

SCHOOL HEALTH SERVICES

HEALTH ASSESSMENTS/SCREENINGS

I. Assessments

The Mansfield Board of Education requires each student enrolled in the Mansfield Public Schools to have health assessments as mandated by state law. The purpose of such health assessments shall be to ascertain whether a student has any physical disability tending to prevent him/her from receiving the full benefit of schoolwork and to ascertain whether schoolwork should be modified in order to prevent injury to the student or to secure a suitable program of education for him/her. Such health assessments must be conducted by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, who is licensed under state statute, a physician assistant, who is licensed under state statute, the school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base. The Board of Education will provide written prior notice of the health assessments required under these administrative regulations to the parent or guardian of each student subject to assessment. The parent or guardian shall be provided a reasonable opportunity to be present during such assessment or he/she may provide for such assessment him/herself. No health assessment shall be made of any public school student unless it is made in the presence of the parent or guardian or in the presence of another school employee. Any student who fails to obtain the health assessments required by these administrative regulations may be denied continued attendance in the Mansfield Public Schools.

II. Assessments Required by State Law

Prior to enrollment in the Mansfield Public Schools, each student must undergo a health assessment, which shall include:

- a) a physical examination which includes hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include; but not be limited to, asthma. The assessment form shall include (A) a check box for the provider conducting the assessment, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider;
- b) an updating of immunizations as required by state law;
- c) vision, hearing, speech and gross dental screenings;
- d) such other information, including health and developmental history, as the physician feels is necessary and appropriate.

The pre-enrollment assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia, and tests for lead levels in the blood if, after consultation with the school medical advisor and the local health department, the Board determines that such tests are necessary. Such tests must be conducted by a registered nurse acting pursuant to the written order of a physician, or physician's assistant, licensed under state law, or of an advanced practice registered nurse, licensed under state law.

Each student enrolled in the Mansfield Public Schools in grades six and nine must undergo a health assessment, which shall include:

- a) a physical examination which includes hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma. The assessment form shall include (A) a check box for the provider conducting the assessment, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider;
- b) an updating of immunizations as required by state law;
- c) vision, hearing, postural and gross dental screenings;
- d) such other information, including health and developmental history, as the physician feels is necessary and appropriate.

The grades six and nine assessments shall also include tests for tuberculosis, and sickle cell anemia or Cooley's anemia, if, after consultation with the school medical advisor and the local health department, the Board determines that such tests are necessary. Such tests must be conducted by a registered nurse acting pursuant to the written order of a physician, or physician's assistant, licensed under state law, or of an advanced practice registered nurse, licensed under state law.

The Board of Education shall provide such assessments free of charge to students whose parents or guardians meet the eligibility requirements for free and reduced price meals under the National School Lunch Program or for free milk under the special milk program.

III. Oral Health Assessments:

- A. Prior to enrollment in the District, in grade six, the Board shall request that each student undergo an oral health assessment. Such oral health assessments must be conducted by one of the following qualified providers for oral health assessments: (1) a dentist licensed under state law; (2) a dental hygienist licensed under state law; (3) a legally qualified practitioner of medicine trained in conducting oral health assessments as a part of a training program approved by the Commissioner of Public Health; (4) a physician assistant licensed under state law and trained in conducting oral health assessments as part of a training program approved by the Commissioner of Public Health; or (5) an advanced practice registered nurse licensed under state statute and trained in conducting oral health assessments as part of a training program approved by the Commissioner of Public Health.
- B. The oral health assessment identified in subsection A above shall include a dental examination by a dentist, or a visual screening and risk assessment for oral health conditions by a dental hygienist, legally qualified practitioner of medicine, physician assistant, or advanced practice registered nurse. The assessment form shall include a check box for the qualified provider conducting the assessment to indicate any low, moderate or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling or trauma.
- C. No oral health assessment shall be made of any public school student unless the parent or guardian of the student consents to such assessment and such assessment is made in the presence of the parent or guardian or in the presence of another school employee. The parent or guardian shall be provided with prior written notice of an oral health assessment and be provided with a reasonable opportunity to opt his/her child out of such assessment or may provide for such oral health assessment him or herself.
- D. If the Board of Education hosts a free oral health assessment event where qualified providers (identified in subsection A above) perform oral health assessments of children attending a public

school, the Board shall notify the parents and guardians of such children of the event in advance and provide an opportunity for parents and guardians to opt their child(ren) out of such event. The Board shall infer parent/guardian consent for each child whose parent or guardian did not opt him or her out of the free oral health assessment event and shall provide such child with a free oral health assessment; however, such child shall not receive dental treatment of any kind unless the child's parent or guardian provides informed consent for such treatment.

