

JLCCB

Wellness Policy

The mission of the Franklin Public Schools is to provide the environment and resources to enable all students to achieve success in reaching their emotional, intellectual and physical potential.

The policy of the Franklin Public Schools will:

- Ensure that all students have access to healthy food choices during school and at all school functions.
- Provide a pleasant dining environment for students and staff.
- Allow a minimum of 20 minutes for students to eat lunch and socialize in the designated cafeteria/dining area.
- Endeavor to enable all students to acquire the knowledge and skills necessary to make healthy food choices for a lifetime.
- In an effort to promote health and wellness, the Franklin Public Schools will be review how nutritious food choices can be incorporated into the curriculum.
- Staff shall endeavor to limit the use of food as part of the academic program or as student incentives. However, when food is used in the classroom, healthy and nutritious foods should be used.
- Ensure all personnel review School Committee Policy **JLCDD Managing Life Threatening Food Allergies in the Educational Environment** annually.
- Facilitate the practice of making good nutritional choices by reducing the sale and/or distribution of foods of minimal nutritional value through a plan that focuses on reducing access to non-nutritional items and educating students about healthy foods.

Nutrition:

Nutrition guidelines that require the use of products that are high in fiber, low in added fats, sugar and sodium, and served in appropriate portion sizes consistent with USDA standards shall be established for all foods offered by the district's Nutrition Services Department or contracted vendors. Menu and product selection shall utilize student, parent, staff and community advisory groups whenever possible.

Nutrition services policies and guidelines for reimbursable meals shall not be more restrictive than federal and state regulations require.

A la carte offerings to students shall be nutritious and meet federal recommended guidelines and shall be selected with input from students, parents and staff.

(See Exhibit A).

Health Education. The Franklin Public Schools will strive to provide Health Education skills and concepts as part of the regular instructional program and will strive to provide the opportunity for all students to understand and practice concepts and skills related to health promotion and disease prevention.

- In grades 6-11 an interdisciplinary, sequential skill-based health education program based upon state standards and benchmarks shall be implemented.
- In grades 6-11 students shall have access to valid and useful health information and instructional materials.
- In grades 6-11 students shall have the opportunity to practice behaviors that enhance health and/or reduce health risks during the school day and as part of before or after school programs.

Physical Education and Activity. Physical education shall be taught by a certified specialist. Physical activity shall be provided by a qualified staff member. Physical education and physical activity shall be an essential element of each school's instructional program. The program shall provide the opportunity for all students to develop the skills, knowledge and attitudes necessary to participate in a lifetime of healthful physical activity.

Physical Education Program. The physical education program shall be designed to stress physical fitness and encourage healthy, active lifestyles. The physical education program shall consist of physical activities of at least moderate intensity and for a duration that is sufficient to provide a significant health benefit to students, subject to the differing abilities of students.

- Participation in such physical activity shall be required for all students in kindergarten through grade five for a minimum of once a week.
- Instruction will be provided for grades 6-8 through formal physical education courses, integration into other courses, regularly scheduled intramural activities, and/or regularly scheduled school wide activities.
- High schools shall require three years of PE/Health for graduation.
- All students shall be supported in setting and meeting personal fitness goals that result in the achievement and maintenance of a health enhancing level of physical fitness.

Healthy and Safe Environment. A healthy and safe environment for all, before, during and after school supports academic success. Safe communities promote healthier students. Healthier students do better in school and make greater contributions to their community.

- School and district offices shall maintain an environment that is free of tobacco, alcohol and other drugs.
- Safety procedures and appropriate training for students and staff shall support personal safety and a violence and harassment free environment.
- Each work site, school and classroom shall work to create an environment where students, parents/guardians and staff are respected, valued and accepted with high expectations for personal behavior and accomplishments.

Social and Emotional Well Being. Programs and services that support and value the social and emotional well being of students, families and staff build a healthy school environment.

- Students shall be provided the skills to express thoughts and feelings in a responsible manner and give and receive support from others.
 - Open Circle
 - Advisor/Advisee
 - Peer Leadership
 - Peer Mediation
- Students shall be taught to understand and respect the differences in others and how to build positive interpersonal relations.
- Students shall be taught communication, goal setting and decision making skills that enhance the development of interpersonal skills.

