IHP (Individual Health Plan).
- I. EpiPens and other medical interventions for children with food allergies will be placed throughout District schools and made available for field trips. Classrooms or grades with severely allergic children may have individual needs to adopt accommodations made to promote an allergy safe learning environment.

Cross Reference:

JLCD - Distribution of Medication to Students

First Reading: January

Second Reading:

Second Reading