- E. Any student who fails to obtain an oral health assessment requested by the Board shall not be denied enrollment or continued attendance in the District.

IV. Screenings Required:

The Board of Education will provide annually to each student enrolled in kindergarten and grades one and three to five, inclusive, a **vision screening** using a Snellen chart or equivalent screening device such as an automated screening device. The Superintendent shall give written notice to the parent or guardian of each student who (1) is found to have any defect of vision or disease of the eyes, with a brief statement describing the defect or disease and a recommendation to have the student examined by a licensed optometrist or licensed ophthalmologist, and (2) did not receive such vision screening, with a brief statement explaining why such student did not receive such vision screening.

The Board of Education will provide annually to each student enrolled in kindergarten and grades one and three to five, inclusive, **audiometric screening** for hearing. The Superintendent shall give written notice to the parent or guardian of each student who (1) is found to have any impairment or defect of hearing, with a brief statement describing the impairment or defect, and (2) did not receive an audiometric screening for hearing, with a brief statement explaining why such student did not receive an audiometric screening for hearing.

The Board of Education will provide **postural screenings** for (1) each female student in grades five and seven, and (2) each male student in grade eight or nine. The Superintendent shall give written notice to the parent or guardian of each student who (A) evidences any postural problem, with a brief statement describing such evidence, and (B) did not receive a postural screening, with a brief statement explaining why such student did not receive such postural screening.

All of the screenings required under these administrative regulations will be performed in accordance with regulations applicable to such screenings as adopted by the State Board of Education.

V. Assessment/Screening Results:

The results of each assessment and screening required by these administrative regulations shall be recorded on forms supplied by the State Board of Education. Each physician, advanced practice registered nurse, registered nurse, or physician assistant performing health assessments under these administrative regulations shall sign each form and any recommendations concerning a student shall be in writing. Assessment/screening forms shall be included in the cumulative health record of each student and they shall be kept on file in the school attended by the student. If a student permanently leaves the Mansfield Public Schools, his/her original cumulative health record shall be sent to the chief administrative officer of the school district to which the student moves, with the Mansfield Board of Education retaining a copy.

Appropriate school health personnel shall review the results of each assessment and screening. If the reviewing school health personnel judge that a student is in need of further testing or treatment, the Superintendent shall give written notice to the parent or guardian of such student and shall make reasonable efforts to ensure that such further testing or treatment is provided (provided that whenever any disease or defect is found during a vision screening, the Superintendent shall recommend examination by a licensed optometrist or licensed ophthalmologist). Reasonable efforts shall include determination of whether the parent or guardian has obtained the necessary testing or treatment for the student, and, if not, advising the parent or guardian how such testing or treatment may be obtained. The results of such further testing or treatment shall be recorded, kept on file and reviewed by appropriate school health personnel in the same manner as the results of the health assessments and screenings required under these administrative regulations.

The district shall report to the local health department and the Department of Public Health, on a triennial basis, the total number of children per school and on a district-wide basis having a diagnosis of asthma (1) at the time of public school enrollment, (2) in grade six or seven, and (3) in grade ten or eleven. The report shall contain the asthma information collected as required under Section II of this Policy and shall include information regarding each diagnosed child's age, gender, race, ethnicity and school.

VI. Exemption

Nothing in these administrative regulations shall be construed to require any student to undergo a physical or medical examination or treatment, or be compelled to receive medical instruction, if the parent or legal guardian of such student or the student, if he/she is an emancipated minor or is eighteen years of age or older, notifies the teacher or principal or other person in charge of such student in writing that he/she objects on religious grounds to such physical or medical examination or treatment or medical instruction.