Wellness Committee. The Superintendent will establish and maintain a district-wide Wellness Committee. The purpose of this committee will be to: Develop long and short term goals, monitor implementation of this policy through the collection of data, and evaluate the program. In consultation with administration and the School Committee, the Wellness Committee may recommend revisions to the policy. The composition of the committee should include parents, students, community members, school health officials, school nutrition personnel, teachers, and administration and school committee members.

Legal Reference: 42 U.S.C. 11751 (Pub.L. 108-265, Title II and 204, June 30, 2004 118 Stat. 78.0

Legal Reference: The Healthy Meals for Healthy Americans Act of 1994, P.L. 103-448, Section 9(b)(2)(C) of the National School Lunch Act (NSLA) 42 U.S.C. 1751. CFR Part 210 National School Lunch Program.

Cross Reference: School Committee Policy JLCDD
Exhibit A

EXHIBIT A

Introduction

Federal law requires school departments to develop a Wellness Policy for their district. One section of this policy must create guidelines for foods to be sold in school cafeterias.

The National School Lunch program sets standards that cafeterias must meet for school lunch.

The Franklin School Lunch program is financially self-supporting. The cafeteria budget pays for all food and other supplies that are purchased, payroll for all cafeteria staff, and maintenance and repairs on all kitchen equipment. Cafeteria income comes from two sources: **about 85% of our income comes from monies paid by students and staff to purchase meals and a la carte foods, the remaining 15% comes from subsidies paid to us by the federal and state government on a per-meal-served basis, because we participate in the National School Lunch Program. The cafeterias are not funded by the town of Franklin or by the Franklin Public School budget.**

Of the income received from students and staff, approximately 62% comes from sale of complete meals to students. About 3% is from individual milk sales, and 4% is from sales to adult staff. **The remaining 31% of cafeteria income is received from sale of a la carte items.** As noted in the proposed Wellness Guidelines for A La Carte Foods beginning on page 3, the selection of a la carte items sold at the elementary schools is very limited. There are a few more a la carte choices at the middle schools, but **nearly 2/3 of our a la carte income comes from the High School**, where there is a much wider variety of food and beverages available.

School Lunch Meals

Franklin's school lunch meals are designed to meet USDA guidelines for child nutrition. These standards must be met in order to receive government reimbursements and subsidies available to Franklin through the National School Lunch Program.

Over the course of a week the lunch menu must average 1/3 of the recommended daily calories for each age level, while also meeting guidelines for specific nutrients. These guidelines are:

- a) No more than 30% of calories to come from fat.
- b) No more than 10% of calories to come from saturated fat.
- c) Target of 667 calories for grades K - 5; 815 calories for grades 6 - 12.
- d) Minimum 9 g protein for grades K - 5; 16 g for grades 6 - 12.
- e) Minimum 276 mg calcium for grades K - 5; 400 mg for grades 6 - 12.
- f) Minimum 3.3 mg iron for grades K - 5; 4.5 mg for grades 6 - 12.
- g) Minimum 233 RE Vitamin A for grades K - 5; 300 RE for grades 6 - 12.
- h) Minimum 15 mg Vitamin C for grades K - 5; 18 mg for grades 6 - 12.

Franklin will continue to use Nutrition Standard Menu Planning software to develop menus that meet USDA requirements. If the USDA should change their requirements, Franklin will adjust its menus accordingly.

The Franklin School Lunch Program has taken additional voluntary steps to improve the nutrition of our meals beyond the USDA requirements. For example, whole wheat bread is now used for the majority of sandwiches, and is the only bread offered with chicken nuggets.

In addition, Franklin High School offers a full salad bar featuring a variety of fresh vegetables, fruit, cheese, boiled eggs, mixed salads, etc. Students may purchase meals that consist of their choice of items from the salad bar and milk for the price of a regular student lunch.

Nutritional Guidelines For A La Carte Foods

The policy guidelines below for A La Carte Foods are based (with some modifications) on the "Massachusetts Action for Healthy Kids" guidelines, published in January 2004. "Action for Healthy Kids" is a national nonprofit organization that is working to address the epidemic of overweight, undernourished and sedentary youth by focusing on changes at school. Each state also has its own Action for Healthy Kids group that suggests guidelines for their state. Food manufacturers are developing new products to meet the guidelines that the majority of states are using. Franklin's proposed guidelines take into account what products are available to us, and what we believe to be reasonable guidelines for student health.

