



State of Rhode Island and Providence Plantations
DEPARTMENT OF EDUCATION
Shepard Building
255 Westminister Street
Providence, Rhode Island 02903-3400

Peter McWalters
Commissioner

To: Superintendent, Special Education Director, Principal/Director, School Nurse Teacher, School Physician, Food Service Director, School Committee Chair, Wellness Subcommittee Chair, Transportation Director
From: David V. Abbott, Deputy Commissioner of Education
Re: Revision to Peanut Allergy Law
Date: August 26, 2008

This is to inform you that a bill was passed this legislative session that substantially changed the peanut/tree nut allergy law originally passed last year (See RI 2008 Public Law, Chapter 08-086, <http://webserver.rilin.state.ri.us/PublicLaws/law08/law08086.htm>). The purpose of this amended law is to ensure that schools have both the responsibility and authority to do what is necessary to protect students with life-threatening food allergies, without creating undue burdens for schools with students needing only limited or no protective measures.

Last year's statute required that all public and non-public elementary, middle and junior high schools in Rhode Island in which one or more students with an allergy to peanuts or tree nuts to:

- Post a notice within the school at every point of entry and within the cafeteria providing notice that a student in the school has an allergy to peanuts/tree nuts;
- Prohibit the sale of peanuts/tree nuts, peanut butter and other peanut-based products in the school cafeteria;
- Designate one peanut/tree nut free table and one peanut/tree-nut table in the cafeteria; and
- Designate one classroom per grade to be peanut/tree nut free.

The current law now mandates that in public and non-public schools Rhode Island:

- All schools – now including high schools – in which one or more students with an allergy to peanuts or tree nuts is in attendance are now required to post a notice within that school building in a conspicuous place at every point of entry and within the cafeteria facility advising that there are students at the school with such allergies. The notice shall not identify the individual student(s). (Please see sample notices at the end of this document.)
- The governing body of all elementary, middle or junior high schools is newly required to develop a policy to protect the health and safety of all students with peanut/tree-nut allergies. This policy shall include the development of an Individual Health Care Plan (IHCP) and of an Emergency Health Care Plan (EHCP) for each student identified with a peanut/tree-nut allergy with potentially serious health consequences.
- When a student in an elementary, middle or junior high school has been identified with a peanut/tree-nut allergy with potentially serious health consequences, in accordance with the local policy, the school is newly required to:

Telephone (401)222-4600 **Fax** (401)222-6178 **TTY** 800-745-5555 **Voice** 800-745-6575

The Board of Regents does not discriminate on the basis of age, color, sex, sexual orientation, race, religion, national origin, or disability.

- Develop and sign an IHCP and an EHCP for the student. This should be done by the school nurse in collaboration with the student's health care provider, the parents/guardians of the student, and the student, if appropriate. Depending on the nature and extent of the student's allergies, measures listed in these plans 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 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.
- Implement a protocol, consistent with the IHCP and EHCP to protect the health and safety of the allergic student while he or she is attending school or participating in school-sponsored activities.

The Rhode Island Department of Education (RIDE) and the Department of Health (HEALTH) are currently amending the *Rules and Regulations for School Health Programs* (see thrivetri.org) to clarify the intent of the legislation. However, since the law took effect upon passage, these actions must be taken immediately.

In addition, RIDE has developed the following documents to help you comply with the new requirements:

- The New RI Food Allergy Law: Requirements and Responsibilities
- Sample RI Food Allergy Policy
- Sample school signs for various situations
- Food Allergy Resources
- Sample letters to parents
- Frequently Asked Questions

These materials are available below.

Please note that the provisions of this law related to policies, IHCPs, EHCPs and related protocols only apply to elementary, middle or junior high schools. Furthermore, the law only applies to peanut and tree-nut allergies. However, RIDE strongly recommends that districts make their policies applicable to high schools and include other serious food allergies (e.g. dairy, soy, eggs, wheat, fish, and shellfish), as well, in order to protect all vulnerable students within the district. Including staff in the policy is also recommended.

If you have any questions or concerns, please contact Jackie Ascrizzi, School Health Specialist, at 222-8953 or jackie.ascrizzi@ride.ri.gov.

Chapter 086
2008 -- H 7463 SUBSTITUTE A
Enacted 06/26/08

A N A C T
RELATING TO EDUCATION -- HEALTH AND SAFETY OF PUPILS

Introduced By: Representative Lisa Baldelli-Hunt

Date Introduced: February 13, 2008

It is enacted by the General Assembly as follows:

SECTION 1. Section 16-21-31 of the General Laws in Chapter 16-21 entitled "Health and Safety of Pupils" is hereby amended to read as follows:

16-21-31. Notice of peanut/tree nut allergies -- Posting. -- (a) In any school subject to the provisions of this chapter wherein a student with an allergy to peanuts/tree nuts and/or food derived from peanut/tree nuts products is in attendance, a notice shall be posted within that school building in a conspicuous place at every point of entry and within the cafeteria facility advising that there are students at said school with allergies to peanuts/tree nuts. The notice shall not identify the individual(s) with such allergy.

~~(b) In the event a student who is enrolled in a school is known to have an allergy to peanuts/tree nuts and/or food derived from peanut/tree nut products, the school administration shall prohibit the sale of peanuts/tree nuts, peanut butter and other peanut based products in the school cafeteria.~~

~~(c) This section shall apply to any building, modular classroom, or similar structure used by a school district for instruction and education of elementary or middle school students.~~

~~(d) In the event a school district knows that an elementary or middle school student has a peanut or tree nut allergy, the district shall:~~

~~(1) Designate a peanut/tree nut free table and peanut/tree nut table in the cafeteria; and~~

~~(2) Designate one classroom per grade to be peanut/tree nut free.~~

SECTION 2. Chapter 16-21 of the General Laws entitled "Health and Safety of Pupils" is hereby amended by adding thereto the following section:

16-21-32. Peanut/tree nut allergies. -- (a) The governing body of each elementary, middle or junior high school approved for the purpose of sections 16-19-1 and 16-19-2, shall develop a policy designed to provide a safe environment for students with peanut/tree nut allergies. When a school is aware that an enrolled student has a peanut/tree nut allergy with potentially serious health consequences, the school shall implement a protocol, consistent with the governing body's policy, that provides the student with protections while he or she is attending school or participating in school-sponsored activities. The governing body's policy shall include the development of an individual health care plan (IHCP) and an emergency health care plan (EHCP) for each student with such food allergy. The student's IHCP and EHCP shall be developed collaboratively and be signed by the school nurse, the student's health care provider, the parents/guardians of the student, and the student (if appropriate). Depending upon the nature and extent of the student's peanut/tree nut allergy, the measures listed in the IHCP may include the posting of signs at school, the prohibition of the sale of particular food items in the school, the designation of special tables in the cafeteria, the prohibition of particular food items in certain classrooms, and the complete prohibition of particular food items from a school or school grounds.

(b) The department of elementary and secondary education and the department of health shall amend their rules and regulations for school health programs to establish standards for the care of students with peanut/tree nut allergies.

SECTION 3. This act shall take effect upon passage.

The New Rhode Island Food Allergy Law (RI 2008 Public Law 08-086) Requirements and Responsibilities

What School Committees and Non-Public School Authorities Should Do:

Requirements

- Develop a policy, in consultation with the superintendent, to create a safe school environment for students with peanut/tree-nut allergies. This policy shall include:
 - The development of an Individual Health Care Plan (IHCP) and of an Emergency Health Care Plan (EHCP) for each student in elementary, middle, or junior high schools identified with a peanut/tree-nut allergy with potentially serious health consequences; and
 - Implementation of a protocol, consistent with the policy and the IHCPs and EHCPs, providing these students with protections while they are attending school or participating in school-sponsored activities. (RIPL 08-086)
- Follow all federal, state and local laws and regulations relating to disabilities, school health, and privacy including, but not limited to, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), Section 504 of the Rehabilitation Act of 1973 (Section 504), the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the *Rules and Regulations for School Health Programs* (R16-21-SCHO).

Recommendations

- Include high schools in the policy. Include all potentially serious food allergies (e.g. dairy, soy, eggs, wheat, fish, and shellfish) not just peanut/tree-nut allergies. Also include staff as well as students.
- Review and update the policy on a regular basis, particularly after a serious allergic reaction has occurred at a school or at a school-sponsored activity or after new scientific information on food allergies is released.

What Superintendents Should Do:

Requirements

- Work with the school committee to develop a policy to create a safe school environment for students with peanut/tree-nut allergies. This policy shall include:
 - The development of an Individual Health Care Plan (IHCP) and of an Emergency Health Care Plan (EHCP) for each student in elementary, middle, or junior high schools identified with a peanut/tree-nut allergy with potentially serious health consequences; and
 - Implementation of a protocol, consistent with the policy and the IHCPs and EHCPs, providing these students with protections while they are attending school or participating in school-sponsored activities. (RIPL 08-086)
- Ensure that all required schools in the district develop necessary protocols, consistent with the district's policy. (RIPL 08-086)
- Follow all federal, state and local laws and regulations relating to disabilities, school health, and privacy including, but not limited to, ADA, IDEA, Section 504, FERPA and R16-21-SCHO.

Recommendations

- Ensure that professional development for staff includes adequate time for school nurses to provide education and training on important health issues, first aid and emergencies, including anaphylaxis.

What District Health & Wellness Subcommittees Should Do:

Recommendations

- As appropriate, provide recommendations to the school committee regarding the development and implementation of the food allergy policy. The policy may be part of the district's local wellness policy, federally required of all local education agencies participating in the National School Lunch Program or National School Breakfast Program.

What Principals/School Administrators Should Do:

Requirements for All Schools

- Have signs posted in a conspicuous place at every point of entry and within the cafeteria facility, advising that there are students with allergies to peanuts/tree-nuts. The exact wording on the sign may vary, in accordance with the measures contained within students' IHCPs and the school protocol. (RIGL §16-21-31, expanded to high schools by RIPL 08-086) (See samples below).

Requirements for Elementary, Middle, and Junior High Schools

(Also Recommended for High Schools)

- Ensure that the school nurse teacher develops an IHCP and EHCP for each student identified with a peanut/tree-nut allergy with potentially serious health consequences, in collaboration with the student's health care provider, the parents/guardians of the student, and the student (if appropriate). This should 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. 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. (RIPL 08-086)
- In coordination with the school nurse teacher, develop and implement a protocol, consistent with the district's policy, putting into operation the measures contained

within all IHCPs and EHCPs, to protect the health and safety of students with food allergies during school and during school-sponsored activities. (RIPL 08-086)

- Ensure that plans and protocols allow food-allergic students to participate in all school activities. (ADA, IDEA, Section 504)
- Ensure that all school personnel – including substitute teachers – who may be involved in the care of a student diagnosed with a peanut/tree-nut allergy shall be informed of the IHCP and the EHCP, as appropriate. Make sure that staff understand and consistently follow plans and protocols, can recognize symptoms of an allergic reaction, know what to do in an emergency, and work with other school staff to eliminate the use of food allergens in the allergic student’s snacks and meals, educational tools, arts and crafts projects, or incentives. (R16-21-SCHO, Sec. 17.7; RIPL 08-086)
- Communicate to parents any necessary information about their responsibilities, depending on the measures stipulated (e.g. avoiding peanut/tree-nut-based products in snacks or lunches). (RIPL 08-086)

Related Requirements Still in Place for All Schools

- Ensure that the school physician prepares and updates emergency protocols and standing orders, in the event of injuries and acute illnesses. Ensure that a procedure has been developed and adopted for addressing incidents of anaphylaxis and the use of the epinephrine auto-injector. (R16-21-SCHO, Sec. 17.1 and 17.7)
- Identify school personnel who might be involved in managing an emergency in a school, including anaphylaxis. Ensure that these personnel review emergency protocols on an annual basis. (R16-21-SCHO, Sec. 17.1).
- Provide training for these personnel on the signs and symptoms of anaphylactic shock, proper epinephrine auto-injector administration, adverse reactions, accessing the “911” emergency medical system, and preparation for movement and transport of the student. At all times during normal school hours at on-site school-sponsored activities, at least one person other than the certified school nurse teacher must be trained and responsible for the administration of the epinephrine auto-injector. Please be aware that if trained school personnel are not available, any willing person may administer the epinephrine auto-injector. Good Samaritan provisions apply. If appropriate, a medically identified student may self-administer the epinephrine auto-injector. (R16-21-SCHO, Sec. 17.3 to 17.6 and 17.10; RIGL §16-21-22)
- Allow each student at risk for anaphylaxis to carry an epinephrine auto-injector with him/her at all times, if appropriate. If this is not appropriate, ensure that the epinephrine auto-injector is kept in a conspicuous place in the classroom, cafeteria, physical education facility, health room and/or other areas where it is most likely to be used, with reasonable safeguards in place to ensure its safekeeping. (R16-21-SCHO, Sec. 17.9; RIGL §16-21-22)
- In the event of an episode of anaphylaxis, verbally notify the student’s parents/guardians as soon as possible or delegate someone to notify them. Following the episode, in coordination with the school nurse-teacher, ensure that a written report is completed and filed in the student health record. (R16-21-SCHO, Sec. 17.11)
- Take threats or harassment of students with food allergies seriously, in accordance with district bullying policy. (RIGL §16-21-26)

- Follow all federal, state and local laws and regulations relating to disabilities, school health, and privacy including, but not limited to, ADA, IDEA, Section 504, FERPA and R16-21-SCHO.

Recommendations for All Schools

- By the start of the new school year, inform parents about the new peanut/tree-nut allergy law and its potential implications for the school environment.
- Have the school nurse develop and implement IHCPs and EHCPs for each student with any other potentially serious food allergy (e.g. dairy, soy, wheat, eggs, fish, and shellfish). Develop plans for each staff member with a serious allergy, as well.
- Review and update the protocols on a regular basis, particularly after a serious allergic reaction has occurred at school or at a school-sponsored activity.
- Work with the transportation administrator to ensure that school buses are equipped with required communication devices and that drivers are properly trained to recognize symptoms of allergic reactions and know what to do in case of an emergency. A no eating policy should be enforced, with appropriate exceptions made to accommodate diabetic students and others with special needs.
- Work with before- and after-school programs, social service providers and others who use school facilities, to ensure that they understand and consistently follow the school plans and protocols, can recognize symptoms of an allergic reaction, and know what to do in an emergency.

What School Physicians Should Do:

Requirements

- Prepare, date, sign, review, and update, as appropriate, but at least on an annual basis, written emergency protocols and standing orders in the event of injuries and acute illnesses, including anaphylaxis. (R16-21-SCHO, Sec. 17.1)
- Review at least annually the procedures for addressing incidents of anaphylaxis and the use of the epinephrine auto-injector. Such procedures must include accessing the community's emergency medical system (i.e. "911") and prompt transportation by a licensed ambulance/rescue service to an acute care hospital for medical evaluation and follow-up. Such procedures must also stipulate that the epinephrine auto-injector be used only upon the student for whom it was prescribed. However, this stipulation does not prohibit the issuance of a standing order for the administration of an epinephrine auto-injector by the school nurse for a student who has not been previously medically identified for the prevention or treatment of anaphylaxis. (R16-21-SCHO, Sec. 17.1, 17.7 and 17.8; RIGL §16-21-22; RIGL Chapter 21-28)
- Follow all federal, state and local laws and regulations relating to disabilities, school health, and privacy including, but not limited to, ADA, IDEA, Section 504, FERPA and R16-21-SCHO.

Recommendations

- Issue a standing order for the administration of an epinephrine auto-injector by the school nurse for any student who has not been previously medically identified for the prevention or treatment of anaphylaxis. (R16-21-SCHO, Sec. 17.1)

What School Nurse Teachers Should Do:

Requirements

- In accordance with the district policy, for each student identified with a peanut/tree-nut allergy with potentially serious health consequences, develop an IHCP and EHCP in collaboration with the student's health care provider, the parents/guardians of the student, and the student (if appropriate). This should 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. 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. (RIPL 08-086)
- In coordination with the principal, develop and implement a protocol, consistent with the district's policy, putting into operation the measures contained within all IHCPs and EHCPs, to protect the health and safety of students with food allergies during school and during school-sponsored activities. (RIPL 08-086)
- On an annual basis, review written emergency protocols and standing orders in the event of injuries and acute illnesses, including anaphylaxis. (R16-21-SCHO, Sec. 17.1)
- Confirm that procedures are in place for addressing incidents of anaphylaxis and the use of the epinephrine auto-injector. Such procedures must include accessing the community's emergency medical system (i.e. "911") and prompt transportation by a licensed ambulance/rescue service to an acute care hospital for medical evaluation and follow-up. Such procedures must also stipulate that the epinephrine auto-injector be used only upon the student for whom it was prescribed. However, this stipulation does not prohibit the issuance of a standing order for the administration of an epinephrine auto-injector by the school nurse for a student who has not been previously medically identified for the prevention or treatment of anaphylaxis. (R16-21-SCHO, Sec. 17.1, 17.7 and 17.8; RIGL §16-21-22; RIGL Chapter 21-28)
- To prevent or treat a case of anaphylaxis, administer the epinephrine auto-injector to an identified student, in accordance with standard nursing practice and in accordance with the school's standing orders, protocols and procedures. Good Samaritan provisions apply. If appropriate, a medically identified student may self-administer the epinephrine auto-injector. Access the community's emergency medical system (i.e. "911"). Ensure that students who are treated for anaphylaxis are transported by a

licensed ambulance/rescue service promptly to an acute care hospital for medical evaluation and follow-up (R16-21-SCHO, Sec. 17.3, 17.7, 17.10 and 17.11)

- Following an episode of anaphylaxis complete a written report and file it in the student health record. (R16-21-SCHO, Sec. 17.11)
- Follow all federal, state and local laws and regulations relating to disabilities, school health, and privacy including, but not limited to, ADA, IDEA, Section 504, FERPA and R16-21-SCHO.

What Food Service Directors Should Do (also see All School Staff section below):

Requirements

- Ensure that all food service staff understand and consistently implement school protocols to protect the health and safety of students identified with allergies as they pertain to food service and the cafeteria (e.g. avoiding preparing foods with peanuts/tree-nuts, not selling particular food items, maintaining designated tables, cleaning tables in a prescribed manner, etc.). Coordinate with the custodian, as appropriate, to implement prescribed cleaning protocols. (RIPL 08-086)

What Custodians Should Do (also see All School Staff section below):

Requirements

- Consistently implement school protocols to protect the health and safety of students identified with allergies, as they pertain to the cleaning of surfaces such as, but not limited to, tables in the cafeteria and desks in the classrooms. Coordinate with the food service director and teachers, as appropriate.

What All School Staff and Personnel Should Do:

Requirements

- Understand and consistently follow emergency plans and protocols. Be able to recognize symptoms of an allergic reaction and know how to respond. Work with other school staff to eliminate the use of food allergens in snacks and meals, educational tools, arts and crafts projects, or incentives. (RIPL 08-086)
- If identified by the principal as someone who might be involved in managing an emergency in a school, including anaphylaxis, review emergency written protocols on an annual basis. (R16-21-SCHO, Sec. 17.1).
- If identified by the principal, receive training on the signs and symptoms of anaphylactic shock, proper epinephrine auto-injector administration, adverse reactions, accessing the “911” emergency medical system, and preparation for movement and transport of the student. (R16-21-SCHO, Sec. 17.4)
- In the event of a suspected case of anaphylaxis, if the school nurse teacher is unavailable, and if willing and able, administer the epinephrine auto-injector to an identified student, in accordance the school’s standing orders, protocols and procedures. Good Samaritan provisions apply. If appropriate, a medically identified student may self-administer the epinephrine auto-injector. (R16-21-SCHO, Sec. 17.3 to 17.6 and 17.10; RIGL §16-21-22)

What Parents/Guardians of an Allergic Student Should Do:

Requirements

- As soon as possible, provide the school with a physician's or licensed prescriber's order, parent authorization, and properly labeled filled prescriptions (e.g. epinephrine auto-injectors) notifying the school of the student's allergy and the need to administer the epinephrine auto-injector in a case of anaphylaxis. Replace medications after use or upon expiration. (R16-21-SCHO, Sec. 17.7; RIGL §16-21-22)
- Provide emergency contact information and other relevant information as requested. (R16-21-SCHO, Sec. 17.11)
- In partnership with the school nurse teacher, the child's health care provider and the student (if appropriate), participate in the development of an Individual Health Care Plan and Emergency Health Care Plan for the child. (RIPL 08-086)

Recommendations

- Educate the child in the self-management of their food allergy, as appropriate. Depending on the age and developmental level, this may include educating them on safe and unsafe foods, how to read food labels, strategies for avoiding exposure to allergens, symptoms of allergic reactions, and how and when to tell an adult in the event of an allergy-related problem.
- Educate the teacher or other school staff about preventive measures, symptoms of allergic reactions, and interventions for the child.
- Advocate for allergy awareness in the school.

What Other Parents/Guardians Should Do:

Requirements

- Respect and adhere to all requests from the school to help protect the health and safety of students identified with allergies during school and during school-sponsored activities (e.g. avoiding peanut/tree-nut-based products in snacks or lunches).

Recommendations

- Educate children about the seriousness of food allergies and how to be supportive of students who have them.

What Allergic Students Should Do:

Requirements

- Participate in the development of the Individual Health Care Plan and Emergency Health Care Plan, if appropriate. (RIPL 08-086)
- Carry an epinephrine auto-injector at all times, if appropriate. (R16-21-SCHO, Sec. 17.9; RIGL §16-21-22)
- Notify an adult immediately in case of suspected exposure to food allergens.

Recommendations

- Be as proactive in the care and management of the allergy as possible. Learn to identify safe and unsafe foods. Avoid foods with unknown ingredients. Avoid trading food with others. Learn to read food labels. Develop other strategies for avoiding exposure to allergens. Learn the symptoms of allergic reactions. Learn how and when to tell an adult in the event of an allergy-related problem.

Sample Rhode Island School Food Allergy Policy

Intent

[DISTRICT] is committed to the safety and health of all students and employees. In accordance with this and pursuant to 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.

Rationale

The prevalence of food allergies may be 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, with children and young adults being at greatest risk for having a fatal reaction. 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 and Background Information

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.

Emergency Health Care Plan (EHCP) means a set of procedural guidelines that provides specific directions about what to do in a particular emergency situation.

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.

Epinephrine auto-injector (sometimes called EpiPen) is a device that is used for the automatic injection of epinephrine into the human body.

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.

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 can 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.

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 [DISTRICT],¹ an Individual Health Care Plan and an Emergency Health Care Plan shall be developed for each student identified with any food allergy² 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, and the student (if appropriate). 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.

¹ This is recommended for all schools. It is required by law for elementary, middle and junior high schools.

² This is recommended for all food allergies. It is required by law for peanut and tree nut allergies.

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.

These measures shall be taken in accordance with the [DISTRICT] health and wellness policy and food safety policy.

Plans shall also be developed for each staff member with a serious allergy.³

School Protocol

In all schools in [DISTRICT],⁴ the principal/school administrator, in coordination with the school nurse teacher, shall implement a protocol, consistent with this policy and with the IHCPs and EHCPs, providing food allergic students with protections while they are attending school or participating in school-sponsored activities. The protocols shall be reviewed and updated at least annually, as well as after any serious allergic reaction has occurred at school or at a school-sponsored activity.

Posting of Signs

In all schools in [DISTRICT],⁵ signs shall be posted in a conspicuous place at every point of entry and within the cafeteria facility, advising that there are students with allergies to peanuts/tree-nuts. The exact wording on the sign may vary, in accordance with the measures contained within students' IHCPs and the school protocol.

Staff Training

In all schools in [DISTRICT],⁶ the principal/school administrator shall identify school personnel who might be involved in managing an emergency in a school, including anaphylaxis. Training shall be provided for these personnel on the signs and symptoms of anaphylactic shock, proper

³ This is recommended but is not required by law.

⁴ This is recommended for all schools. It is required by law for elementary, middle and junior high schools.

⁵ This is required by law for all schools.

⁶ This is required by law for all schools.

epinephrine auto-injector administration, adverse reactions, accessing the “911” emergency medical system, and preparation for movement and transport of the student. At all times during normal school hours at on-site school-sponsored activities, at least one person other than the certified school nurse teacher must be trained and responsible for the administration of the epinephrine auto-injector, subject to Good Samaritan provisions. These personnel shall review emergency protocols on an annual basis.

If trained school personnel are not available, any willing person may administer the epinephrine auto-injector. Good Samaritan provisions apply.

Communication

In all schools in [DISTRICT],⁷ the principal/school administrator shall ensure that all school employees and other adults – including, but not limited to, school nurse teachers, classroom teachers, specialty teachers, aides, student teachers, substitute teachers, food service staff, custodial staff, playground monitors, coaches, and after school providers – who may be involved in the care of a student diagnosed with a peanut/tree-nut allergy shall be informed of the IHCP and the EHCP, as appropriate. These individuals should understand and consistently follow plans and protocols, be able to recognize symptoms of an allergic reaction, know what to do in an emergency, and work with other school staff to eliminate the use of food allergens in the allergic student’s snacks and meals, educational tools, arts and crafts projects, or incentives.

Parents/caregivers will be informed by the school about their rights and responsibilities regarding IHCPs and EHCPs for food allergic students. They will be given clear guidance to help them follow the measures stipulated in these plans (e.g. avoiding peanut/tree-nut-based products in snacks or lunches).

The principal/school administrator shall work with the transportation administrator to ensure that school buses are equipped with required communication devices and that drivers are properly trained to recognize symptoms of allergic reactions and know what to do in case of an emergency. A no eating policy should be enforced,⁸ with appropriate exceptions made to accommodate diabetic students and others with special needs.

Self-Management

In all schools in [DISTRICT],⁹ each student at risk for anaphylaxis shall be allowed to carry an epinephrine auto-injector with him/her at all times, if appropriate. If this is not appropriate, the epinephrine auto-injector shall be kept in a conspicuous place in the classroom, cafeteria, physical education facility, health room and/or other areas where it is most likely to be used, with

⁷ This is required by law for all schools.

⁸ This is recommended but not required by law for all schools.

⁹ This is required by law.

reasonable safeguards in place to ensure its safekeeping. A medically identified student may self-administer the epinephrine auto-injector, if appropriate.

Emergency Protocols and Standing Orders

In all schools in [DISTRICT],¹⁰ the school physician shall prepare and update, as appropriate, but at least on an annual basis, written emergency protocols and standing orders in the event of injuries and acute illnesses, including anaphylaxis. The school physician shall also review at least annually the procedures for addressing incidents of anaphylaxis and the use of the epinephrine auto-injector. Such procedures must include accessing the community's emergency medical system (i.e. "911") and prompt transportation by a licensed ambulance/rescue service to an acute care hospital for medical evaluation and follow-up. Such procedures must also stipulate that the epinephrine auto-injector be used only upon the student for whom it was prescribed.

The school physician shall also issue a standing order for the administration of an epinephrine auto-injector by the school nurse for a student who has not been previously medically identified for the prevention or treatment of anaphylaxis.¹¹

In the event of an episode of anaphylaxis, the principal/school administrator shall verbally notify the student's parents/guardians as soon as possible or delegate someone to notify them. Following the episode, the school nurse-teacher shall complete a written report and file it in the student health record.¹²

Allergy Bullying

All threats or harassment of students with food allergies will be taken very seriously and will be dealt with in accordance with the [DISTRICT] bullying policy and pursuant to Rhode Island General Laws §16-21-26.

Confidentiality

Pursuant to Section 504 of the Rehabilitation Act of 1973 (Section 504), the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the *Rules and Regulations for School Health Programs* (R16-21-SCHO), and other statutes and regulations, the confidentiality of students with food allergies shall be maintained, to the extent appropriate and as requested by the student's parents/caregivers.

¹⁰ These are required by law.

¹¹ This is recommended but is not required by law.

¹² This is required by law.

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

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)

Effective Date

This policy shall go into effect on [DATE].

PEANUT/ TREE NUT ALLERGY ALERT



**One or more individuals in this school
have an allergy to peanuts/tree nuts.**

NUT-FREE CLASSROOMS

**CERTAIN CLASSROOMS HAVE BEEN DESIGNATED
AS PEANUT/TREE NUT-FREE, PURSUANT TO
RI GENERAL LAWS §§ 16-21-31 AND 16-21-32.
PLEASE NOTE SIGNS POSTED AT CLASSROOM DOORS.**

PEANUT/ TREE NUT ALLERGY ALERT



**One or more individuals in this school
have an allergy to peanuts/tree nuts.**

NUT-FREE CAFETERIA TABLES

**CERTAIN TABLES IN THE CAFETERIA HAVE BEEN
DESIGNATED AS PEANUT/TREE NUT-FREE, PURSUANT TO
RI GENERAL LAWS §§ 16-21-31 AND 16-21-32.
PLEASE NOTE SIGNS POSTED IN THE CAFETERIA.**

PEANUT/ TREE NUT ALLERGY ALERT



**One or more individuals in this school
have an allergy to peanuts/tree nuts.**

NUT-FREE CLASSROOMS & TABLES
CERTAIN CLASSROOMS AND CERTAIN TABLES IN THE
CAFETERIA HAVE BEEN DESIGNATED AS
PEANUT/TREE NUT-FREE, PURSUANT TO
RI GENERAL LAWS §§ 16-21-31 AND 16-21-32.
PLEASE NOTE SIGNS POSTED IN THOSE AREAS.

PEANUT/ TREE NUT ALLERGY ALERT



**One or more individuals in this school
have an allergy to peanuts/tree nuts.**

SALE OF NUTS PROHIBITED

**THE SALE OF PEANUTS/TREE NUTS, PEANUT BUTTER
AND OTHER FOODS MADE FROM NUTS IS PROHIBITED,
PURSUANT TO RI GENERAL LAWS §§ 16-21-31 AND 16-21-32.**

PEANUT/ TREE NUT ALLERGY ALERT



**One or more individuals in this school
have an allergy to peanuts/tree nuts.**

THIS SCHOOL IS PEANUT/TREE NUT-FREE

**Peanuts, tree-nuts, peanut butter and other foods made from nuts are
prohibited anywhere on school grounds, pursuant to
RI General Laws §§ 16-21-31 and 16-21-32.**

THIS IS A PEANUT/ TREE NUT-FREE TABLE



PEANUTS, TREE-NUTS (ALMONDS, CASHEWS, PECANS, WALNUTS, ETC.), PEANUT BUTTER AND OTHER PRODUCTS MADE WITH NUTS ARE **NOT ALLOWED.**

**PEANUTS/
TREE NUTS
MAY BE EATEN AT
THIS TABLE**



**PEANUTS, TREE-NUTS (ALMONDS, CASHEWS, PECANS,
WALNUTS, ETC.), PEANUT BUTTER AND OTHER
PRODUCTS MADE WITH **NUTS ARE ALLOWED**
AT THIS TABLE.**

***REMEMBER* -PLEASE WASH YOUR HANDS WITH SOAP OR
USE A HAND-CLEANING WIPE WHEN YOU ARE FINISHED.
THANK YOU.**

THIS IS A PEANUT/ TREE NUT-FREE CLASSROOM



PEANUTS, TREE-NUTS (ALMONDS, CASHEWS, PECANS, WALNUTS, ETC.), PEANUT BUTTER AND OTHER PRODUCTS MADE WITH NUTS ARE **NOT ALLOWED.**

Frequently Asked Questions for Parents About Food Allergies and the New RI Peanut Allergy Law

Rhode Island Departments of Education and Health
Updated October 2008

Why are food allergies important?

Food allergies can be fatal. They cause about 30,000 emergency room visits and claim about 150 lives each year in the US. Food allergies may also be becoming more common.

Why do schools need to address food allergies?

Most kids who have allergic reactions to food have them at school. Schools need to take steps to protect these students while they are at school. Schools also need to be ready to deal with any emergency that may arise.

What is a food allergy, anyway?

A food allergy is an unusual, bad reaction to a food. The body's immune system reacts to an otherwise harmless food as if it were harmful. The body releases chemicals, including histamines. These cause symptoms in different parts of the body. The most common food allergies are to peanuts, tree nuts, milk, soy, eggs, fish, crustacean shellfish, and wheat. Other foods can cause allergies too.

What are the symptoms of a food allergy?

Symptoms can range from mild to severe and even life-threatening. Symptoms happen in different systems of the body:

- skin (itching, hives, rash, swelling of the lips, tongue and throat);
- breathing (runny or stuffy nose, sneezing, coughing, wheezing, difficulty breathing);
- digestion (cramps, vomiting, diarrhea); and
- blood (drop in blood pressure, lightheadedness, fainting, shock).

Symptoms may start right after a child has eaten or touched a certain food, or they can start up to two hours later. Serious reactions are life-threatening and are called anaphylaxis.

What is anaphylaxis?

Anaphylaxis is a serious allergic reaction in more than one system of the body. Anaphylaxis is life-threatening. Difficulty breathing or a drop in blood pressure are signs that someone needs immediate medical attention and treatment.

Is there a cure for food allergies?

No. Right now there is no cure. The most important thing is to prevent a reaction. That means keeping allergy-causing foods away from the person with the allergy. If a student does have a reaction, epinephrine (also called adrenaline) is the best medicine.

What does the new state law do?

The new state law basically does three things. (1) School districts, charter schools and private schools have to have a policy to protect students with peanut/tree nut allergies while they are at school. (2) Elementary, middle and junior high schools have to create plans outlining how the school will protect each student with a peanut/tree nut allergy that may be severe. These plans, called Individual Health Care Plans (IHCP) and Emergency Health Care Plans (EHCP), are created together by the school, the family of the allergic student, and the student's doctor. These plans will help prevent the child from having an allergic reaction at school. They will also help make sure the child gets fast and effective treatment if he or she does have a reaction. (3) The law says that all schools have to post signs letting people know if there are students in the school with peanut/tree nut allergies.

Does the law ban peanuts from all schools?

No, the law has each school come up with its own ways to protect children with allergies. There are no blanket rules for all schools because peanut/tree nut allergies vary from one child to another. Some children just cannot eat peanuts. Others cannot even touch them. In very rare cases, children cannot be anywhere around them because they can react to small amounts in the air. With the IHCPs and EHCPs, each school will put in place only those steps and rules that are needed by its students. If necessary, the school does have the right to ban peanuts and peanut products completely.

What are Individual Health Care Plans and Emergency Health Care Plans?

These are plans for taking care of a child with special health care needs, including food allergies, while they are at school or a school event. These include things to do to prevent a problem or emergency. They also include specific directions about what to do in a particular emergency at school or a school event. In the case of a peanut/tree nut allergy, an IHCP may include things like requiring nut-free tables in the cafeteria, creating nut-free classrooms, new rules about hand-washing after meals, new rules about snacks, or new rules about birthday celebrations. The IHCP and EHCP are created by the school nurse, the child's parents, the child's health care provider, and, if possible, the child.

What do I need to do now?

If your child has a peanut/tree nut allergy, let the school know as soon as you can. The nurse will meet with you to create an Individual Health Care Plan and an Emergency Health Care Plan. If your child does not have a peanut/tree nut allergy, wait to hear from the school. They will let you know what new steps and rules they are putting in place to protect allergic students. Please do everything you can to follow their instructions. If you are unclear what you need to do, ask the principal, your child's teacher or the school nurse.

My child has a peanut/tree nut allergy, but the symptoms are mild. Do we need to create an IHCP and EHCP?

No, you are not required to by the new law, if you do not want to. But you should be aware that food allergies may become more severe over time. Talk with your child's health care provider to figure out what is best.

My child has a serious allergy to a food other than peanuts/tree nuts. Can we create an IHCP and an EHCP?

Parents may request Individual Health Care Plans and Emergency Health Care Plans for any medical condition that affects the health and safety of their child. The new law does not specifically cover allergies to other foods, but they can be just as dangerous as peanut/tree nut allergies. Talk to the principal or school nurse, if you have any questions.

My child attends high school and has a serious allergy to peanuts/tree nuts. Can we create an IHCP and an EHCP?

Although the new law does not specifically cover high schools, beyond requiring signs, peanut/tree nut allergies are just as common among high school students as they are among younger students. Again, parents may request Individual Health Care Plans and Emergency Health Care Plans for any medical condition that affects the health and safety of their child. Talk to the principal or school nurse, if you have any questions.

I think my child may have a food allergy but I'm not sure. What should I do?

Talk to your child's health care provider right away. Find out if it is a food allergy or if it is something else, such as food intolerance. If it is an allergy, find out how serious it is, how to prevent it, and what to do if your child has a reaction. Then let the school know, as soon as you can. Food allergies can develop over time and children can also outgrow them, so keep an eye on any changes. In any case, make sure that the school has plans in place and medications on hand to treat any student who shows signs of a food allergy.

My child has a food allergy. Can she carry an "epi-pen" with her at school?

Yes, as long as it is appropriate and your child can handle that responsibility, she should carry it with her at all times. But, if that is not appropriate, then the epi-pen should be kept in a safe and easily-available place. In either case, the child's prescription should be filed with the school nurse teacher. The school must have policies and procedures for the self-carry and self-administration of prescription medications.

What are tree nuts? And why are they part of our school's new rules about peanuts?

Tree nuts are nuts – such as almonds, Brazil nuts, cashews, pecans, and walnuts – that grow on trees. Peanuts actually grow in the ground. Many children who are allergic to peanuts are also allergic to tree nuts or can become allergic to them. Most experts recommend that children who are allergic to one type of nut avoid others.

How do I know if a snack contains peanuts or tree nuts?

Many foods you might not expect have peanuts or traces of them. And food labels can be confusing. Fortunately, a new federal law requires food manufacturers to list the major food allergens clearly in the list of ingredients. Look for the words, "Contains peanuts" or "Allergy information" or "Allergy statement" next to or after the list of ingredients. When in doubt, assume that a food has peanuts in it.

Where can I get more information about food allergies?

For more information on food allergies, see The Food Allergy & Anaphylaxis Network at <http://www.foodallergy.org/>.

Food Allergy Resources

Updated September, 2008

Elizabeth Bugden

1. *Managing Life Threatening Allergies in Schools*
A comprehensive guide from the Massachusetts Department of Education:
<http://www.doe.mass.edu/cnp/allergy.pdf>
2. “How a Child might Describe a Reaction”
Fact sheet from Food Allergy & Anaphylaxis Network (FAAN) (foodallergy.org)
www.foodallergy.org/school/childdescribe.pdf
3. Food Allergy Action Plan
Example from FAAN
<http://www.foodallergy.org/actionplan.pdf> (English)
<http://www.foodallergy.org/downloads.html> (other languages)
4. School Guidelines for managing food allergies
List of roles and responsibilities from FAAN
www.foodallergy.org/school/schoolguidelines.pdf
5. “Food Allergies: What You Need to Know”
Factsheet from the US Food and Drug Administration
<http://www.cfsan.fda.gov/~dms/ffalrgn.html>
6. “Answers to Frequently Asked Questions about FALCPA”
Food allergy labeling information from FAAN
<http://www.foodallergy.org/Advocacy/FALCPAFaQ14.html>
7. Food Allergies
Factsheets for different audiences from Nemours Foundation (KidsHealth)
http://kidshealth.org/parent/nutrition_fit/nutrition/food_allergies.html (for parents)
http://kidshealth.org/kid/nutrition/espanol/nut_allergy_esp.html (Spanish)
http://kidshealth.org/teen/nutrition/diets/food_allergies.html (for teens)
http://kidshealth.org/kid/ill_injure/sick/food_allergies.html (for kids)
8. “My friend has a food allergy. How can I help”
Advice from Nemours Foundation
http://kidshealth.org/teen/diseases_conditions/allergies_immune/helping_allergies.html
9. Centers for Disease Control & Prevention
Food Allergies
www.cdc.gov/healthyyouth/foodallergies/index.htm

**Sample Letter to Parents about the New Peanut Allergy Law
First Notice without Specifics**

Dear Parents/Guardians,

Food allergies are a major problem in this country. They claim over 200 lives and cause over 30,000 emergency room visits each year, nationwide. A new state law was passed this summer to deal with this problem. The new law basically says that schools have to do whatever is needed to protect the lives and safety of students who have a food allergy, especially to peanuts or tree-nuts (almonds, walnuts, etc.). Health and safety have always been top priorities for [SCHOOL], so we are taking this very seriously.

We will now be creating an Individual Health Care Plan (IHCP) and an Emergency Health Care Plan (EHCP) for each student who has a food allergy. These plans will lay out exactly what everyone in the [SCHOOL] community has to do to keep those students safe.

If you have a child in school with an allergy to any food, please make sure to let us know this *as soon as possible*. The school nurse will then contact you to start creating the IHCP and EHCP with you, your child's health care provider, and your child (if appropriate). We will do our best to address your concerns and meet all of your child's needs.

If your child does not have a food allergy, please know that, as soon we can, we will send out some simple guidelines. We trust that you understand how serious this is. Please do everything you can to follow these guidelines. We all want students at [SCHOOL] to be safe.

If you have any questions or concerns, please contact me any time.

I wish you and your family a safe and healthy school year.

Sincerely,

[PRINCIPAL]

**Sample Letter to Parents about the New Peanut Allergy Law
Second Notice with Guidelines**

Dear Parents/Guardians,

In August, we sent you a letter about a new state law about food allergies in schools. As you may remember, food allergies are a major problem in this country. They claim over 200 lives and cause over 30,000 emergency room visits each year, nationwide. A new state law was passed this summer to deal with this problem. Health and safety have always been top priorities for [SCHOOL], so we are taking this very seriously.

Since then, we have learned that several students in [SCHOOL] have severe allergies to [ALLERGENIC FOOD]. These allergies are potentially life-threatening. That means that if they cannot eat or even touch [ALLERGENIC FOOD] or foods made with [ALLERGENIC FOOD]. We have met with the families of these students to find out what to do to keep them safe while they are at [SCHOOL].

We are now putting in place these steps to help limit these students' exposure to these Risky Foods:

- [INSERT APPROPRIATE BULLETS FROM ATTACHED LIST, AND EDIT AS NEEDED]

Please do everything you can to follow these steps. We know that these may be inconvenient. But we trust that you understand how serious this is. We all want students at [SCHOOL] to be safe.

We will let you know if these guidelines change over the course of the year, as students come or go or if a student gets diagnosed with an allergy. For now, please contact me any time if you have any questions or concerns. For additional information on food allergies, see The Food Allergy & Anaphylaxis Network at <http://www.foodallergy.org/>.

I wish you and your family a safe and healthy school year.

Sincerely,

[PRINCIPAL]

The following is a list of possible guidelines to put in place, based on students Individual Health Care Plans. [INSERT APPROPRIATE BULLETS IN LETTER, AND EDIT AS NEEDED (E.G. FOR OTHER FOOD ALLERGENS)]:

- The following classrooms are now peanut/tree nut-free:
 - [LIST CLASSROOMS]If your child is in one of these classes, please ***do not send any*** peanuts, tree nuts, peanut butter or foods made with nuts to be eaten as snacks in the classroom. It is fine to send these items for lunch, which is eaten in the cafeteria. Lunch bags/boxes will be stored outside of the classroom.
If your child is not in one of these classes, this does not apply to you.
- The cafeteria and the following classrooms are now peanut/tree nut-free:
 - [LIST CLASSROOMS]If your child is in one of these classes, please ***do not send any*** peanuts, tree nuts, peanut butter or foods made with nuts with your child to school. Please check the ingredients list on all food labels to be sure!
If your child is not in one of these classes, you may send these foods only as a snack to be eaten in the classroom only, but not in your child's lunch.
- Peanuts, tree nuts, peanut butter or foods made with nuts will not be sold in the cafeteria.
- Peanuts, tree nuts, peanut butter or foods made with nuts will not be sold anywhere in the school, including in school lunches.
- Peanuts and tree nuts are prohibited from the entire school and school grounds. Please ***do not send any*** peanuts, tree nuts, peanut butter or foods made with nuts in snacks or in lunches with your child to school. Please check the ingredients list on all food labels to be sure!
- Special tables in the cafeteria will be clearly marked as peanut/tree nut-free. Other tables will be marked as okay for peanuts/tree nuts. Please make sure that if your child brings any peanuts, tree nuts, peanut butter or foods made with nuts in his/her lunch, that he/she sits at the right table. If your child does not have any peanuts, tree nuts, peanut butter or foods made with nuts then he/she may sit at any table.
- Signs have been posted at all entrances to the school, in the cafeteria, and at entrances to peanut/tree nut classrooms.
- We will keep a box of wipes in the classroom. We will ask children to use a wipe after eating any Risky Foods after snack or after lunch.
- We will keep boxes of wipes in the cafeteria. We will ask children to use a wipe after eating any peanuts, tree nuts, peanut butter or foods made with nuts.
- If your child ate peanuts, tree nuts, peanut butter or foods made with nuts for breakfast, please make sure that his/her hands are washed with soap and water before leaving for school. Water alone does not do the trick!
- We will not be doing any classroom projects that involve peanut butter or peanut shells (art projects). Please do not send any of these projects into the classroom with your child.

- We will be doing some events to help parents and kids about food allergies. There is a flyer about the next one with this letter. Please come join us for this special event.
- Please let your child's teacher know ahead of time if you want to send baked goods to school on your child's birthday. Please do not send anything with any peanuts, tree-nuts or nut oils in it. Please include a list of all of the ingredients with whatever you send. Also, please make sure to wash all utensils, counters and other surfaces, baking dishes, and serving plates properly after each food is touched. This will help keep traces of peanuts/tree-nuts out of the foods you make.
- Please do not send any foods with any peanuts, tree-nuts or nut oils in them for holiday parties and school pot-lucks. Please include a list of all of the ingredients with whatever you send. Also, please make sure to wash all utensils, counters and other surfaces, baking dishes, and serving plates properly after each food is touched. This will help keep traces of peanuts/tree-nuts out of the foods you make.
- It is almost impossible to keep all traces of peanuts/tree-nuts out of foods that you make at home. But a trace is all it takes to trigger an allergic reaction. We are therefore no longer allowing foods to be sent from home for birthday parties, holiday parties, or bake sales.