VII. Other Non-Emergency Invasive Physical Examinations and Screenings:

- (a) In addition to the screenings listed above, the district may, from time to time, require students to undergo additional non-emergency, invasive physical examination(s)/screening(s).
- (b) A non-emergency, invasive physical examination or screening is defined as:
 1. any medical examination that involves the exposure of private body parts; or
 2. any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision, or scoliosis screening; and
 3. is required as a condition of attendance, administered by the school and scheduled by the school in advance; and
 4. is not necessary to protect the immediate health and safety of the students.
- (c) If the district elects to conduct any such examinations, then, at the beginning of the school year, the administration shall give direct notice to parents of affected students of the district's intent to conduct the non-emergency invasive physical examination(s) and/or screening(s) described in this subsection. Such notice shall include the specific or approximate dates during the school year of the administration of such non-emergency invasive physical examination(s)/screening(s).
- (d) Upon request, the administration shall permit parents or students over the age of eighteen (or emancipated minors) to opt out of participation in the non-emergency invasive physical examination(s)/screening(s) described in this subparagraph.

VIII. School Representative to Receive Information Concerning Health Assessments:

The Board of Education designates the school nurse as the representative for receipt of reports from health care providers concerning student health assessments.

IMMUNIZATIONS

In accordance with state law and accompanying regulations, the Mansfield Board of Education requires each child to be protected by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B, hepatitis A, hepatitis B, varicella, pneumococcal diseases, meningococcal disease and any other vaccine required by the schedule for active immunization as determined by the Commissioner of Public Health pursuant to Conn. Gen. Stat. § 19a-7f, prior to enrolling in any program or school under its jurisdiction.

Among other requirements, before being permitted to enter seventh grade, the Board requires each child to be vaccinated against meningococcal disease. The Board further requires each child to receive a second immunization against measles and tetanus, diphtheria and pertussis (Tdap) before being permitted to enter seventh grade.

Each child must have received two doses of immunization against varicella before being permitted to enter kindergarten and seventh grade. Each child must have received two doses of immunization against rubella and mumps before being permitted to enter grades kindergarten through eight.

Children aged 24-59 months enrolled in the Board's Prekindergarten program must show proof of receipt of at least one dose of influenza vaccine between August 1 and December 31 of the preceding year. All children aged 24-59 months who have not received vaccination against influenza previously must show proof of receipt of two doses of the vaccine the first influenza season that they are vaccinated. Children seeking to enroll in the Board's Prekindergarten program between January 1 and March 31 are required to receive the influenza vaccine prior to being permitted to enter the program. Children who enroll in the Prekindergarten program after March 31 of any given year are not required to meet the influenza vaccine requirement until the following January.

Exemptions from the pertinent requirements will be determined in accordance with applicable law, state guidance, and supporting documents.

In accordance with state law, the Mansfield Board of Education shall not be liable for civil damages resulting from an adverse reaction to a nondefective vaccine required to be administered by state law.

The Board of Education designates the school nurse as the representative for receipt of reports from health care providers concerning student immunizations.

The current required immunizations for elementary (including Prekindergarten), middle and high school students can be found at: https://portal.ct.gov/-/media/SDE/School-Nursing/Forms/Immunization_Requirements.pdf

GENERAL HEALTH POLICIES

Taking of Medications

When necessary, the school nurse may administer medications pursuant to policies established by the Mansfield Board of Education. No medication, including non-prescription drugs, may be administered by any school personnel without:

- a. the written medication order of an authorized prescriber;
- b. the written authorization of the student's parent or guardian or eligible student; and
- c. the written permission of a parent for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of such medication.

Medications may be administered only by a licensed nurse; or, in the absence of a licensed nurse, by:

- a. a full-time principal, a full-time teacher, or a full-time licensed physical or occupational therapist employed by the school district. A full-time principal, teacher, licensed physical or occupational therapist employed by the school district may administer oral, topical, intranasal or inhalant medications. Such individuals may administer injectable medications only to a student with a medically diagnosed allergic condition that may require prompt treatment to protect the student against serious harm or death.
- b. students with chronic medical conditions who are able to self-administer medication, provided all of the conditions set forth in applicable policy are met.