The guidelines below cover all foods sold in cafeterias during school hours, whether they are sold by cafeteria staff or through student accessible vending machines.

Beverages

No Franklin school sells soda or diet soda (i.e. Coca Cola, Pepsi, etc.) in any areas that are available to students.

At all grade levels, milk is offered in a variety of types, including Skim, 1%, and 2%; and in a variety of flavors such as regular, chocolate or strawberry. No milk flavor contains more than 32 grams of carbohydrates per 8 oz serving. Water is also sold at all grade levels.

Specific guidelines for grade levels will be as follows:

Elementary – only varieties of milk and plain water are offered. Serving size is 8 oz for milk, up to 12 oz for water.

Middle – in addition to varieties of milk and water, students are offered drinks made with 100% fruit juice. Students may also be offered calorie-free drinks such as flavored water or calorie-free "sports" drinks. These drinks may contain artificial sweeteners. **Except for flavored milks, no drinks containing high-fructose corn syrup will be sold.** Serving sizes for fruit juice will not exceed 12 oz; water and calorie-free drinks may be a maximum of 20 oz.

High School – offers varieties of milk, water, flavored water, calorie-free sports drinks; and 100% juice drinks, including sparkling juice and "slushies". Low-calorie fruit-flavored or tea-flavored drinks and sports drinks may also be sold (no more than 25 calories per can/bottle). Any of the above drinks may contain artificial sweeteners. The High School may also offer other drinks that provide positive nutritional value (calcium, iron, vitamins, etc), **as long as sugar or high-fructose corn syrup is not one of the two primary ingredients in these drinks.** Maximum serving size for fruit juice is 12 oz; water and calorie-free drinks may be a maximum of 20 oz.

Desserts and "Snack" Foods

All meals are served with fruit included as part of the price; no desserts are offered as part of a meal.

Snack foods at the elementary schools are generally limited to cookies, ice cream, pudding and jello. Middle and High Schools may also offer chips and other types of snacks. In addition, **all schools will offer apples and oranges for sale as individual items.** Other fruit may be offered for sale as well if it is available.

General Guidelines - A La Carte dessert and snack-type foods should meet the following criteria:

No more than 30% of calories from fat or 10 grams of fat maximum per serving.

No more than 10% of calories from saturated or trans fat, or maximum 2 grams of saturated/trans fat per serving.

No more than 30 grams of carbohydrates per serving.

Maximum serving sizes:

Ice Cream, Pudding - 4 oz

Cookies - 2 oz

Chips - 1.5 oz

All A La Carte foods sold at the Elementary and Middle schools should meet the above guidelines. The Food Service Director may use her discretion if an item exceeds one particular guideline but is considered to have other positive nutritional value (for instance, a food that is high in calcium). **At the High School, a minimum of 90% of items offered will meet all of the above guidelines,** as the Food Service Director continues the process of gradually replacing A La Carte items that do not meet guidelines with healthier choices.

Food Offered Outside of the School Lunch Program

As part of the National School Lunch program, the Food Service Director cannot allow any foods to be sold in the cafeteria during lunch periods other than those that are sold by the Franklin School Lunch Program. For example, students or PCC's cannot sell candy or other foods as a fundraiser in the cafeteria during lunch periods.

The Food Service Office takes no position on what foods may be sold by organizations as fundraisers before or after school hours.

The Food Service Office also takes no position on what foods may be brought into classrooms by parents or teachers as part of curriculum or celebrations, other than to remind teachers to maintain caution and implement all policies regarding students with life-threatening food allergies.

ADMINISTERING MEDICINES TO STUDENTS

The policy of the Franklin Public Schools as mandated by 71 M.G.L. 54B and the Massachusetts Department of Public Health 105 CMR, 210.001, et seq. "Regulations Governing the Administration of Prescription Medications in Public and Private Schools" is that prescription medication is not to be dispensed without a written order from a licensed physician as described in 105 CMR 210.002 and written parent/guardians consent. Over the counter medication and medicinal substitutes such as nutritional supplements will not be dispensed without a physicians order or parental consent, as deemed necessary by the school nurse. Required orders and consents must be renewed as necessary and at the beginning of each academic year. All medications must be in the original container, properly labeled and delivered to the school nurse by a responsible adult (parent/guardian or designee). No more than a thirty (30) day supply will be accepted at one time.

Medication must be retrieved in person by the parent/guardians. Medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

All medications will be stored in a locked cabinet or when required in a locked box in a refrigerator in the nurse's office. All medications shall be dispensed by an R. N. (including on field trips, if the parent is not present) with the exception of medications that may be self-administered pursuant to M.G.L. Chapter 71 Section 54B. Appropriate school staff shall be notified of medication administration by the school nurse (or student's self-administration of prescription medication) with parent/guardian consent, if not in violation of confidentiality. Administration of epinephrine will follow the procedures set forth by Department of Health Regulations.

Students with asthma or other respiratory diseases may possess and self-administer prescription inhalers under the following rules for Student Self-Administration of Medication.

Students with cystic fibrosis may possess and self-administer prescription enzyme supplements under the following rules for Student Self-Administration of Medication.

Students with diabetes may possess and self-administer glucose monitoring tests and an insulin delivery system under the following rules for Student Self-Administration of Medication.

Rules for Student Self-Administration of Medication:

The school nurse may permit self-medication of prescription medication by a student provided that the following requirements are met:

- The student, school nurse and parent/guardian enter into an agreement which specifies the conditions under which the prescription medication may be self-administered;
- The school nurse develops a medication administration plan which contains elements necessary to ensure a safe self-administration of the prescription medication, including information for the safe storage of the prescription medication and providing for accessibility of the medication for the individual student;
- The school nurse evaluates the student's health status and abilities and deems self-administration safe and appropriate, after observing initial self-administration of the prescription medicine; "Self-administration" means that the student is able to consume or apply medication in the manner directed by the licensed prescriber, without additional assistance or direction.
- The school nurse is reasonably assured that the student is able to identify the appropriate prescription medication, knows the frequency and time of day for which the prescription medication is ordered, and follows the school self-administration protocols;
- There is on file a written authorization from the student's parent or guardian that the student may self-medicate;
- There is on file a written order from the licensed prescriber for self-administration;
- The student documents the self-administration of the prescription medicine and must report weekly to the school nurse. The school nurse will monitor the student's self-administration as appropriate;
- The student will keep a backup supply of the prescription medication with the school nurse.

Legal Reference: 105 CMR 210.01, et seq. and 71 M.G.L. 54B.

Date Adopted: 3/05

MANAGING LIFE-THREATENING FOOD ALLERGIES
IN THE EDUCATIONAL ENVIRONMENT

Franklin Public Schools recognizes that students with life-threatening food allergies require reasonable accommodations necessary to ensure access to available education and education-related benefits. It is the policy of Franklin Public Schools that the management of life-threatening food allergies be accomplished in compliance with applicable state and federal regulations. Franklin Public Schools implements this policy and administrative procedures pursuant to the guidelines established by the Massachusetts Department of Education, in a document entitled, "Managing Life-Threatening Food Allergies in Schools" and other reliable resources relating to this issue.

It is the policy of the school committee to establish age-appropriate guidelines for students within the school district in order to minimize the risk of students with life-threatening food allergies (LTA). The guidelines established might include building-based medical emergency plans, the implementation of Individual Health Care Plans (IHCP) that includes an individualized emergency plan, effective training programs for personnel, students, and consultation with appropriate medical specialists.

The Franklin Public Schools maintains the expectation that specific building-based guidelines /activities will be established to insure that the health needs of all students will be met in the least restrictive environment. In order to assist students with developing the skills necessary to participate in all educational programs, building-based teams will communicate with parents and students to allow the student to gradually assume more responsibility for maintaining their safety as they advance from elementary school to secondary school.

The Franklin Public Schools has developed a protocol/guidelines for the management of life threatening food allergies. Building-based teams will consult with parents, and where applicable the student, to develop a safe and effective health plan so that the student will be able to access all educational programs. If appropriate, the school-based team may indicate on the IHCP and/or the 504 Plan that the student will carry the EPI-Pen on his/her person. Where this is a recommendation all necessary training procedures and guidelines articulated in the policy will be adhered to.

Legal Reference: Section 504 of the Rehabilitation Act, 29 U.S.C.-§794, the American Disabilities Act, U.S.C. §1201, et seq. and United States Department of Agriculture Regulations, 7 C.F.R §15(b), 105 CMR 210.000.