In accordance with state law, any student who is six years of age or older may possess and self-apply over-the-counter sunscreen while in school prior to engaging in any outdoor activity, provided a parent or guardian submits a written authorization to the school nurse. Additionally, under certain limited conditions, a coach of intramural and interscholastic athletics or paraprofessional may also be authorized to administer medications to children.

NOTE: A tear-out Authorization for the Administration of Medicines by School Personnel is located at the front of the handbook for your convenience. A copy of the district's policy concerning the administration of medications can be found on the school district's website and/or obtained from the school nurse at each school.

Conditions Necessitating Exclusion from School:

Communicable Diseases or Conditions:

Chicken Pox: until lesions are healing and no new lesions are erupting, or a minimum of 5 days after the first lesion has appeared.

Fever: The child must be free of fever (less than 100 degrees), **without the use of fever-reducing medications for 24 hours before returning to school.**

German Measles: until certification from a physician, nurse practitioner or physician assistant that a child is no longer contagious.

Infectious Hepatitis: until certification from a physician, nurse practitioner, or physician assistant that a child is no longer contagious.

Infectious Mononucleosis: until certification from a physician, nurse practitioner, or physician assistant that a child is no longer contagious.

Measles: until certification from a physician, nurse practitioner, or physician assistant that a child is no longer contagious.

Pediculosis: after treatment. Return to nurse prior to class attendance for a head check.

Scabies: until certification from a physician, nurse practitioner, or physician assistant that a child is no longer contagious.

Strep Infections and/or Scarlet Fever: Child must be on antibiotics for a minimum of 24 hours, free of fever and clinically improving.

Whooping Cough: until certification from a physician, nurse practitioner, or physician assistant that a child is no longer contagious.

Other Conditions:

Acute intestinal symptoms: Child must be generally free of vomiting and diarrhea for **24 hours before returning to school**.

Cold: with runny or inflamed eyes, runny nose, frequent coughing, or sore throat.

Rash: of unknown origin.

Temperature: over 100 degrees.

MANAGEMENT PLAN AND GUIDELINES FOR STUDENTS WITH FOOD ALLERGIES, GLYCOGEN STORAGE DISEASE AND/OR DIABETES

The Mansfield Public Schools (the “district”) recognize that food allergies, glycogen storage disease and/or diabetes may be life threatening. For this reason, the district is committed to developing strategies and practices to minimize the risk of accidental exposure to life-threatening food allergens and to ensure prompt and effective medical response should a student suffer an allergic reaction while at school. The district is also committed to appropriately managing and supporting students with glycogen storage disease and diabetes. The district further recognizes the importance of collaborating with parents, adult students (defined as students age eighteen (18) and older) and appropriate medical staff in developing such practices and encourages strategies to enable the student to become increasingly proactive in the care and management of his/her food allergy, glycogen storage disease or diabetes, as developmentally appropriate. To this end, the district adopts the following guidelines related to the management of life-threatening food allergies, glycogen storage disease, and diabetes for students enrolled in district schools.

Identifying Students with Life-Threatening Food Allergies and/or Glycogen Storage Disease

Early identification of students with life-threatening food allergies, diabetes and/or glycogen storage disease (GSD) is important. The district therefore encourages parents/guardians of students and adult students with life-threatening food allergies to notify the school of the allergy, providing as much medical documentation about the extent and nature of the food allergy as is known, as well as any known effective treatment for the allergy. The district also encourages parents/guardians of students and adult students with GSD and/or diabetes to notify the school of the disease, providing as much medical documentation about the type of GSD or diabetes, nature of the disease, and current treatment of the student.

Students with life-threatening food allergies and diabetes are virtually always students with disabilities and should be referred to a Section 504 team, which will make a final determination concerning the student’s eligibility for services under Section 504. The Section 504 team may determine that the only services needed are in the student’s Individualized Health Care Plan (IHCP) and/or Emergency Care Plan (ECP); in that case, the IHCP and/or ECP will also serve as the student’s Section 504 plan. The Section 504 team will also ensure that parents receive appropriate notice and

are informed of their rights under Section 504, including their right to request an impartial hearing if they disagree with the provisions in the Section 504 plan.

Students with GSD and less severe food allergies should be referred to a Section 504 team if there is reason to believe that the student's GSD or food allergy substantially limits a major life activity. To determine whether a food allergy is severe enough to substantially limit a major life activity, the team should consider the impact on the student when the student has been exposed to the allergen and has not yet received treatment.

Major life activities include, but are not limited to:

- (i) Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; and
- (ii) The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

Individualized Health Care Plans and Emergency Care Plans

1. If the district obtains medical documentation that a student has a life-threatening food allergy, GSD, or diabetes, the district shall develop an IHCP for the student. Each IHCP should contain information relevant to the student's participation in school activities
2. The IHCP shall be developed by a group of individuals, which shall include the parents, the adult student, if applicable, and appropriate school personnel. Such personnel may include, but are not limited to, the school nurse, school or food service administrator(s); classroom teacher(s); and the student, if appropriate. The school may also consult with the school's medical advisor, as needed.
3. IHCPs are developed for students with special health needs or whose health needs require daily interventions. The IHCP describes how to meet the student's health and safety needs within the school environment and should address the student's needs across school settings. Information to be contained in an IHCP should include a description of the functional health issues (diagnoses); student objectives for promoting self-care and age appropriate independence; and the responsibilities of parents, school nurse and other school personnel. The IHCP may also include strategies to minimize the allergic student's risk for exposure. For the student with life-threatening food allergies, GSD, or diabetes, the IHCP may include strategies designed to ameliorate risks associated with such disease and support the student's participation in the classroom. IHCPs for such students may include such considerations:
 - a. classroom environment, including allergy free considerations, or allowing the student with GSD or diabetes to have food/dietary supplements when needed;
 - b. cafeteria safety;
 - c. participation in school nutrition programs;
 - d. snacks, birthdays and other celebrations;
 - e. alternatives to food rewards or incentives;
 - f. hand-washing;
 - g. location and administration of emergency medication;
 - h. who will provide emergency and routine care in school;
 - i. risk management during lunch and recess times;
 - j. special events;

- k. field trips, fire drills and lockdowns;
 - l. extracurricular activities;
 - m. school transportation;
 - n. the provision of food or dietary supplements by the school nurse, or any school employee approved by the school nurse;
 - o. staff notification, including substitutes, and training; and
 - p. transitions to new classrooms, grades and/or buildings.
4. The IHCP should be reviewed annually, or whenever there is a change in the student's ECP, changes in self-monitoring and self-care abilities of the student, or following an emergency event requiring the administration of medication or the implementation of other emergency protocols.
5. For a student with a life-threatening food allergy, GSD, or diabetes, the IHCP shall not prohibit a parent or guardian, or a person designated by such parent or guardian, to provide food or dietary supplements to a student with a life-threatening food allergy, GSD, or diabetes on school grounds during the school day.
6. In addition to the IHCP, the district shall also develop an ECP for each student identified as having a life-threatening food allergy. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. For the student with a life-threatening food allergy, the ECP should include the following information:
- a. The student's name and other identifying information, such as date of birth, grade and photo;
 - b. The student's specific allergy;
 - c. The student's signs and symptoms of an allergic reaction;
 - d. The medication, if any, or other treatment to be administered in the event of exposure;
 - e. The location and storage of the medication;
 - f. Who will administer the medication (including self-administration options, as appropriate);
 - g. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
 - h. Recommendations for what to do if the student continues to experience symptoms after the administration of medication; and
 - i. Emergency contact information for the parents/family and medical provider.
7. In addition to the IHCP, the district shall also develop an ECP for each student identified as having GSD and/or diabetes. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. For the student with GSD or diabetes, the ECP should include the following information, as may be appropriate:
- a. The student's name and other identifying information, such as date of birth, grade and photo;
 - b. Information about the disease or disease specific information (i.e. type of GSD or diabetes);
 - c. The student's signs and symptoms of an adverse reaction (such as hypoglycemia);
 - d. The medication, if any, or other treatment to be administered in the event of an adverse reaction or emergency (i.e. Glucagon or insulin);
 - e. The location and storage of the medication;
 - f. Who will administer the medication (including self-administration options, as appropriate);
 - g. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
 - h. Recommendations for what to do if the student continues to experience symptoms after the administration of medication; and