Reference Policies JLCD, JLCD-1

PROTOCOL AND GUIDELINES FOR MANAGEMENT OF LIFE-THREATENING FOOD ALLERGIES IN THE FRANKLIN PUBLIC SCHOOLS

BACKGROUND

Allergic food reactions can span a wide range of severity of symptoms. The most severe and potentially life threatening reaction is anaphylaxis. This protocol is to be used for students who are at risk for anaphylaxis and in circumstances where a previously undiagnosed life-threatening allergic response occurs.

Anaphylaxis is a potentially life-threatening medical condition occurring in food allergic individuals after exposure to their specific food allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body, the most dangerous of which are breathing difficulties and a drop in blood pressure or shock, which are potentially fatal. The most common causes of anaphylaxis in children include allergies to:

- Foods (most commonly; dairy products, eggs, fish/shellfish, milk, peanuts/tree nuts, soy, wheat)

Anaphylaxis can occur immediately or up to two hours following allergen exposure, so it is important to:

- Identify student at risk
- Have appropriate preventative policies
- Be prepared to handle an emergency

PURPOSE AND GOAL

The Franklin Public Schools cannot guarantee to provide a food allergen-free environment for all students with life threatening allergies, or prevent any harm to students in emergencies. The goal is to minimize the risk of exposure to food allergens that pose a threat to those students, educate the community, and maintain and regularly update a system-wide protocol for responding to their needs. A system-wide effort requires the cooperation of all groups of people within the system.

The sections below highlight the major responsibilities of the various groups, but each child's plan will be individualized and therefore not all responsibilities can be spelled out in this protocol.

The goal of the Franklin Public Schools regarding Life-Threatening Food Allergies is to engage in a system-wide effort to:

- Prevent any occurrence of life-threatening food based allergic reactions
- Prepare for any allergic reactions to food
- Respond appropriately to any food allergy emergencies that arise

RESPONSIBILITIES OF THE FRANKLIN PUBLIC SCHOOL DEPARTMENT

The Superintendent and his/her staff shall be responsible for the following:

1. Create a system-wide emergency plan for addressing life-threatening food based allergic reactions.
2. Provide annual in-service training and education on reducing food-allergy risks, recognizing food allergy symptoms, and emergency procedures for staff.
3. Training shall include, but not be limited to:
 - a. A description/definition of severe allergies and a discussion of the most common foods causing allergic reactions.
 - b. The signs and symptoms of anaphylaxis.
 - c. The correct use of an Epi-pen.
 - d. Specific steps to follow in the event of an emergency.
4. Adopt a "NO FOOD TRADING/SHARING" and "NO UTENSIL SHARING" procedure in all schools with particular focus at the elementary school level.
5. School Health Professionals in conjunction with the student's parent(s)/guardian(s) and the primary care provider/allergist prepare an Allergy Action Plan/Individual Health Care Plan for any student with a life-threatening food allergy. The Plans will be reviewed by the school nurse, the student's parent(s)/guardian(s) and primary care provider and/or the student's allergist, and signed off by the child's physician/allergist, indicating that he/she deems it to be adequate.

6. Provide and maintain life-threatening food allergy free tables in each elementary school cafeteria as needed by the Individual Health Care Plan. These tables will be designated by a universal symbol. These tables will be cleaned and sanitized as per district protocol.

7. Lunch Room Attendants/Cafeteria Personnel, who report to principal, will be assigned to clean life-threatening food allergy tables.

8. Make the Individual Health Care Plan available in the nurse's office and a student's homeroom at the elementary level and in the nurse's office at the middle and high school. Recommend that parents/guardians attach a photograph of their student with a Life-Threatening Food Allergy to their Individual Health Care Plan.

9. Submit to school bus drivers a list of students who have life-threatening food allergies.

10. Make Epi-pens (belonging to the school and those prescribed to the students) available in the nurse's office and in other clearly designated locations as specified in the Individual Health Care Plan. At the secondary level, students are allowed and encouraged to carry their Epi-pens on their person as allowed by the district's Administration of Medication Policy.

11. Familiarize teachers with the Individual Health Care Plan of their students and any other staff member who has contact with student on a need-to-know basis.

12. Consult with facilities personnel to develop protocol for cleaning classrooms, cafeteria, and other areas of the building to insure that the threat of allergens is minimized.

RESPONSIBILITIES OF THE SCHOOL PRINCIPAL

To the extent possible, the principal of each school shall be responsible for the following:

1. School nurse will familiarize teachers with the Individual Health Care Plan of their students and any other staff member who has contact with student on a need-to-know basis.
2. In conjunction with nurses, provide in-service training and education for staff regarding life-threatening allergies, symptoms, risk reduction procedures and emergency procedures including demonstration on how to use the Epi-pen.
3. Send letters to all parents of children assigned to a classroom where one of the students has been identified as having a Life-Threatening Food Allergy (K-5)
4. The protocol that explains Life-Threatening Food Allergy and the application of the protocol at the school, concerning Life-Threatening Food Allergy will be discussed at kindergarten orientation.
5. Post the school's emergency protocol on Life-Threatening Food Allergies in appropriate locations.
6. Notify staff the locations of Epi-pens in the school.
7. A contingency plan will be in place and understood by all staff and students in the event the nurse is not in the office or in the building. Staff will call 911 in all instances of any allergic reaction.

RESPONSIBILITIES OF SCHOOL HEALTH PROFESSIONALS

The school nurse is the primary coordinator of each student's plan.

Each school nurse will have the following responsibilities:

1. Meet with each parent/guardian of a student with a Life-Threatening Allergy and develop an Individual Health Care Plan for the student. During meetings with parents/guardians, nurses shall discuss and encourage the use of MEDIC-ALERT bracelets and other methods of identification for students with Life-Threatening Allergies.
2. Maintain updated Individual Health Care Plans in the nurse's office and in the student's homeroom at each school and in the nurse's office at the middle and high schools.
3. Nurse will assist the principal in providing information about students with Life-Threatening Allergies to staff.
4. In conjunction with the principal, provide in-service training and education for staff regarding Life-Threatening Allergies, symptoms, risk reduction procedures and emergency procedures including demonstration on how to use the Epi-pen.
5. Familiarize teachers with the Individual Health Care Plan of their students and any other staff member who has contact with student on need-to-know bases.
6. The school nurse will be responsible for following Department of Public Health regulations governing the administration of prescription medications. Nurses are also responsible for following the regulations that permit registration of non-licensed personnel to be trained and to administer Epi-pens.
7. Discuss with parents the appropriate locations for storing the Epi-pen and the possibility of receiving more than one Epi-pen as necessary.
8. Inform the school principal and parent/guardian if any student experiences an allergic reaction that has not been previously diagnosed.
9. Emergency protocol will be in place in the event the nurse is not in the building.

RESPONSIBILITY OF PEDIATRIC ALLERGY SPECIALIST

Each pediatric allergy specialist will:

- Consult with administration on implementation of best practices.
- Review policies/procedures annually with administration and school health professionals.
- Conduct in-service training to personnel as needed.
- Be available to review Individual Health Care Plans if needed.

RESPONSIBILITIES OF TEACHERS

Each teacher shall have the following responsibilities:

1. Receive and review the Individual Health Care Plan, in collaboration with the nurse and parent(s) of any student(s) in your classroom with life-threatening allergies.
2. Leave information in an organized, prominent and accessible format for substitute teacher.
3. Participate in in-service training for students with life-threatening allergies
4. Teacher, in collaboration with the nurse and input from the parents of the allergic child, will set a classroom protocol regarding the management of food in the classroom.
5. Participate in the planning of a student's re-entry into school after an anaphylactic reaction.
6. Advise parents of any school related activity that requires the use of food in advance of the project or activity (K-5 only).
7. Limit use of food for instructional lessons.
If food is to be used in a lesson, teacher will notify parent of students with LTA before the lesson.
8. Teacher will collaborate with administration and nurse to send out letters to all parents/guardians of students in a class with an individual with a Life Threatening Food Allergy.
9. Whenever reasonable, the teacher will reinforce appropriate hygiene techniques/hand washing before and after eating.

RESPONSIBILITIES OF FOOD SERVICE PERSONNEL

The food service department shall have the following responsibilities:

1. Supply cleaning materials for washing and sanitizing tables as per district protocol.
2. Provide in-service to food service employees regarding safe food handling practices to avoid cross contamination with potential food allergens.
3. Food service employees will wear non-latex gloves.

RESPONSIBILITIES OF FRANKLIN SCHOOLS TRANSPORTATION

All school bus drivers shall be informed that he/she is transporting a child with a Life-Threatening Allergy.

The school bus drivers shall have the following responsibilities:

1. Provide functioning emergency communication devices (e.g., cell phones, two-way radios, etc.) on each bus.
2. Maintain and reinforce policy of no food eating on the bus.

RESPONSIBILITIES OF PERSONS IN CHARGE ON CONDUCTING AFTER-SCHOOL ACTIVITIES

Person in charge of extracurricular programs shall have the following responsibilities:

1. The Individual Health Care Plan will be available for parents to copy to give to others who assume responsibility for their child. Examples of this may include:
 - a. Before or after school activity instructors
 - b. Coaches
 - c. Solutions Personnel
 - d. Extracurricular activity advisors

RESPONSIBILITIES DURING RECESS AND PHYSICAL EDUCATION CLASSES

During recess and physical education classes (where a child has a Life-Threatening Allergy), the school shall have the following responsibilities:

1. Children will be under the supervision of at least one adult.
2. An Epi-pen will be taken outside if specified in the child's Individual Health Care Plan.
3. Develop building-based procedure whereby emergency communication device (walkie-talkie, cell phone) is accessible and functional.

RESPONSIBILITIES FOR FIELD TRIPS

The school shall have the following responsibilities when Life-Threatening Food Allergy students go on field trips:

1. Field trips need to take into consideration the risk for food allergen exposure, and parents must evaluate potential risks when determining whether their child should attend a field trip.
2. Lunches should be held in a safe place, so that children cannot access them until the appropriate time. Lunches of children with food allergies should be stored separately to minimize cross contamination.
3. A registered nurse will accompany class on field trip and will maintain a Epi-Pen and a copy of the child's ICP.

RESPONSIBILITIES OF PARENTS OF STUDENTS WITH LIFE-THREATENING FOOD ALLERGIES

Each parent of a student with a Life-Threatening Allergy shall have the following responsibilities:

1. Inform the school nurse of your child's allergies prior to the opening of school (or as soon as possible after diagnosis).
2. Parent(s) must arrange to meet with the school nurse to develop an Individual Health Care Plan for the student and provide medical information from the child's treating physician as needed to write the Plans. Parents must arrange for school health professionals to be able to communicate with student's physician.
3. May choose to provide the school a list of foods and ingredients to be avoided, and provide a list of safe or acceptable foods that can be served to your child.
4. Provide the school nurse with enough up-to-date emergency medications (including Epi-pens) so they can be placed in all required locations for the current school year.
5. Complete and submit all required medication forms.
6. Provide a MEDIC ALLERT ID for your child.
7. Notify nurse of upcoming field trip as soon as possible and provide Epi-pea to be taken on field trips as stated in the field trip policy.
8. Encourage students to wash hands before and after handling food.
9. Teach your child to
 - a. Recognize the first symptoms of a food allergic/anaphylactic reaction.
 - b. Know where the epinephrine auto-injector is kept and who has access to the epinephrine.
 - c. Communicate clearly as soon as he/she feels a reaction is starting.
 - d. Carry his/her own epinephrine auto-injector when appropriate.
 - e. Not share snacks, lunches, or drinks.
 - f. Understand the importance of hand washing before and after eating.
 - g. Report teasing and/or bullying that may relate to the child's disability.
 - h. Take as much responsibility as possible for his/her own safety.
10. As children get older, teach them to:
 - a. Communicate the seriousness of the allergy.
 - b. Communicate symptoms as they appear.
 - c. Read labels.
 - d. Administer own epinephrine auto-injector and be able to train others in its use.
11. Inform the school of any changes in the child's Life-threatening Food Allergy status.
12. Provide the school with the licensed provider's statement if the student no longer has food allergies.
13. Go on field trips and out-of-school activities with your child, whenever possible.
14. Provide bag of snacks for your child's classroom along with safe foods for special occasions.
15. Sign a release for school personnel to consult with family physician/allergist and all medical providers.

RESPONSIBILITIES OF STUDENTS

Each student with a Life-Threatening Food Allergy shall be responsible for the following:

1. Take responsibility for avoiding food allergens.
2. Do not trade or share food.
3. Wash hands before and after eating.
4. Learn to recognize symptoms of an allergic food reaction.
5. Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
6. Take more responsibility for your food allergies as you get older.
7. Develop a relationship with the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the food allergy in the school.