- i. Emergency contact information for the parents/family and medical provider.
8. In developing the ECP, the school nurse should obtain current medical documentation from the parents/family and the student's health care provider, including the student's emergency plan and proper medication orders. If needed, the school nurse or other appropriate school personnel, should obtain consent to consult directly with the student's health care providers to clarify medical needs, emergency medical protocol and medication orders.
9. A student identified as having a life-threatening food allergy, GSD, or diabetes is entitled to an IHCP and an ECP, regardless of his/her status as a student with a disability, as that term is understood under 504, or the IDEA.
10. The district shall ensure that the information contained in the IHCP and ECP is distributed to any school personnel responsible for implementing any provisions of the IHCP and/or ECP, and that any procedures in the IHCP and/or EHP comply with the district's policies and procedures regarding the administration of medications to students.
11. When making eligibility determinations under Section 504 and/or the IDEA, schools must consider the student's needs on an individualized, case-by-case basis.

Training/Education

1. The district shall provide appropriate education and training for school personnel regarding the management of students with life-threatening food allergies, GSD, and diabetes. Such training may include an overview of life-threatening food allergies, GSD, and diabetes; prevention strategies; IHCPs and ECPs; and food safety and sanitation. Training shall also include, as appropriate for each school (and depending on the specific needs of the individual students at the school) training in the administration of medication with cartridge injectors (i.e. Epi-pens) and/or the specific preventative strategies to minimize the risk of exposure to life-threatening allergens and prevent adverse reactions in students with GSD and diabetes (such as the provision of food or dietary supplements for students). School personnel will be also be educated on how to recognize symptoms of allergic reactions and/or symptoms of low blood sugar, as seen with GSD and diabetes, and what to do in the event of an emergency. Staff training and education will be coordinated by the school nurse. Any such training regarding the administration of medication shall be done in accordance with state law and Board policy.
2. Each school within the district shall also provide age-appropriate information to students about food allergies, GSD and diabetes, how to recognize symptoms of an allergic reaction and/or low blood sugar emergency and the importance of adhering to the school's policies regarding food and/or snacks.

Prevention

Each school within the district will develop appropriate practices to minimize the risk of exposure to life-threatening allergens as well as the risks associated with GSD and diabetes. Practices that may be considered may include, but are not limited to:

1. Encouraging hand washing;
2. Discouraging students from swapping food at lunch or other snack/meal times;
3. Encouraging the use of non-food items as incentives, rewards or in connection with celebrations.
4. Training staff in recognizing symptoms of anaphylaxis and hypoglycemia.
5. Planning for school emergencies, to include consideration of the need to access medication, food and/or dietary supplements.

Communication

1. As described above, the school nurse shall be responsible for coordinating the communication between parents, a student's individual health care provider and the school regarding a student's life-threatening allergic condition, GSD and/or diabetes. School staff responsible for implementing a student's IHCP will be notified of their responsibilities and provided with appropriate information as to how to minimize risk of exposure and/or alterations in blood sugar levels and how to respond in the event of such emergency.
2. Each school will ensure that there are appropriate communication systems available within each school (i.e. telephones, cell phones, walkie-talkies) and for off-site activities (i.e. field trips) to ensure that school personnel are able to effectively respond in case of emergency.
3. The district shall develop standard letters to be sent home to parents, whenever appropriate, to alert them to food restrictions within their student's classroom or school.
4. All district staff are expected to follow district policy and/or federal and state law regarding the confidentiality of student information, including medical information about the student.
5. The district shall make the Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes available on the Board's website.
6. The district shall provide annual notice to parents and guardians regarding the Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes. Such notice shall be provided in conjunction with the annual written statement provided to parents and guardians regarding pesticide applications in the schools.

Monitoring the District's Plan and Procedures

The district should conduct periodic assessments of its Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes. Such assessments should occur at least annually and after each emergency event involving the administration of medication to a student with a life-threatening food allergy, GSD or diabetes to determine the effectiveness of the process, why the incident occurred, what worked and what did not work.

The Superintendent shall annually attest to the Department of Education that the District is implementing the Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes.