



School Wellness and Food Allergy Management

Administration Procedures

701 West Gregory
Mount Prospect, IL 60056
(847) 394-7300
www.d57.org



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Mount Prospect School District 57

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References and aligns with the applicable best practices specific to the District's needs in the joint State Board of Education and Illinois Department of Public Health publication *Guidelines for Managing Life-Threatening Food Allergies in Schools*, available at: www.isbe.net/nutrition/pdf/food_allergy_guidelines.pdf.

Preface

The School Wellness and Food Allergy Management committee creating the procedures for Mount Prospect School District 57 consisted of stakeholders from across the district including administrators, parents, nursing staff, teachers, psychologists, and related service staff.

The following procedures implement Mount Prospect School District 57 Board Policy 6:50, *School Wellness*, and policy 7:285, *Food Allergy Management Program*. The Board Policy Manual may be found posted on the Mount Prospect School District 57 web page at www.d57.org, in the Board of Education folder.

School Wellness

- I. Environmental Wellness
References The Green Cleaning Schools Act, (2008)
- II. Goals for Physical Activity
References The Illinois Learning Standards for Physical Education
- III. Social Emotional Wellness
References The Illinois Learning Standards for Social Emotional Learning
- IV. Food Allergy Management Program
References Guidelines for Managing Life-Threatening Food Allergies in Schools

Administrative Procedure

Implementing A Food Allergy Management Program

- I. Glossary of Terms
- II. Creating the Food Allergy Management Program
- III. Implementing the Food Allergy Program

Food Allergy Management Procedures

Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools Illinois State Board of Education and Illinois Department of Public Health

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School Wellness

District 57 strives to become a “green” and healthy school district that provides for the comprehensive wellness of all students. We seek to ensure that the school environment is as free as possible from toxic substances or harmful chemicals, offers nutritional and healthful food, promotes physical and social emotional wellness, and educates our school community on healthful environmental stewardship and sustainability.

In accordance with the Green Cleaning Schools Act, District 57 strives to be a completely Green Illinois School District, reflected in all district environments, both internal and external. The Wellness Task Force addressed several areas pertaining to this topic and general statements regarding these topics are listed below. Where necessary, supporting procedures and guidelines are listed for easy comprehension. As additional information on these topics arises, the procedures may be reviewed and updated.

I. ENVIRONMENTAL WELLNESS

A. External Environment

Pesticides/Herbicides – District 57 does not use environmentally harmful pesticide/herbicide products. This has been district practice over the past several years. Any landscaping or other external services occurring on school grounds have been reviewed to ensure their usage of correct green products. All District 57 grounds and fields will be maintained in an environmentally sensitive manner.

Sunscreen Usage – District 57 staff members understand the benefits of taking protective measures regarding sun exposure. Protective clothing, sun block and sunscreen products are appropriate responses to sun screening concerns. We recommend that District 57 students use sunscreen products to prevent sun damage to skin tissue. Usage should occur through self-application, and students may bring sunscreen from home for application. Due to procedural difficulties and class time constraints, staff will not apply sunscreen to students, nor can class time be provided for application.

(<http://www.skincancer.org/prevention/sun-protection/sunscreen>)

B. Internal Environment

Cleaning Solutions/Chemicals in the Workplace – As of May 2008, all cleaning solutions and products utilized by District 57 custodial and maintenance staff will meet the requirements of the Green Schools Cleaning Act. To further guarantee the safety of the workplace, staff members are asked to refrain from bringing their own cleaning solutions, plug-in fragrances, and other chemical items into the workplace. The usage of only approved chemicals within our district buildings will produce a safer learning environment for all District 57 students.

Air/Water Testing – A cycle of air/water testing is maintained through the Village at all district buildings. Additional testing is done at the District’s behest at all district facilities on a rotating cycle as well. This schedule of testing will be available on the District website.

Safety Committee – The District is required to have a Safety Committee, which has a representative from each school, that will meet on a regular basis to identify any safety concerns within that facility and will pursue correction of any verified deficit conditions.

Recycling Statement – We recommend improving recycling habits in our lunchrooms, especially with regard to plastic milk bottles and other plastic food containers.

We will educate our students on the benefits of recycling and by encouraging good recycling behavior at a young age. We will establish respect for our environment that will remain with our students through high school and adulthood.

C. Use of Cleaning Products in Classrooms

District 57 has made a rigorous effort to use building maintenance products that are safe and eco-friendly. This effort is designed to protect both the short-term and long-term health of all who use our buildings and grounds. Since this effort can be unintentionally defeated by the use of other products, no cleaning, air freshening, scent diffusing or dispersing products be brought into the school by anyone. We recommend that if there is a need for anyone other than a custodian to clean any surface that the supplies be obtained from the custodian. For instance, a spray bottle of cleaner that has been properly diluted and labeled can be stored in a safe manner for a teacher to wipe tables or desk tops if desired.

District 57 has approved the use of fragrance-free alcohol-based hand sanitizers for use by staff and students to prevent illness and promote health. Several wall dispensers have been installed in each building for this purpose. Staff and students may bring their own personal supply of fragrance-free alcohol-based hand sanitizer and/or commercial hand wipes for appropriate use throughout the school day.

The Wellness Committee bases this recommendation on the following conclusions derived from respected research sources:

- When used indoors under certain conditions (including small or enclosed rooms, in conjunction with the presence of ozone which is produced indoors by some copiers, printers, and ozone emitting “air purifiers”) many household cleaners and air fresheners emit toxic pollutants at levels that may lead to health risks. Source: “Indoor Air Chemistry: Cleaning Agents, Ozone, and Toxic Contaminants” <http://www.arb.ca.gov/research/apr/past/indoor.htm>
- According to the U.S. Centers for Disease Control, the majority of the U.S. population is routinely exposed to at least five different phthalates; chemicals frequently found in air fresheners that have been associated with changes in human genital development, hormone levels, and reproductive toxicity in animals. Source: Natural Resources Defense Council, “Health Facts: Protect

Your Family from the Hidden Hazards in Air Fresheners”
<https://www.nrdc.org/sites/default/files/fairfresheners.pdf>

District 57 is adhering to the Green Cleaning Schools Act (2008) which includes the following recommendations for use of cleaning supplies by non-custodial staff:

- Instruct staff not to use cleaning products other than those qualified by the District.
- Provide school staff with small quantities of qualified general purpose cleaners for minor cleaning needs along with instruction on proper use.
- Ensure all products used by school staff are properly labeled and stored.
- For major cleaning needs, staff should request assistance from trained custodians.

II. GOALS FOR PHYSICAL ACTIVITY

A. Students need to be formally instructed in fitness.

- The Illinois Learning Standards for Physical Education suggest goals and objectives surrounding fitness that are accomplished in the physical education classes, K-8.

STATE GOAL 20: Achieve and maintain a health-enhancing level of physical fitness based upon continual self-assessment.

Why This Goal Is Important: Regular physical activity is necessary to sustain fitness and health. Students need to apply training principles—frequency, intensity, time and type (FITT)—to achieve their personal fitness goals. Fitness expectations need to be established on an individual basis; realistic goals need to be based on the health-related components of endurance, strength, flexibility, cardio-respiratory fitness, and body composition. By learning and applying these concepts, students can develop lifelong understanding and good habits for overall health and fitness.

Know and apply the principles and components of health-related fitness.

Early Elementary	Late Elementary	Middle School
20.A.1a Identify characteristics of health-related fitness (e.g., flexibility, muscular strength).	20.A.2a Describe the benefits of maintaining a health-enhancing level of fitness.	20.A.3a Identify the principles of training: frequency, intensity, time and type (FITT).
20A.1b Engage in sustained physical activity that causes increased heart rate, muscle strength, and range of movement.	20.A.2b Regularly participate in physical activity for the purpose of sustaining or improving individual levels of health-related fitness.	20.A.3b Identify and participate in activities associated with the components of health-related fitness.

Assess individual fitness levels.

Early Elementary	Late Elementary	Middle School
20.B.1 Describe immediate effects of physical activity on the body (e.g., faster heartbeat, increased pulse rate, increased breathing rate).	20.B.2a Monitor individual heart rate before, during, and after physical activity, with and without the use of technology.	20.B.3a Monitor intensity of exercise through a variety of methods (e.g., perceived exertion, pulse monitors, target heart rate), with and without the use of technology.
	20.B.2b Match recognized assessments of health-related fitness (e.g., AAHPERED, AAU) to corresponding components of fitness.	20.B.3b Evaluate the strengths and weaknesses of a personal fitness profile.

Set goals based on fitness data and develop, implement and monitor an individual fitness improvement plan.

Early Elementary	Late Elementary	Middle School
20.C.1 Identify a realistic health-related goal.	20.C.2a Set a personal health-related fitness goal.	20.C.3a Set realistic short-term and long-term goals for a health-related fitness component.
	20.C.2b Demonstrate the relationship between movement and health-related fitness components (e.g., running/cardio respiratory, tug-of-war/strength).	20.C.3b Identify opportunities within the community for regular participation in physical activities.
		20.C.3c Apply the principles of training to the health-related fitness goals.

In District 57, all of these goals are addressed in some unit(s) of instruction at each grade level, K-8.

B. Children need daily exercise to maintain fitness.

- Middle school students will have a physical education class daily.
- Elementary students will have a physical education class three days per week.
- On days which students are not formally instructed by a physical education instructor, it is the intention of structured physical education that all students still get outside and have an opportunity to move about. Appropriate to this period (at least some of the time) is that teachers play structured games with the class.
- In physical education class, students should be moving as much as possible, with a minimum of directions, talking, and whole group instruction.
- Suggested time for physical activity:
 - Three days per week, physical education fills 30 minutes per day.
 - Lunch recess provides 30 more minutes of physical activity daily.
 - Two days per week, on non-physical education days, students should

have a structured recess activity, including movement games in which each child participates. Activities will be coordinated with the regular physical education program, to incorporate relevant safety and health education activities.

- To follow the national recommendations for participation, we need to encourage community and family support in supplementing what is currently available in our school. This could include “homework.”

C. District 57 exemplifies “best practices” in fitness education and training.

- Lincoln Middle School maintains a state-of-the-art fitness room for students and staff.
- District 57 teachers stay current on research-based approaches by taking classes and staying on the cutting edge of instruction. They work to instill in students a love of fitness for life.
- In the elementary schools, there is a month-long unit on fitness. Every day throughout the year, a fitness-related activity is included in instruction. The emphasis is about student effort, not about individual skill.

D. Staff fitness is strongly encouraged.

- Activities are organized for staff to practice fitness.
- Staff is encouraged to use the fitness center. Training has been provided.

E. Family fitness is strongly encouraged.

- Parents need to be the role models of non-sedentary activities in the home.
- Parents should be encouraged and provided ideas for fitness opportunities. (i.e., bike riding, family walks, swimming, sledding, skating, trail walking, nature hikes, shopping and walking, community sports)
- The District should promote community fitness events.

III. SOCIAL EMOTIONAL WELLNESS

Belief Statement: We believe that we are responsible for enhancing the social and emotional wellness of our school community. This includes developing a strong sense of character, building solid relationships, and learning a variety of problem solving coping strategies. In order to perform at optimal levels, students and staff must also address issues of emotional distress and social conflict. We need to provide instruction in the areas of social emotional wellness as outlined in the Illinois Learning Standards, provide direct services to students, provide on-going professional development, support faculty in maintaining a healthy perspective, and assist families through information and direct support.

Goal 1: Students will be formally instructed in areas of social-emotional wellness.

The following topics and skills are outlined in the Illinois Learning Standards:
State Goal SEL 1- Develop self-awareness and self-management skills to achieve school and life success.

- Identify and manage one's emotions and behavior.
- Recognize personal qualities and external supports.
- Demonstrate skills related to achieving personal and academic goals.

State Goal SEL 2- Use social awareness and interpersonal skills to establish and maintain positive relationships.

- Recognize the feelings and perspective of others.
- Recognize individual and group similarities and differences.
- Use communication and social skills to interact effectively with others.
- Demonstrate an ability to prevent, manage, and resolve interpersonal conflicts in constructive ways.

State Goal SEL 3- Demonstrate decision-making skills and responsible behaviors in personal, school, and community contexts.

- Consider ethical, safety, and societal factors in making decisions.
- Apply decision-making skills to deal responsibly with daily academic and social situations.
- Contribute to the well-being of one's school and community.

Goal 2: Direct services will be provided to students with specific social emotional deficits (weaknesses) to enhance student growth.

- School-wide positive behavioral intervention systems will continue to focus on prevention of social and emotional issues.
- Classroom instruction will include positive emotional or behavioral management structures.
- Consultative supports will be provided to classroom teachers using a problem solving model to address social and emotional needs of their students through interventions.
- Individual and group services and accommodations will be available to all students addressing level of need including those required by an Individualized Education Plan.

Goal 3: Students and staff will be formally instructed in conflict resolution, anti-bullying, and cyber safety.

- Will model, recognize, and identify bully behavior.
- Apply decision-making skills responsibly behaviors to respect and protect ourselves and others.

Goal 4: On-going professional development in the areas of social emotional wellness will be provided.

Professional development will be offered to provide information and training in identifying and responding to social emotional issues.

- District and School Leadership Team will identify topics and areas of concern for students and staff.
- Workshops, speakers, and materials will be provided to enhance professional understanding of these topics.
- Consultation will be provided to assist faculty with classroom issues and student concerns.

Goal 5: Staff social emotional wellness is promoted.

In order to optimize our ability as professionals, the social and emotional wellness of staff will be promoted.

- Positive school climate is facilitated through building initiatives.
- Support is available to those with specific needs.

Goal 6: Family assistance is provided in addressing the social emotional needs of students.

In order to optimize the ability of parents and our community, information and training in identifying and responding to social emotional issues of students will be offered.

- District and School Leadership Teams will identify topics and areas of concern for students and families.
- Workshops, speakers, and materials may be provided to enhance understanding of these topics.
- Consultation will be provided to families to assist with social emotional issues and student concerns.
- Enhance community network by building partnerships with local mental health providers.

IV. FOOD ALLERGY MANAGEMENT PROGRAM

School attendance may increase a student's risk of exposure to allergens that could trigger a food allergic reaction. A food allergy is an adverse reaction to a food protein mediated by the immune system, which immediately reacts causing the release of histamine and other inflammatory chemicals and mediators. It is not possible for the District to completely eliminate all risks of exposure to allergens when a student is at school. However, a Food Allergy Management Program will help the District to minimize these risks, and provide accommodations and proper treatment for allergic reactions.

The Superintendent or his/her designee will develop and implement a Food Allergy Management Program. The Food Allergy Management Program will be implemented using a cooperative effort between students and their families, and staff members. The Food Allergy Management Program, as developed and implemented, will:

1. Implement the following goals established in The School Code: (a) identifying students with food allergies, (b) preventing exposure to known allergens, (c) responding to allergic reactions with prompt recognition of symptoms and treatment, and (d) educating and training all staff about management of students with food allergies, including training in the administration of medication with an auto-injector and providing an in-service training program conducted by a person with expertise in anaphylactic reactions and management for staff who work directly with students.
2. Incorporate those practices specific to the District's needs as described in the joint Illinois State Board of Education and Illinois Department of Public Health publication *Guidelines for Managing Life-Threatening Food Allergies in Schools*.
3. Comply with State and Federal law and align with Board policies.

LEGAL REF.:

105 ILCS 5/2-3.149 and 5/10-22.39.

Guidelines for Managing Life-Threatening Food Allergies in Schools (Guidelines), jointly published by the Illinois State Board of Education and Illinois Department of Public Health.

CROSS REF.:

4:110 (Transportation)
4:120 (Food Services)
4:170 (Safety)
5:100 (Staff Development Program)
6:120 (Education of Children with Disabilities)
6:240 (Field Trips)
7:250 (Student Support Services)
7:270 (Administering Medicines to Students)
8:100 (Relations with Other Organizations and Agencies)

Administrative Procedure

IMPLEMENTING A FOOD ALLERGY MANAGEMENT PROGRAM

The following procedure implements policy 7:285, *Food Allergy Management Program*.

I. GLOSSARY OF TERMS

Food Allergy: An adverse reaction to a food protein mediated by the immune system. With ingestion of the allergen, immune cells react immediately to the food protein causing the release of histamine and other inflammatory chemicals and mediators. Contact with the allergen also can cause a localized reaction (e.g., hives) in some food-allergic individuals. One of the hallmarks of a food-allergic reaction is the sudden onset of symptoms within 2 hours of food ingestion. The reaction may contain any or all of the classic allergy symptoms such as hives, swelling, difficulty breathing, vomiting or change in level of consciousness. Prompt recognition of symptoms and treatment are essential. A student with a food allergy can have different reactions to different food allergens, but any food-allergic reaction can be fatal. Strictly avoiding the ingestion of the food allergen is the only current treatment for a food allergy.

Individual Health Care Plan (IHCP): A document that outlines a food allergic student's needs and includes the precautions necessary for food allergen avoidance and emergency procedures and treatments. Its function is similar to a 504 Plan (see below) but will only address a food allergy student's needs related to food allergy issues, and will not include the procedural protections of a 504 Plan.

504 Plan: Each school district has a 504 committee which will determine an individual student's eligibility. When a 504 Plan is being developed, it may include food allergy provisions, which will be based on the student's Food Allergy Emergency Action Plan (EAP) and also may encompass the Student's Individual Health Care Plan (IHCP) and any other documents the parents/guardians and school deem relevant. The 504 Plan is a legal document and confers the right of establishing a grievance procedure for alleged violations of the plan. The student's parents/guardians are entitled to a due process hearing, which may include administrative and/or federal court procedures, if alleged grievances cannot be resolved through the school channels.

Individual Food Allergy Management: The process at the building level used to manage and prevent anaphylaxis. The process identifies (1) students with allergies; (b) procedures to prevent exposure to known allergens; and (c) appropriate responses to allergic reactions.

Food Allergy Management Program (Program): The overall process that the Superintendent and other District-level administrators use to implement policy 7:285, *Food Allergy Management Program*.

Food Allergy Management Committee (Committee): A District-level team that the Superintendent creates to develop a Food Allergy Management Program. It monitors the District's Food Allergy Management Program for effectiveness, ensures compliance with State and federal laws, and establishes a schedule for the Superintendent to report information back to the Board.

Nut-Free: The term "Nut-Free" includes foods processed at facilities that may process nuts.

II. CREATING THE FOOD ALLERGY MANAGEMENT PROGRAM

Because identification of students at risk of anaphylaxis cannot be predicted, and it is possible that a student who has not been identified could have his or her first reaction at school, it is imperative that a Food Allergy Management Plan be implemented.

The Superintendent will establish a District-wide Food Allergy Management Committee, operating as a Superintendent committee. The Committee will include the Superintendent, each building principal, the District 504 coordinator, and each building's school nurse. The committee will meet monthly until the Program is developed, and not less than annually thereafter, for purposes of reviewing effectiveness and compliance.

The Committee will consider those issues necessary to the creation of a Food Allergy Management Program. The Committee will make recommendations to the Superintendent. The Superintendent will be the final decision maker as to the Program. Issues to be considered, determinations to be made, and actions to perform are described in the list set forth below.

- Determine the extent that food will be allowed outside of the cafeteria or lunchroom;
- Determine whether nut-free zones are required in the school and/or in the cafeteria, and, if so, how those nut-free zones will be cleaned;
- Determine how IHCP's and 504 Plans will be developed;
- Determine how IHCP's, 504 Plans, and necessary emergency medications (including "Epi-Pen's" and "asthma inhalers") will be held by the district - with the student, in the nurse's office, in the student's classroom, or-passed from teacher to teacher traveling with the student;
- Determine which district personnel will have access to IHCP's and 504 Plans.
- Identify policies and procedures that may affect the implementation of the program, and recommend, through the Superintendent, any necessary policy changes to the Board for consideration, and recommend to the Superintendent any necessary administrative procedure changes.
- Determine how the risks posed by field trips and activities will be addressed and minimized;
- Determine how the Program will apply to third parties that use district facilities;
- Determine how the Program will be implemented with regard to transportation of students;

- Educate and train all staff by coordinating, through the Superintendent or building principals, the required in-service training program(s) for staff working with students. The in-service must be conducted by a person with expertise in anaphylactic reaction management and include administration of medication with an auto-injector (105 ILCS 5/10-22.39(e), added by P.A. 96-349). This training should also include:
 - How to recognize symptoms of an allergic reaction;
 - Review of high-risk areas;
 - Steps to take to prevent exposure to allergen;
 - How to administer an epinephrine auto-injector;
 - How to respond to a student with a known allergy as well as a student with a previously unknown allergy;
 - Information to increase awareness of bullying and sensitivity to issues that students with food allergies face in the school setting;
- Provide community outreach through building principals by providing information to students and their parents/guardians about the program;
- Monitor the Program by periodically assessing its effectiveness;
- Incorporate updated medical best practices into all areas of the Program;
- Establish a schedule for the Superintendent to report any recommendations to enhance the Program's effectiveness to the Board for consideration; and
- Determine and address any other food allergy issues that the Committee feels need to be addressed.

The Superintendent will apprise the Board of the Committee's recommendations and his/her actions.

III. IMPLEMENTING THE FOOD ALLERGY PROGRAM

This section's procedures are implemented each time the school identifies a student with a food allergy.

Phase One: Identification of Students with Food Allergies

Every parent/guardian of a student with a food allergy should inform the building principal and school nurse of the student's food allergy and provide an allergy history to the District.

If the student has a 504 Plan, his/her 504 Plan will include all information related to his/her food allergies. If a student does not have a 504 Plan, the student's parents, the school nurse, the building principal, and the regular classroom teacher will convene a meeting to determine if a 504 Plan is necessary or if an IHCP will meet the student's needs.

The student's parents, the school nurse, the building principal, and the regular classroom teacher will draft the necessary provisions of a 504 Plan or an IHCP. Regardless of which document is chosen, it will clearly identify the student's food allergies, the

severity of the food allergy, the food allergy history, the precautions to be taken regarding the food allergy, and emergency response provisions.

The 504 Plan or IHCP will be retained in the nurse's office, in a location easily accessible to authorized staff members, as well as in the student's regular classroom. Any district personnel who will or may come into contact with a student with a food allergy must be aware of the student's allergy, the location of the 504 Plans or IHCP's, and if necessary, the emergency medication. A substitute teacher must also be made aware of this information if he or she will or may come in contact with a student with a food allergy.

Phase Two: Prevention of Exposure to Known Allergens

The building principal and/or school nurse will convene a meeting to educate all staff members who will provide IHCP and the identified 504 Plan accommodations about their responsibilities, as well as facilitate the dissemination of accurate information in the building about the student's food allergy while respecting privacy rights.

At the start of the school year, notices will be sent to parents/guardians declaring each classroom to be nut-free, and to alert parents to any other allergens present in the classroom.

Each student with a food allergy must have either an IHCP or 504 Plan. The IHCP or 504 Plan as it pertains to food allergies must be maintained in: (1) the child's homeroom; and (2) the nurse's office; (3) or in the student temporary file; where it will be easily accessible by authorized district personnel. It is medically recommended that each student has access to two epi-pen doses in case of an emergency. During a severe allergic reaction, 12% of children will require a second epinephrine dose. Likewise, each student with a food allergy, whose IHCP or 504 Plan necessitates emergency medication (for example, an epi-pen): (1) have emergency medication in the nurse's office; or with a 504 Plan; or (2) provide the District with two sets of the emergency medication, one of which will travel with the student around the building during the day, the other held in the nurse's office where it will be easily accessible to any district personnel.

The lunchroom will have a "nut-free zone" for those students with nut allergies. A student with additional or other food allergies will be provided a lunch area to meet his or her needs, in accordance with his or her IHCP or 504 Plan.

Students will be trained in hand-washing and will be encouraged to wash their hands/use hand wipe after eating to minimize the amount of allergens that may be transmitted by students to the remainder of the building throughout the school day.

The nut-free zone will be cleaned using cleaning supplies chosen for purposes of minimizing the transmission of allergens, as described in the joint State Board of Education and Illinois Department of Public Health publication *Guidelines for Managing Life-Threatening Food Allergies in Schools*. The cleaning supplies used to

clean the nut-free zone will be kept separate from those cleaning supplies used to clean the remainder of the lunchroom. Other common areas will be cleaned using cleaning supplies chosen for purposes of minimizing transmission of allergens, as described in the joint State Board of Education and Illinois Department of Public Health publication *Guidelines for Managing Life-Threatening Food Allergies in Schools*.

To the extent food is permitted in classrooms, any food used for curricular purposes will be "nut-free." If other food allergies are present in the room, the room must be free of such allergens, as well.

If food will be used in the classroom for curricular purposes, the "Food Use in the Classroom" form must be completed.

Accidental exposures are more likely to occur when an unplanned event occurs, which makes it critical to follow the exact accommodations in the IHCP or 504 Plan. Prior to taking any field trips, the teacher and building principal must analyze any risks posed by such field trip, notify all parents of potential risks, and work with parents to reduce the risk exposure.

No food will be permitted on a bus, unless it is a bus to and from school, where a student has brought his or her lunch to school. Students will not be permitted to eat on the bus.

All food brought for lunch purposes must be kept in the bag or box until it is lunchtime.

Phase Three: Response to Allergic Reactions

District personnel will receive training regarding identifying and responding to food allergy reactions.

LEGAL REF.: 105 ILCS 5/2-3.149.

Administrative procedure last updated - December 2010

JMB/CLIENT/SCHOOL DISTRICT CLIENTS/SD 057C/FOOD ALLERGY POLICY REVISED

Food Allergy Management Procedures

Best Practices

- Only plain fruits and vegetables are permitted in the classroom, for snacks, birthday treats, and holiday parties.
- Daily snack is optional and will not be provided by the school.
- In honor of a student's birthday, the student may choose to bring **non-food** birthday items to share with their classmates. Some examples of non-food birthday items are listed in Appendix G. This ensures all our students can participate in the birthday celebration and gift giving. Non-edible birthday treats are encouraged. If you choose to bring a birthday treat, please remember, only plain fruits and vegetables are permitted in the classroom and allergy students will only and always eat food provided by their parent. To celebrate with everyone, non-food birthday items are the best option.
- For staff to not jeopardize the health of students, the following guidelines must be adhered to otherwise disciplinary action will occur. Food other than plain fruits and vegetables, brought by staff for their personal consumption must be kept in a bag or box. If staff members choose to eat food in the classroom or non-food designated areas, children may not be present. Staff members are required to wash surfaces, tables, chairs, floors, and countertops that have been in contact with food with cleaners that prevent exposure to allergens. The staff must also wash their hands after touching food and before students return to the classroom.

Foreword

The committee creating the procedures for Mount Prospect School District 57 consisted of stakeholders from across the district including administrators, parents, nursing staff, teachers, psychologists, and related service staff.

The committee creating the guidelines for the State of Illinois reviewed other state guidelines and several Illinois school policies, using the best practices found within these documents and additional medical documents. Illinois was fortunate to have a number of state guidelines and school policies to review while creating these guidelines.

The following state documents were reviewed while creating the State of Illinois Guidelines:

- Arizona
- Connecticut
- IL School District 39
- IL School District 67
- Massachusetts
- Mississippi
- New Jersey
- New York
- Tennessee
- Washington
- West Virginia
- Vermont

Additional review and input was received from:

Children’s Memorial Hospital

Jacqueline Pongracic, M.D.
Head, Allergy and Immunology
Associate Professor of Pediatrics and Medicine

Drs. Ganju and Lantner, M.D., S.C.

Renee Lantner, M.D.
Allergist, Private Practice, Western Springs, IL
www.westernspringsallergy.com

Food Allergy & Anaphylaxis Network

Eleanor Garrow-Majka
Vice President of Education
and Outreach

Christopher Weiss
Vice President of Advocacy
and Government Relations

Food Allergy Initiative

Mary Jane Marchisotto
Executive Director

Steve Rice
Director of Public Affairs

Barbara Calluori
Advocacy Steering Committee

Jill Mindlin
Member

Sneeze, Wheeze and Itch and Associates

Anjuli Nayak, M.D.
Allergist, Private Practice, Normal, IL

Implementation of health care procedures, guidelines and plans that focus on food allergy education, awareness, avoidance and immediate treatment of allergic reactions are critical to saving lives.

This page is adapted from the Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools
Illinois State Board of Education and Illinois Department of Public Health

Foreword

Guidelines for Managing Life-Threatening Food Allergies in Mount Prospect Schools

The Illinois School Code has been amended to provide that not later than July 1, 2010, the State Board of Education, in conjunction with the Department of Public Health, shall develop and make available to each school board guidelines for the management of students with life-threatening food allergies. The guidelines will include education and training for school personnel, procedures for responding to life-threatening allergic reactions to food, a process for the implementation of an Emergency Action Plan (EAP), an individualized health care plan (IHCP) and/or a 504 Plan for students with life-threatening food allergies, and protocols to prevent exposure to food allergens. Each school board will be required to implement a policy based on the guidelines by January 1, 2011. This resource contains recommendations that represent best practices.

This document was developed in collaboration with the following group of participants:

Food Allergy Experts

Christine Szychlinski, APN, CPNP
Children's Memorial Hospital
Manager, Bunning Food Allergy Program

Victoria (Vyki) Jackson, R.N., MS, CSN
IL DHS-School Health Program
Pam Strunk, B.S.N., CSN, CVT, CHT
Head Nurse, Wilmette Public Schools

Parent Representatives

Kristin Kamon Miller, Committee Chairperson
Parents of Children with Allergies/DuPage
Miller Business Aspects, Inc.

Shelly DeRousse
Parents of Children with Allergies/South
Stahl Cowen Crowley Addis, LLC

Denise Bunning
Mothers of Children Having Allergies/North

Teacher Organizations

Gina Cone, R.N., B.A., IL-CSN
Ridgewood/Wells Elementary;
East Moline School District #37, IEA

Emily Dawson
Local President of 4406, IFT

Administrator Representatives

Doug Drexler
Assistant Director for Teaching and Learning
Batavia Public Schools

Ray Lechner
Superintendent, Wilmette Public Schools
Roger Eddy, State Representative
Superintendent Hutsonville CUSD #1

Principal Representatives

Paul J. Mikulcik, Ed.D.
Retired Principal
Troy Hickey
Principal, Robinson High School

School Board Representative

Kimberly Small
Asst. General Counsel, IL Assoc. of School Boards

Illinois State Board of Education

Chris Schmitt
Stephanie Hinds
Shawn Rotherham

Illinois Dept of Public Health

Conny Moody / Elizabeth Watkins
Jayne Nosari / Bill Beaty

Introduction

Food allergies present an increasing challenge for schools. Identification of students at risk of a life-threatening reaction cannot be predicted. Because of the life-threatening nature of these allergies and their increasing prevalence, school districts and individual schools must be prepared to provide treatment to food-allergic students, reduce the risk of a food-allergic reaction and to accommodate students with food allergies.

Under Public Act 96-0349, school boards in Illinois are required to adopt policies which promote both prevention and management of life-threatening allergic reactions, also known as anaphylaxis. This document is a guideline for schools to follow for creating school policies and best practices.

This publication addresses the needs of the food-allergic student. While there are similarities in the treatment of food allergies and other allergic reactions (bee stings, etc.), this guide is not intended to thoroughly cover these other areas. As policies and procedures related to meeting the medical needs of students are updated, school districts are strongly encouraged to incorporate medical best practices in all areas.

Any portion of this document may be reproduced for education and training or as a resource for the development of a school board's policy and administrative procedures. Schools are encouraged to use this document verbatim and have permission to copy or utilize any portion of the recommended guidelines.

Every food-allergic reaction has the possibility of developing into a life-threatening and potentially fatal anaphylactic reaction. This can occur within minutes of exposure to the allergen.

(Sampson, H.A., "Food Allergy", from *Biology Toward Therapy, Hospital Practice.*)

Food Allergies

Food Allergies on the Rise

Food allergies affect 4 percent of children younger than 18 and 2.5 percent of adults. Allergy prevalence has increased significantly since 1998. Every food-allergic reaction has the possibility of developing into a life-threatening reaction and even with proper treatment can be fatal. A life-threatening reaction can occur within minutes or hours after exposure to the allergen. Some individuals may react to just touching or inhaling the allergen while for others consumption of a miniscule amount of an allergenic food can cause death.

The emotional, as well as the physical, needs of the child must be respected. A student's behavior may be drastically altered by their fears of a reaction. School social workers or guidance counselors should be available to work with families with food-allergic students. Students with food allergies are "at-risk" for eating disorders and/or teasing. For example, a student may choose not to eat rather than risk embarrassment of a reaction in front of a peer.

Working With Families

The best practice is for all students with food allergies should have an Emergency Action Plan (EAP) (Appendix B-5) in place. An Individual Health Care Plan (IHCP) (Appendix B-6) and/or 504 Plan (Appendix B-7) must contain an EAP. Regardless of whether the student has an IHCP, 504 Plan or both, schools can provide invaluable resources to students with food allergies and their families by helping students feel accepted within the school community. They can teach students to:

- Keep themselves safe.
- Ask for help, and learn how to trust others.
- Develop healthy and strong friendships.
- Acquire social skills.
- Accept more responsibility.
- Improve their self-esteem.
- Increase their self-confidence.

For more information on IHCPs (Appendix B-6) and 504 Plans (Appendix B-7) see Overview of Laws (pages 28-30).

Raising a child with life-threatening allergies is challenging. Parents must ensure strict food avoidance, understand food labeling and be on constant alert. Parents of children with food allergies have crafted ways to keep their children safe in a world that is not presently food-allergy friendly. As their children grow and their world expands, so do the demands for parents to readjust their own thinking and strategies for maintaining a normal, but safe environment for their children.

The threat to this balance is never greater than when a child begins school. What had worked so well in their own home is now being entrusted to unfamiliar people, who may or may not be knowledgeable about food allergies and supportive of parents.

Food Allergies

Allergic Reaction Characteristics

Allergic reactions to foods vary and can range from mild to severe, life-threatening reactions. Bee/insect stings, as well as medications and latex, also have the potential of causing life-threatening reactions. (Appendix A)

During an allergic reaction to a specific food, the immune system recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators, such as histamine. Ingestion of the food allergen is the principal route of exposure leading to allergic reaction. The symptoms of a food-allergic reaction are specific to each individual. Even a trace (very small) amount of food can, in some instances, quickly lead to fatal reactions. Research indicates that exposure to food allergens by touch or inhalation is unlikely to cause a life-threatening reaction. However, if children touch the allergen and then place their fingers in or near their nose or mouth, the allergen could become ingested and could cause a life-threatening reaction.

Allergies can affect almost any part of the body and cause various symptoms. Anaphylaxis involves the most dangerous symptoms including but not limited to: breathing difficulties, a drop in blood pressure, or shock, which are potentially fatal. Common signs and symptoms of allergic/anaphylactic reactions may include:

- Hives
- Itching (of any part of body)
- Runny nose
- Vomiting
- Diarrhea
- Stomach cramps
- Change of voice/hoarseness
- Coughing
- Wheezing
- Throat tightness or closing
- Swelling (of any body parts)
- Red, watery eyes
- Difficulty swallowing
- Difficulty breathing
- Sense of doom

In a study by M. Wensing, those individuals who developed severe symptoms to a peanut challenge did so at lower doses than those who had mild symptoms.

(Wensing, M. Journal of Allergy and Clinical Immunology.)

A child may be unable to describe their reaction the way an adult might expect. Here are a few ways children might express or state their allergic reaction:

- Exhibit screaming or crying.
- Very young children will put their hands in their mouths or pull at their tongues.
- “This food’s too spicy. It burns my mouth (or lips).”
- “There’s something stuck in my throat.”
- “My tongue and throat feel thick.”
- “My mouth feels funny. I feel funny (or sick).”

Food Allergies

When the symptoms are rapid in onset and severe, the medical diagnosis is anaphylaxis. With anaphylaxis there is always the risk of death. Death could be immediate or may happen two to four hours later due to a late phase reaction. The most dangerous symptoms include breathing difficulties and a drop in blood pressure leading to shock. It is imperative that following the administration of epinephrine, the student be transported by emergency medical services (EMS) to the nearest hospital emergency department even if symptoms have been resolved. A single dose from an epinephrine auto-injector may provide a 10-15 minute (or less) window of relief. A second dose of epinephrine may be required if symptoms do not lessen or if medical help does not arrive quickly. A large multicenter study recently published showed that 12 percent of children requiring epinephrine for a life-threatening reaction to food required a second dose.

Anaphylaxis appears to be much more likely among children who have already experienced an anaphylactic reaction. Anaphylaxis does not require the presence of any skin symptoms, such as itching or hives. In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma. When in doubt, it is important to give the student's prescribed epinephrine auto-injector and seek medical attention. Fatalities have been associated with delay in epinephrine administration.

Importance of Prevention

School is a high-risk setting for accidental exposure to a food allergen. School district procedures must be in place at school to address allergy issues during a variety of activities such as classroom projects, crafts, field trips, and before-/after-school activities. Such activities can take place in classrooms, food service/cafeteria locations, outdoor activity areas, buses, and other instructional areas.

The importance of reading through an Emergency Action Plan (EAP), an Individual Health Care Plan (IHCP) and/or a 504 Plan for a student with food allergies cannot be stressed enough. These documents help all school personnel understand food allergies cannot be stressed enough. These documents help all school personnel understand the accommodations necessary to keep that specific student safe.

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex.

Avoidance is the key to preventing a reaction.

Some high-risk situations for a student with food allergies include:

- Cafeteria
- Hidden ingredients
- Arts and crafts projects
- Science projects
- Bus transportation
- Fundraisers
- Bake sales
- Parties and holiday celebrations
- Field trips
- Food/beverages brought into classroom by teachers/parents
- Goodie bags sent home with children
- Substitute teaching staff being unaware of the food-allergic student

Food Allergies

Cross-Contamination

Cross-contamination happens when different foods are prepared, cooked or served using the same utensils and surfaces. When preparing and serving food, it is critical to make sure that food preparation and serving utensils are not exposed to allergens and then used for another food. Food production surface areas must be cleaned before, during and after food preparation.

Some examples of cross-contamination would be:

- Lifting peanut butter cookies with a spatula and then using the same spatula to lift sugar cookies.
- Using a knife to make peanut butter sandwiches, wiping the knife and then using that same knife to spread mustard on a peanut-allergic student's cheese sandwich.

Cleaning and Sanitation

Any surfaces used for the preparation and service of meals need to be properly cleaned and sanitized. For preparation areas, the work surface and all utensils and pots and pans need to be washed with hot soapy water. Work surface areas, counters, and cutting surfaces need to be cleaned thoroughly between uses. The use of the color-coded cutting board system implemented for food safety also can help minimize the risk of cross-contamination when preparing foods for students with food allergies.

Examples of areas of concern include:

- After using a food slicer to slice cheese, the slicer must be cleaned thoroughly before being used to slice other foods to prevent contamination with cheese protein.
- Wash trays or cookie sheets after each use, as oils can seep through wax paper or other liners and contaminate the next food cooked on the sheet or tray.

Common household cleaning agents, such as Formula 409®, Lysol® sanitizing wipes and Target® brand cleaners with bleach, removed allergens from table tops.

Dishwashing liquid left traces of the allergen on tables. Do NOT use dishwashing liquid to clean surface areas.

Allergens must be physically removed from the surface.

(Perry, T.T., Conover-Walker, M.K. Journal of Allergy and Clinical Immunology.)

Food Allergies

Recommended Documentation

It is important for a school to gather the appropriate health information to help a student with food allergies. The correct medical information will assist school personnel in establishing necessary precautions for reducing the risk of a food-allergic reaction and will aid in the creation of an appropriate emergency procedure that will be utilized for staff education.

These documents have been created by a collaboration of school staff and parents/guardians. The following forms have been recommended to assist the school in the management of food allergies. Schools are encouraged to use these forms verbatim and have permission to reproduce or modify them.

- Emergency Action Plan (EAP)
Appendix B-5, Standard form for State of Illinois
- Individual Health Care Plan (IHCP)
Appendix B-6
- 504 Plan
Appendix B-7
- Allergy History Form
Appendix B-8
- Medical Alert to Parents/Guardians
Appendix B-9

The most important way to prevent a life-threatening reaction is to protect a student from exposure to offending allergens.

C. Weiss found that 74 percent of school nurses surveyed developed their own guidelines. It is our hope that by adding these examples we can decrease this duplicate effort. These examples are meant to serve as templates and may be changed to fit your needs.

(Weiss, C. The Journal of School Nursing)

Food Allergy in School

While there are many possible reactions to food, it is important to understand why a food allergy is different. Individuals with a food allergy have an immediate, immune-mediated reaction to specific foods. Although any food can cause a food allergy, the most common food allergies in childhood are milk, egg and peanut. Other common allergens include wheat, soy, fish, shellfish and tree nuts. Allergies to seeds, such as sesame and mustard, also seem to be on the rise. When a child has a food allergy, the only current management to prevent a reaction is strict avoidance. Children may have life-threatening reactions with the ingestion of even very small amounts of a food allergen. This may happen when foods are cross-contaminated, or when food labels are not accurate or available. Some foods contain unexpected ingredients; such as milk protein in low fat luncheon meats.

Adults responsible for students with food allergies must be familiar with the student's individual Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan. These plans contain the specific actions necessary to keep the student safe. All complaints from students with a food allergy are to be taken seriously. Delay in treatment could be fatal.

There are some general considerations for students with food allergies. Remember students with food allergies are children, first and foremost. Do not ask them if it is acceptable to deviate from any of their individual plans. Be aware of signs of anxiety or bullying.

Also, younger students are more likely to put their hands and/or items in their mouths and may require food-free or allergen-free classrooms. This may include everyone thoroughly cleaning their hands before entering the classroom and after eating. Be aware that even the small amount of milk present as creamer in coffee may be an issue, so everyone who enters the classroom must be aware of and follow the student's individual plan.

Accidents are more likely to happen when there is an unplanned event, such as an unplanned celebration with food. It is essential that the student's EAP, IHCP and/or 504 Plan is followed exactly. If you have questions, ask before allowing any changes. This also applies to changes that may not directly involve eating.

School personnel should be aware of the student's allergic symptoms, which will be included on their Emergency Action Plan (EAP). Common symptoms of a food-allergic reaction include itchy rash or hives, throat clearing, difficulty breathing or swallowing, repetitive cough, vomiting, and swelling of the face or limbs. These symptoms are more likely to happen within two to four hours of eating and usually progress rapidly.

Studies have shown that accidental food exposures do occur in the school setting. Even with the best of plans, accidental ingestions may happen. All complaints from students with food allergy are to be taken seriously and evaluated according to their EAP, IHCP and/or 504 Plan. Know your role in treating a student's symptoms and how to get help should a reaction happen. Do not delay! Delay in receiving the appropriate medication (epinephrine) for an allergic reaction has been the key contributor to food allergy fatalities.

Overview of Laws

Potential Legal Consequences

Schools are prohibited by federal law from discriminating against students with food allergies and are required to provide them with the same educational services and activities that other students receive. While the students are in the custody of the school, the school has the responsibility to keep them safe. Since food allergies are potentially deadly, the consequences of a school's negligence in protecting a food-allergic student could result in legal and financial liability, including personal injury lawsuits brought by harmed students or their families. For that reason, a good food allergy plan is not only in the best interest of the food-allergic students, it is in the best interest of the school district.

An Overview of Laws Requiring Schools to Protect Food-Allergic Students

Certain federal laws govern the school district's responsibilities for meeting the needs of students with severe food allergies and other forms of anaphylaxis. These guidelines are in addition to, and not in lieu of, those federal laws. The school district has an obligation to seek suitable means of reasonably accommodating a student upon notification and confirmation of potentially life-threatening food allergies and to keep a record indicating that the school conscientiously carried out this obligation. Included in this duty is an obligation to gather sufficient information from the food-allergic student and qualified experts as needed to determine what accommodations are necessary. Each food-allergic student is different and will require a different individualized plan based on a variety of factors, including his or her food allergies, age, medical history, recommendations from doctors, and facilities in the school. Sometimes a student's individual needs will require the school to take more precautions and to make more accommodations than are required by these general guidelines.

Section 504 of the Rehabilitation Act of 1973 (Section 504)

Section 504 prohibits all programs and activities receiving federal financial assistance, including all public schools and some private schools, from discriminating against students with disabilities, as defined in the law. A student with a disability under Section 504 is defined as one who has a physical or mental health impairment (in this case, life-threatening anaphylaxis) that "substantially limits a major life activity". (29 U.S.C. § 794; 34 C.F.R. § 104, et seq.).

Major life activities covered by this definition include, but are not limited to, caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activities also include the operation of major bodily functions, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. Food allergies may affect multiple major life activities and bodily functions. "Substantially limited" is not defined in Section 504 regulations. In order to determine eligibility criteria as outlined in the regulations, an individual assessment of the student is required.

Overview of Laws

If qualified for a 504 Plan, the student is entitled to receive a free, appropriate public education (FAPE), including related services. These services should occur within the student's usual school setting with as little disruption as possible to the school's and the student's routines, in a way that ensures that the student with a disability is educated and able to participate in school activities to the maximum extent possible with the student's non-disabled peers. Schools must develop a plan to accommodate students who qualify under Section 504, referenced herein as a "504 Plan". The FAPE standard is generally satisfied by following The U.S. Department of Education's implementing regulations for the Individuals with Disabilities Education Act ("IDEA"), which refer to "handicapped" persons. (See IDEA discussion below.)

School personnel have a responsibility to be knowledgeable about the school board's food allergy management policy.

Title II of the Americans with Disabilities Act (the ADA) of 1990

Like Section 504, the ADA also prohibits discrimination against any individual with a disability, and extends the Section 504 requirements into the private sector. The ADA contains a definition of "individual with a disability" that is almost identical to the Section 504 definition. The ADA also provides a definition of "substantially limits" (42 U.S.C. § 12101 et seq.; 29 C.F.R. § 1630 et seq.).

The American With Disabilities Act Amendments Act of 2008 (the ADAAA)

The ADAAA made significant changes to the ADA's definition of disability by broadening the scope of coverage (i.e., broadening what qualifies as a "disability") and limiting consideration of the ameliorative effects of mitigating measures (i.e., medication or learned behavioral modifications). The ADAAA also overturned a series of U.S. Supreme Court decisions that interpreted the Americans With Disabilities Act of 1990 in a way that made it difficult to prove that impairments were a disability. On September 23, 2009, the Equal Employment Opportunity Commission ("EEOC") published a Notice of Proposed Rulemaking ("NPRM") to conform its current ADA regulations to include the ADAAA amendments. The public comment period for the proposed rules ended on November 23, 2009. The latest information about the NPRM to the ADA regulations is available at: www.eeoc.gov/ada/amendments_notice.html. The EEOC has stated that it may immediately begin using the positions set forth in its proposed regulations for its litigation and enforcement proceedings because it views ADAAA as restorative of the original broad protection of the ADA. These amendments to the ADA make it easier for a person with severe food allergies to qualify for protection under the ADA. (Pub. L. No. 110-325).

Individuals With Disabilities Education Act (IDEA)

School districts are required to provide special education and related services to students who are covered by IDEA. IDEA is different from the ADA and Section 504, because it relates to the accommodations a school must make in the individualized education and curriculum of a student with a disability, not just the ability of the student to attend school classes and activities with other students. A qualifying disability under Part B of IDEA is different than the term disability under Section 504. Under IDEA, a student with a disability means: 1) the student was evaluated in accordance with IDEA,

Overview of Laws

2) has one or more of the recognized 13 disability categories, and 3) because of the qualifying disability needs special education and related services. When a student qualifies for special education and related services under IDEA, schools must develop an Individualized Education Program (“IEP”) for the student. An IEP is a written plan for a student with a disability that is developed, reviewed, and revised in accordance with the IDEA and the U.S. Department of Education’s implementing regulations. Typically, students with food allergies are accommodated through an Emergency Action Plan (EAP) (Appendix B-5), an Individual Health Care Plan (IHCP) (Appendix B-6) and/or Section 504 Plan (Appendix B-7) and not an IEP. However, food allergies may contribute to a health impairment qualifying as a disability under IDEA or some students may qualify under IDEA for services and also have a food allergy, so it is important to note that in some unique circumstances, IDEA may be applicable in addition to Section 504 and the ADA.

United States Department of Agriculture (USDA) Regulations:

For schools participating in a federally-funded school nutrition program, USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for students whose disabilities restrict their diets. A student with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. A physician is a person licensed by the State to practice medicine. The term includes physicians or doctors of osteopathic medicine. These fully trained physicians are licensed by the State to prescribe medication or to perform surgery. The physician's statement must identify:

- The student's disability
- An explanation of why the disability restricts the student's diet
- The major life-activity affected by the disability
- The food or foods to be omitted from the student's diet, and
- The food or choice of foods that must be substituted

IL School Code Provision on the Self-Administration on Medication, 105 ILCS 5/22-30 (2010):

The Illinois school code allows for self-administration of medication by a student with asthma or the use of an epinephrine auto-injector by a student, provided that the parent/guardian of the student provide to the school written authorization for the self-administration of medication or use of an epinephrine auto-injector; and a written statement from the student's medical provider.

Office for Civil Rights Letters

The Office for Civil Rights (“OCR”) promotes and ensures that people have equal access to and opportunity to participate in certain federally funded programs without facing unlawful discrimination. Two of OCR’s legal authorities include Section 504 and Title II of the ADA. At times, OCR provides letters, which can be used by school districts for guidance. These letters, however, are not published, but may be available where they have been submitted for publication in a private service or posted on an Internet site.

Creating a Safer Environment for Students With Food Allergies

Emergency Action Plans (EAP) (Appendix B-5)

The Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form must be completed by a licensed health care provider. It also requires the signature of the parent/guardian of the student with food allergies.

This form provides a variety of information, including:

- Student's personal information and method of identifying the student (photo)
- Offending allergens
- Warning signs of reactions of offending allergens
- Treatment for a food-allergic reaction
- Emergency contact information
- Permission to/or not to self-administer epinephrine
- A licensed health care provider's medication authorization and dosing requirements
- Parent's consent for the school to administer medication
- A list of staff members trained on the administration of epinephrine
- Documentation recommendations
- Additional resources

Adequate plans to handle allergic reactions can save the life of a child.

An EAP (Appendix B-5), IHCP (Appendix B-6), and/or 504 Plan (Appendix B-7), is necessary for students with food allergies.

All 504 Plans and* IHCP must contain an EAP (Appendix B-5) for food allergies.

Individual Health Care Plan (IHCP) (Appendix B-6)

Regardless of whether the student meets the qualifications for a 504 Plan, a representative of the school must meet with the parent/guardian to develop an Individual Health Care Plan (IHCP) to create strategies for management of the student's food allergy.

An IHCP indicates, in writing, what the school will do to accommodate the individual needs of a student with a food allergy. Prior to entry into school, as soon as practicable, (or immediately after the diagnosis of an allergic condition), the student's parent/guardian must meet with a representative of the school to develop an IHCP. Included within the IHCP is an EAP (Appendix B-5). The EAP details the specific steps staff must take in the event of an allergic reaction.

The IHCP should include, but not be limited to, risk reduction and emergency response during the school day, while traveling to and from school, during school-funded events and while on field trips. The IHCP also shall identify who is trained in administering the epinephrine auto-injector, where the epinephrine auto-injectors shall be stored (including a backup storage) and how the devices will be monitored for expiration. The IHCP shall be signed by the parent/guardian, and nurse/Designated School Personnel (DSP).

Creating a Safer Environment for Students With Food Allergies

504 Plans (Appendix B-7)

A school district must designate a person responsible for developing and overseeing 504 Plans (the “504 Coordinator”). Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a food-allergic condition), the school district’s 504 Coordinator must determine, in consultation with the 504 Plan team, whether the student has a qualifying disability under Section 504 by gathering the necessary information from the student, the student’s parents/guardians, and medical professionals.

If the student qualifies, the school must convene a 504 Plan team meeting to prepare and implement an individualized 504 Plan, to ensure that appropriate supports and services to address the student’s individual needs are provided. A student’s individual 504 Plan may require the school to take additional precautions and accommodations than are required by the food allergy policies developed by the school district.

Developing 504 Plan or Individual Health Care Plan (IHCP)

When a school receives notice that a student has a life-threatening food allergy, it must perform an investigation by gathering certain documents, information, and medications from the parent/guardian of the student in order to develop and implement the 504 Plan or the IHCP. The parent/guardian will provide the school with the information and completed forms listed below. Additional information may be required by the school.

- EAP (Appendix B-5)
- Parent or guardian's signed consent to share information with other school staff.
- A minimum of one up-to-date epinephrine auto-injector is required. However, two or more epinephrine auto-injectors are suggested based on the student's activities and movement/travel throughout the school day.
- All other necessary medications for the student during the school day, including antihistamine and asthma medications.
- Description of the student's past allergic reactions, including triggers and warning signs. (Appendix B-6)
- A description of the student's emotional response to the condition and the need for intervention.
- Age-appropriate ways to include the student in planning for care/implementing the plan.

Creating a Safer Environment for Students With Food Allergies

Multi-disciplinary Team Involvement

If a student has a 504 Plan and/or an Individual Health Care Plan (IHCP), a multi-disciplinary team must be assembled to manage the individual student's health needs. The 504 Coordinator and/or the school nurse/Designated School Personnel (DSP) must bring together a team that includes a variety of school staff. The team may include, but is not limited to:

- Administrative representative(s)
- Coaches and physical education teachers
- Custodial staff
- Food service director/staff
- Local EMS
- Parent/Guardian of students with food allergies
- Recess supervisors
- School counselor/Social worker/Guidance counselor(s)
- School health professional
- Student with food allergy (if age-appropriate)
- Teachers and specialists (i.e., art, music, science, computer, family and consumer sciences)
- Transportation staff
- Other learning support staff and aides, based on the student's curriculum and activities

Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in life-threatening reactions.

In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma. This delayed appropriate treatment with epinephrine.

All students, regardless of whether they are capable of epinephrine self-administration, will require the help of others. The severity of the reaction may hamper their attempt to self-inject. Adult supervision is mandatory. The American Academy of Allergy, Asthma & Immunology (AAAAI) notes that “all individuals entrusted with the care of children need to have familiarity with basic first-aid and resuscitative techniques. This should include additional formal training on how to use epinephrine devices...”

American Academy of Allergy, Asthma & Immunology (AAAAI)

Guidelines

General Guidelines

Teach all faculty and staff about the signs and symptoms of possible anaphylaxis. This training should include:

- How to recognize symptoms of an allergic reaction.
- Review of high-risk areas.
- Steps to take to prevent exposure to allergens.
- How to respond to an emergency.
- How to administer an epinephrine auto-injector.
- How to respond to a student with a known allergy as well as a student with a previously unknown allergy.

A number of resources are available for in-service training. Several organizations and pharmaceutical companies offer free training materials. See Appendix I for a list of helpful organizations and companies.

Specific Guidelines for Different School Roles

The following are recommended best practices for individual responsibilities within the school. Additional reference material by individual can be found in the appendix.

The guidelines/checklists are grouped into seven major categories:

- Nurse/Designated School Personnel (DSP)
- Parent
- Teacher
- Administration
- Food Service
- Custodians
- Outside Classroom Activities

When in doubt, it is important to give the epinephrine auto-injector and seek medical attention.

Fatalities occur when epinephrine is delayed or withheld.

The general population has many misconceptions about food allergies. An “appreciable food allergy knowledge gap exists, especially among physicians and the general public. The quality of life for children with food allergy and their families is significantly affected.”

The majority (54%) of people surveyed from the general public believe that food allergies can be cured (there is no cure). Almost a third (32%) believes that a daily medication can be taken to prevent a reaction.

Additional education is required to close the food allergy knowledge gap.

(Gupta et al, BMC Pediatrics)

Nurse/Designated School Personnel (DSP) Guidelines

Nurse/Designated School Personnel (DSP) Guidelines

When it comes to the school care of students with food allergies, nurses/DSP may carry the largest responsibility. Nurses/DSP are asked to assist the school team in both prevention and emergency care of students with food allergies and reactions. Nurses/DSP are encouraged to foster independence on the part of students, based on their developmental level. To achieve this goal, nurses/DSP are asked to consider these guidelines when developing an Individual Health Care Plan (IHCP) or 504 Plan for a student with a food allergy.

Nurse/Designated School Personnel (DSP) Checklist

	Schedule a meeting including student's teacher(s) and the student's parent/guardian to develop the 504 Plan and/or Individual Health Care Plan (IHCP) for the student.
	Use State of Illinois' Emergency Action Plan (EAP) (Appendix B-5), the student's IHCP and/or the student's 504 Plan. Distribute final copies as needed.
	Ensure that appropriate personnel know the location of medication and EAP (Appendix B-5). School must designate an area of the building to house medication.
	Ensure epinephrine auto-injectors and antihistamines are stored in a secure, unlocked designated area. Track medications for expiration dates and arrange for them to be current.
	Refer to the school board's Food Allergy Policy (available in the designated area and immediately accessible) for any additional information, as needed. Review Appendix I for additional resources.
	Disseminate relevant health concerns, EAP, IHCP and/or 504 Plans to appropriate staff.
	Ensure student with suspected allergic reactions is accompanied by an adult at all times.
	Establish a contingency plan in the case of a substitute nurse/DSP.
	Establish a means of communication with playground staff and physical education teacher via communication device.
	Educate and inform students and their parents, teachers, aides, substitutes, and volunteers about how to prevent, recognize and respond to food allergy reactions. Avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated and enforce school rules about bullying and threats. (Sample Classroom Letter to Parent/Guardian – Appendix B-9, Bullying – Appendix C-2, Additional Resources - Appendix I).
	Ensure that medical information for student having a reaction is sent with Emergency Medical Service (EMS).
	Assist in the identification of an "allergy-free" eating space in the designated eating area.
	Provide the transportation company with a copy of the student's EAP.

Nurse/Designated School Personnel (DSP) Guidelines

Return to School After an Allergic Reaction

Students who have experienced an allergic reaction at school may need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether his/her classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parents, and re-examining the student's Emergency Action Plan (EAP) (Appendix B-5), the Individual Health Care Plan (IHCP) (Appendix B-6) and/or 504 Plan (Appendix B-7). In the event that a student has a moderate to severe reaction, implement the action items for a Return to School After an Allergic Reaction (Appendix B-2).

Special Consideration for the Student

The student and parent/guardian shall meet with the nurse/DSP/staff that were involved in the allergic reaction to be reassured about the student's safety and to review and amend the EAP (Appendix B-5), the IHCP (Appendix B-6) and/or 504 Plan (Appendix B-7) as needed. If a student demonstrates anxiety about returning to school, check in with the student on a daily basis until his/her anxiety is alleviated. If a student has a prolonged emotional response to an allergic reaction, social and emotional support may be required. Collaboration with the student's medical provider is required to address any medication changes.

Food Allergic Students Without an EAP, IHCP or 504 Plan

Once a school learns that a student has food allergies and does not have an EAP, IHCP or 504 Plan, school officials must discuss the student's individual needs with the student's parents/guardians and put an appropriate management plan in place according to the school district's policy.

If the student's parent/guardian refuses to cooperate with the school for an evaluation and implementation of an appropriate management plan (EAP/IHCP/504 Plan), then best practices call for the school to implement a simple EAP stating to call 911 immediately upon recognition of any symptoms along with sending written notification to the parent/guardian of the student's EAP.

Nurse/Designated School Personnel (DSP) Guidelines

Practice emergency protocols and procedures in advance of an emergency and be prepared to follow them.

Preparing for an Emergency: Periodic Emergency Response Drill

	Provide training for school personnel about how to prevent, recognize and respond to food allergy reactions.
	Identify team members for the emergency response team, including CPR/AED trained personnel.
	Ensure that an antihistamine and the epinephrine auto-injector are quickly and readily accessible by a member of the emergency response team in the event of an emergency. If appropriate, maintain a backup supply of the medication.
	Ensure that reliable communication devices are available in the event of an emergency.
	Ensure access to an antihistamine, the epinephrine auto-injector and allergy-free foods when developing plans for fire drills, lockdowns, etc.
	Coordinate with local Emergency Medical Service (EMS) on emergency response in the event of food-allergic reaction.
	Adhere to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.

No child should be left alone if an allergic reaction is in progress. In order for the child to receive appropriate care, the emergency response team needs to go to the location of the child having the reaction.

Suggested Emergency Response Team Members

- Administrative Staff
- Custodial Staff
- CPR/AED Trained Personnel
- Nurse/DSP
- Teachers
- Security
- PE Teachers

Parent/Guardian Guidelines

Parents/Guardians are their children’s first teachers. It is important for Parents/Guardians to age-appropriately educate, their food allergic child as well as communicate information received from the food allergic child’s doctors, etc. Preparing, role-playing and practicing procedures in advance will help everyone feel prepared in case of an emergency.

Parent/Guardian of Children with Food Allergies Checklist

	Inform the nurse/Designated School Personnel (DSP) of your child's allergies prior to the beginning of the school year (or as soon as possible after a diagnosis).
	Complete and return completed the Emergency Action Plan (EAP) (Appendix B-5).
	Participate in team meetings and communicate with all staff members, including nurse/DSP, who will be in contact with the child (preferably before the beginning of the school year) to: <ul style="list-style-type: none"> • Discuss development and implementation of EAP, IHCP or 504 Plan. • Establish prevention plan. • Periodically (halfway through the year) review prevention and EAP with the team.
	Decide if additional antihistamine and epinephrine auto-injectors will be kept in the school, aside from the one in the nurse's office or designated area, and if so, where.
	Provide the school with up-to-date epinephrine auto-injectors.
	Provide a list of foods and ingredients to avoid.
	Provide shelf-stable, allergen-free snacks/lunches for your child. The snack/lunch will be available for your child for an unplanned special event or if the snack/lunch becomes cross-contaminated. Discuss location of allergen-free snack in classroom with student.
	Consider providing a medical alert bracelet for your child.
	Provide the nurse/DSP with the licensed medical provider's statement if student no longer has allergies.
	Be willing to go on your child's field trips or participate in class parties or events, if possible and if requested.

Periodically teach your child to:

	Recognize the first symptoms of an allergic/anaphylactic reaction.
	Know where the epinephrine auto-injector is kept and who has access to the epinephrine.
	Communicate clearly as soon as he/she feels a reaction is starting.
	Carry his/her own epinephrine auto-injector when appropriate.
	Avoid sharing or trading snacks, lunches or drinks.
	Understand the importance of hand washing before and after eating.
	Report teasing, bullying and threats to an adult authority.
	Request ingredient information for any food offered. If food is not labeled or if the child is unsure of the ingredients, the child should politely decline the food being offered

Students With Food Allergies

The student with food allergies is the most important member of the safety team. The student having age appropriate education should be able to tell what their food allergies are. It is important to make the student aware of what accommodations they are or should be receiving so that they might assist appropriately.

Students With Food Allergies Guidelines/Checklist

	Recognize the first symptoms of an allergic/anaphylactic reaction.
	Know where the epinephrine auto-injector is kept and who has access to the epinephrine auto-injector(s).
	Inform an adult as soon as accidental exposure occurs or symptoms appear.
	Carry your own epinephrine auto-injector when appropriate.
	Avoid sharing or trading snacks, lunches or drinks.
	Wash hands before and after eating.
	Report teasing, bullying and threats to an adult authority.
	Ask about ingredients for all food offered. If unsure that the food is allergen-free, say thank you but do NOT take or eat the food.
	Learn to become a self-advocate as you get older (refer to parent/guardian guidelines on previous page).
	Develop a relationship with the nurse/DSP and/or another trusted adult in the school, to assist in identifying issues related to the management of the allergy in school.

Every single person plays an important role in preventing food-allergic reactions, including the child with the food allergies.

Classroom Teacher Guidelines

Classroom Teacher Guidelines

Teachers are ultimately the student’s first line of defense. Teachers are asked to assist the school team in the care and management of students with food allergies, as well as the prevention and treatment of allergic reactions. The following guidelines should be reviewed, followed and enforced by teachers and others entering the classroom.

Surface cleaning wipes or hand sanitizer is not a substitute for hand wipes.

Classroom Teacher Checklist

	Do not question or hesitate to immediately initiate an Emergency Action Plan (EAP) (Appendix B-5) if a student reports symptoms or exhibits signs of an allergic reaction.
	Keep the student's EAP (Appendix B-5), Individual Health Care Plan (IHCP) (Appendix B-6) and/or 504 Plan (Appendix B-7) accessible in the classroom.
	Seek assistance if student has ingested, or is suspected to have ingested, a known allergen.
	Ensure students with suspected allergic reactions are accompanied by an adult at all times.
	Initiate emergency response team if allergic reaction is suspected.
	Participate in any team meetings for the student with food allergies, in-service training or a meeting for a student’s re-entry after a reaction.
	Allow the food-allergic student to keep the same locker and desk all year to help prevent accidental contamination since food is often stored in lockers and desks. Consider providing storage for lunches and other food products outside the classroom.
	Wipe computer keyboards, musical instruments and other equipment used with a school district-approved cleaner for student or provide separate items as called for in IHCP/504 Plan.
	Establish a means of communication in schools to permit swift response.
	Adapt curriculum, awards, rewards or prizes by substituting allergen-free food or non-food item in rooms where students having an EAP are or may be present. Parents may be helpful in identifying safe alternatives or providing other recommendations. Many schools have opted to completely remove food from the curriculum due to the number of students with food allergies and the variety of food allergies present within a school or classroom. (Constructive Classroom Rewards - Appendix G).
	Leave information for substitute teachers in an organized, prominent, and accessible format. Follow school district guidelines for substitute teacher folders.
	Inform parent/guardian of the allergic student at least two weeks in advance of any in-class events where food will be served or used, using the Parent Notification: Food Use in the Classroom form (Appendix F).
	Provide ingredient lists for food products and classroom products available in the school. Provide access to parent/guardian when requested.

Classroom Teacher Guidelines

Classroom Teacher Checklist (cont.)

	Educate and inform students and their parents, teachers, aides, substitutes, and volunteers who may have contact with students having an EAP about how to recognize, prevent and response to food allergy reactions. Avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with a food allergy is being treated and enforce school rules about bullying and threats. (Sample Appendix B-7, Appendix C-2, Appendix I).
	Utilize the "classroom supply list" to secure wipes, i.e. Wet Ones.
	Do not send students with food allergies home on the bus if they report any symptoms of an allergic reaction, no matter how minor.

Substitute Teacher Checklist

	Ensure the student's Emergency Action Plan (EAP) (Appendix B-5) with photo ID is in the substitute teacher subfolders. The folder must include instructions for the substitute teacher to immediately contact the nurse/Designated School Personnel (DSP) for education and instruction.
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Classroom Activities Checklist

	Ensure that food or products containing student's allergens are not used for class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, or other purposes.
	Encourage students to bring healthy snacks like fruits and vegetables if snacks are required. Avoid isolating or excluding a student because of allergies (i.e. using candy or other food items as part of a lesson).
	Limit food related to fundraising, birthday celebrations and PTA functions to the cafeteria or other designated areas. Substitute non-allergenic foods or nonfood items. (Constructive Classroom Rewards - Appendix G). For birthday parties, consider a once-a-month celebration.
	Pay special attention to other allergies students may have, such as allergies to animals. Allergies may also encompass the animal's food (peanuts, fish, milk). Animals must be viewed or contained in a pre-approved designated area outside the classroom.
	Wash the tables, chairs, floors and countertops if a food event, including lunch, has been held in an allergic student's classroom(s). The washing should be done by a custodian or supervising adult.

Classroom Teacher Guidelines

Classroom Snack Checklist

	Restrict allergens from the allergic student’s classroom at all times. When classrooms are used for meals in schools without a central cafeteria, there must be a designate allergen-free area. A designated time slot for food consumption in the classroom should be established. Steps must be taken so that these areas are not contaminated by allergens.
	Ask the parent/guardian of a student with food allergies to provide allergen-free snacks for his/her own child.
	Do not allow a student who inadvertently brings a restricted food to the classroom, to eat that snack in the classroom. This student will have to eat the restricted food in the designated area or bring the snack home.
	Prohibit sharing or trading food at school.
	Wash tables with school district-approved cleaning agent before and after snack, with special attention given to designated allergen-free eating areas. Use separate cloths for allergen safe tables.
	Wipe down the student’s area or individual desk or adjoining desks if contamination of foods is suspected. An adult/teacher/lunchroom supervisor/Designated School Personnel (DSP) must wipe the area. The student must not be required to wipe down their own area prior to eating to avoid accidental exposure to or ingestion of allergens.
	Teach students proper hand washing technique. Hand washing/use of hand wipe will be encouraged before and after the handling/consumption of food. All persons entering the classroom are encouraged to wash/wipe hands upon entering.
	Hold before-/after-school event(s) that include food in the cafeteria/gym or a pre-approved designated food area. This includes not only activities run by the school but non-school activities held at the school by non-school related organizations.

More reasons for healthy snacks...

“Too many of our children – in cities, towns, urban, rural or suburban – are unhealthy...

In fact, nearly 1 in 3 American children is overweight or obese. ...They are now at huge risk for several diseases associated with obesity – diabetes, heart disease, even some types of cancer – that will be with them throughout their lives.

Childhood obesity and undernourishment are national epidemics. These are not cosmetic issues. They are health, academic and economic issues.”

Action for Healthy Kids

<http://www.actionforhealthykids.org/addressing-the-issue/>

Classroom Teacher Guidelines

Field Trip Checklist

	Choose field trips carefully to ensure that students with allergies have little to no allergen exposure. Review Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan.
	Consider the presence/handling of any food item while on the field trip.
	Review the number of adults/chaperones required for the field trip when a student with food allergies is present. Be aware that additional chaperones may be required. Student(s) experiencing a reaction must be accompanied by an adult at all times. The designated adult is strongly encouraged to remain with the student being transported by EMS when the parent/guardian is not present.
	Provide timely notification of field trips to the nurse/Designated School Personnel (DSP) and parent/guardian.
	Discuss the field trip in advance with parent/guardian of a student at-risk for anaphylaxis. Invite parents of student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone(s). However, the parent's/guardian's presence at a field trip is NOT required.
	Identify the staff member who will be assigned the responsibility for watching out for the student's welfare and handling any emergency. These responsibilities will include: <ul style="list-style-type: none"> • Facilitating washing of hands/use of hand wipe before snack/lunch. • Overseeing the cleaning of tables before eating. • Encourage student with food allergy only eat allergen-free food or food supplied by parent/guardian. • Carrying a communication device to be used in an emergency situation. • Reviewing the student's Emergency Action Plan (EAP). • Carrying and administering emergency medicine (antihistamine, epinephrine auto-injector) as outlined in EAP. Planning should be completed one week prior to field trip.
	Plan for emergency situation (contacting 911 if needed and location of closest hospital).
	Follow school district policy for medication administration. All medications, including over-the-counter medications, shall be given to the adult designated by the nurse/DSP.
	Consider how snack/lunch will be stored/transported and where food will be eaten while on field trip. Review IHCP accommodations listed for field trips.

Classroom Teacher Guidelines

Field Trip Medication Checklist

	Notify the nurse/DSP of any field trip at least one week in advance.
	Acquire medications, Emergency Action Plan (EAP) (Appendix B-5) and communication device by school personnel's the morning of the trip is the school personnel's responsibility. School district policy for dispensing medicine should be followed.
	Provide the adult who is to administer the medication with an EAP (Appendix B-5) and with instructions about the medication.
	Dispense medication in a labeled container with the date and time that it is to be given. Emergency or rescue medication must be labeled appropriately.
	Supply adult designated by the nurse/Designated School Personnel (DSP) with all medications, including over-the-counter medications. Exceptions to this policy are those medications deemed "rescue drugs" such as epinephrine auto-injector(s) and asthma inhaler(s). Written permission shall be on file for any student to carry self-administering medications. Review EAP. (Appendix B-5)

Custodial Staff Guidelines

Custodial Staff Checklist

	Review the school district Food Allergy Policy and direct any questions to the nurse/Designated School Personnel (DSP).
	Participate in all in-service training on the identification of food-allergic reactions, risk- reduction and emergency response procedures.
	Take all complaints seriously from any student with a life-threatening allergy. Immediately advise nurse/DSP or attending staff member of situation.
	Clean tables and chairs routinely after each sitting with school district-approved cleaning agents, with special attention given to designated allergen-free eating areas. Use separate cloths for allergen safe tables.
	Clean classrooms, desks, computer keyboards, doorknobs and lockers routinely with school district-approved cleaning agents, with special attention to classrooms attended by students with food allergies. The 504 Plan or Individual Health Care Plan (IHCP) may direct the frequency of cleaning.

Peanuts are the most common allergen associated with accidental exposure in part due to the stickiness of peanut butter.

All allergens must be completely and physically removed from surfaces.

Outside-of-Classroom Activities Guidelines

Outside-of-Classroom Activities Guidelines

Students participate in many activities outside the classroom. It is critical that a student with food allergies be provided a safe environment both inside and outside the classroom. These activities might include recess, physical education, field trips, school-sponsored events or athletics.

Teachers and staff responsible for lunch, recess, coaching or non-classroom activities must be trained to recognize and respond to a severe allergic reaction.

Other Instructional Areas/Lunch/Recess Monitors Checklist

	Train adult supervisors responsible for students with food allergies.
	Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the nurse/Designated School Personnel (DSP).
	Accompany students with suspected allergic reactions. An adult must be with the student at all times. Students experiencing an allergic reaction must not be left alone.
	Carry an epinephrine auto-injector for a student.
	Ensure current antihistamine and epinephrine auto-injector is readily accessible to food-allergic students. An adult staff member, trained in its use, must be onsite.
	Establish a means of emergency communication (walkie-talkie/cell phone/similar communication device) by staff in the gym, on the playground and other recess sites.
	Reinforce that only students with allergen-free lunches or snacks eat at the allergen-free table.
	Encourage hand washing or use of hand wipes for students after eating.
	Respond to exercise-induced allergic symptoms, as well as allergic symptoms caused by other allergens according to an Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan.
	Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities. <ul style="list-style-type: none">• Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry.• Medical alert bracelet should be taped to the body (wherever it is usually worn), but parts of it should remain visible for medical personnel to view in case of emergency.

Outside-of-Classroom Activities Guidelines

Coaches/Activity Leaders/Athletic Trainers Checklist

	Provide school coaches or other program adults with specific information pertaining to all students with life-threatening allergies, if parent/guardian agrees. Review the Emergency Action Plan (EAP) (Appendix B-5), Individual Health Care Plan (IHCP) and/or 504 Plan with nurse/Designated School Personnel (DSP).
	Identify who is responsible for keeping epinephrine auto-injector(s) during sporting events or activities. Ensure a current epinephrine auto-injector is readily accessible for food-allergic students. An adult staff member, trained in its use, must be onsite.
	Make certain that an emergency communication device (i.e. walkie-talkie, intercom, cell phone, etc.) is always available.
	Ensure that before- and after-school activities sponsored by the school comply with school policies and procedures regarding life-threatening allergies. Follow the field trip checklist (Appendix E-3).
	Avoid the presence of allergenic foods at activity sites and consider the use of allergenic foods in activities. Modify plan to remove student's allergens from activity. This may involve advance communications to parent/guardian when snacks or food is involved.
	Comply with School Board policies and procedures regarding life-threatening allergies for all bake sales (or similar events) held on school grounds. Food should be tightly wrapped or sealed. The display table must be washed after use. Food should not be consumed in classroom(s) after the sale/event.
	Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities. <ul style="list-style-type: none"> • Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry. • Medical alert bracelet should be taped to the body (wherever it is usually worn), but parts of it should remain visible for medical personnel to view in case of emergency.

Students with asthma and food allergies are at higher risk for a severe life-threatening allergic reaction.

Appendix A: Other Types of Allergic Reactions

Other Types of Allergic Reactions: Venom, Latex and Medication

Information and awareness procedures apply fully for students with other types of anaphylactic allergies. These include the development and implementation of an Emergency Action Plan (EAP) (Appendix B-5), Individual Health Care Plan (IHCP) and/or 504 Plan. Both an IHCP and a 504 Plan includes an Emergency Action Plan (EAP). Specific avoidance measures will depend on the allergic condition, such as:

Avoidance Measures for Insect Venom/Stings Allergic Reactions

- Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing, fragrances.
- Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal.
- Ensure garbage is properly covered and away from play areas.
- Caution students not to throw sticks or stones at insect nests.
- If required by an EAP, IHCP and/or 504 Plan, allow students with life-threatening insect allergies to remain indoors for recess during bee/wasp season.
- Immediately remove a student with allergy to insect venom from the room if a bee or wasp gets in.
- In case of insect stings, never slap or brush the insect off, and never pinch the stinger if the student is stung. Instead, flick the stinger out with a fingernail or credit card.

Avoidance Measures for Latex Allergic Reactions

- Inform school administrators and teachers of the presence of students with latex allergies.
- Identify areas of potential exposure and determine student risk.
- Screen instructional, cafeteria and maintenance department purchases to avoid latex products. Eating food that has been handled by latex gloves presents a high risk of a reaction.
- Do not use latex gloves or other latex products in nurse's/Designated School Personnel's (DSP) office or designated school area.
- Do not allow the use of latex balloons for celebrations in schools where a student has a latex allergy.
- When medically indicated, consider posting signs at school entry ways "Latex precautions in place here."

Suggestions for Medication Allergic Reactions

- Inform school administrators and teachers of the presence of students with medication allergies.
- Maintain current health records.
- Do not administer a medication to a student unless there is an order/request. This includes over-the-counter medications (OTC) like ibuprofen or aspirin.
- Refer to school district medication policy.

Appendix B-1: Nurse/DSP Checklist

Nurse/Designated School Personnel (DSP) Checklist

	Schedule a meeting including student's teacher(s) and the student's parent/guardian to develop the 504 Plan and/or Individual Health Care Plan (IHCP) for the student.
	Use State of Illinois' Emergency Action Plan (EAP) (Appendix B-5), the student's IHCP and/or the student's 504 Plan. Distribute final copies as needed.
	Ensure that appropriate personnel know the location of medication and EAP (Appendix B-5). School must designate an area of the building to house medication.
	Ensure epinephrine auto-injectors and antihistamines are stored in a secure, unlocked designated area. Track medications for expiration dates and arrange for them to be current.
	Refer to the school board's Food Allergy Policy (available in the designated area and immediately accessible) for any additional information, as needed. Review Appendix I for additional resources.
	Disseminate relevant health concerns, EAP, IHCP and/or 504 Plans to appropriate staff.
	Ensure student with suspected allergic reactions is accompanied by an adult at all times.
	Establish a contingency plan in the case of a substitute nurse/DSP.
	Establish a means of communication with playground staff and physical education teacher via communication device.
	Educate and inform students and their parents, teachers, aides, substitutes, and volunteers about how to prevent, recognize and respond to food allergy reactions. Avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated and enforce school rules about bullying and threats. (Sample Classroom Letter to Parent/Guardian – Appendix B-9, Bullying – Appendix C-2, Additional Resources - Appendix I).
	Ensure that medical information for student having a reaction is sent with Emergency Medical Service (EMS).
	Assist in the identification of an "allergy-free" eating space in the designated eating area.
	Provide transportation company with a copy of the student's EAP.

Checklist cross-referenced with Checklist found on page 35.

Appendix B-2: Return to School After a Reaction Checklist

Return to School After an Allergic Reaction Checklist

	<p>Obtain as much accurate information as possible about the allergic reaction. Helpful information might include:</p> <ul style="list-style-type: none"> • Items ingested (food drink, OTC medications or Rx medications) • Any insect stings or bite • Timing from ingestion to symptoms • Type of symptoms • Exercise involved • Time and response of medications that were given
	Identify those who were involved in the medical intervention and those who witnessed the event.
	Meet with the staff or parent/guardian to discuss what was seen and dispel any rumors.
	Provide factual information. Although the school may want to discuss this with the parents, factual information that does not identify the individual student can be provided to the school community without parental permission (i.e., a letter from the principal to parents/guardians and teachers that doesn't disclose identity but reassures them the crisis is over, if appropriate.)
	If an allergic reaction is thought to be from a food provided by the school food service, request assistance of the Food Service Director to ascertain what potential food item was served/consumed. Review food labels from Food Service Director and staff.
	Agree on a plan to disseminate factual information to and review knowledge about food allergies with schoolmates who witnessed, or were involved in the allergic reaction, after both the parent/guardian and the student consent.
	Explanations shall be age appropriate.
	Review the Emergency Action Plan (EAP) (Appendix B-5), Individual Health Care Plan (IHCP) and/or 504 Plan. Amend the student's EAP, IHCP and/or 504 Plan to address any changes that need to be made. If a student does not have an EAP, IHCP and/or 504 Plan, then consider initiating one.
	Review what changes need to be made to prevent another reaction; do not assign blame.

Appendix B-5: Emergency Action Plan

The form on the following pages is the Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form. It must be completed by a license health care provider and it requires the signature from the parent/guardian of the student with food allergies.

This form provides a variety of information, including:

- Student's personal information and photo
- Treatment for a food-allergic reaction
- Emergency contact information
- Permission to carry
- Permission to self-administer epinephrine auto-injector
- A license physician's medication authorization and dosing requirements
- Parent's consent for the school to administer medication
- Documentation recommendations
- Location of medication
- A list of staff members trained on the administration of epinephrine
- Additional resources

This sample form may be found on Illinois State Board of Education website (<http://www.isbe.net>).

This information should be shared with the appropriate school personnel and as deemed necessary by the school boards' policy for sharing health care information.

Appendix B-5: Emergency Action Plan

ILLINOIS FOOD ALLERGY EMERGENCY ACTION PLAN AND TREATMENT AUTHORIZATION



NAME: _____ D.O.B: ____/____/____

TEACHER: _____ GRADE: _____

ALLERGY TO: _____

Asthma: Yes (higher risk for a severe reaction) No

Weight: _____ lbs

ANY SEVERE SYMPTOMS AFTER SUSPECTED INGESTION:

LUNG: Short of breath, wheeze, repetitive cough
 HEART: Pale, blue, faint, weak pulse, dizzy, confused
 THROAT: Tight, hoarse, trouble breathing/swallowing
 MOUTH: Obstructive swelling (tongue)
 SKIN: Many hives over body

Or Combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling
 GUT: Vomiting, crampy pain

INJECT EPINEPHRINE IMMEDIATELY

- Call 911
- Begin monitoring (see below)
- Additional medications:
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

Inhalers/bronchodilators and antihistamines are not to be depended upon to treat a severe reaction (anaphylaxis) → Use Epinephrine.

When in doubt, use epinephrine. Symptoms can rapidly become more severe.

MILD SYMPTOMS ONLY

Mouth: Itchy mouth
 Skin: A few hives around mouth/face, mild itch
 Gut: Mild nausea/discomfort

GIVE ANTIHISTAMINE

- Stay with child, alert health care professionals and parent.

IF SYMPTOMS PROGRESS (see above), INJECT EPINEPHRINE

If checked, give epinephrine for ANY symptoms if the allergen was likely eaten.
 If checked, give epinephrine before symptoms if the allergen was definitely eaten.

MEDICATIONS/DOSES

EPINEPHRINE (BRAND AND DOSE): _____

ANTIHISTAMINE (BRAND AND DOSE): _____

Other (e.g., inhaler-bronchodilator if asthma): _____

MONITORING: Stay with the child. Tell rescue squad epinephrine was given. A second dose of epinephrine can be given a few minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping child lying on back with legs raised. Treat child even if parents cannot be reached.

Student may self-carry epinephrine Student may self-administer epinephrine

CONTACTS: Call 911 Rescue squad: (____) _____

Parent/Guardian: _____ Ph: (____) _____

Name/Relationship: _____ Ph: (____) _____

Name/Relationship: _____ Ph: (____) _____

Licensed Healthcare Provider Signature: _____ (Required) Phone: _____ Date: _____

I hereby authorize the school district staff members to take whatever action in their judgment may be necessary in supplying emergency medical services consistent with this plan, including the administration of medication to my child. I understand that the Local Governmental and Governmental Employees Tort Immunity Act protects staff members from liability arising from actions consistent with this plan. I also hereby authorize the school district staff members to disclose my child's protected health information to chaperones and other non-employee volunteers at the school or at school events and field trips to the extent necessary for the protection, prevention of an allergic reaction, or emergency treatment of my child and for the implementation of this plan.

Parent/Guardian Signature: _____ Date: _____

Appendix B-5: Emergency Action Plan

DOCUMENTATION

- Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
- Save food eaten before the reaction, place in a plastic zipper bag (e.g., Ziploc bag) and freeze for analysis.
- If food was provided by school cafeteria, review food labels with head cook.
- Follow-up:
 - Review facts about the reaction with the student and parents and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations will be age-appropriate.
 - Amend the Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan as needed.
 - Specify any changes to prevent another reaction.

TRAINED STAFF MEMBERS

Name: _____ Room: _____

Name: _____ Room: _____

Name: _____ Room: _____

LOCATION OF MEDICATION

Student to carry

Health Office/Designated Area for Medication

Other: _____

ADDITIONAL RESOURCES

American Academy of Allergy, Asthma and Immunology (AAAAI)

414-272-6071

<http://www.aaaai.org>

http://www.aaaai.org/patients/resources/fact_sheets/food_allergy.pdf

http://www.aaaai.org/members/allied_health/tool_kit/ppt/

Children's Memorial Hospital

773-KIDS-DOC

<http://www.childrensmemorial.org>

Food Allergy Initiative (FAI)

212-207-1974

<http://www.faiusa.org>

Food Allergy and Anaphylaxis Network (FAAN)

800-929-4040

<http://www.foodallergy.org>

This document is based on input from medical professionals including Physicians, APNs, RNs and certified school nurses. It is meant to be useful for anyone with any level of training in dealing with a food allergy reaction.



Appendix B-6

Individual Health Care Plan

(IHCP)



Individual Health Care Plan (IHCP) for Allergies - Elementary

CONFIDENTIAL

You indicated on the school emergency form that your child had an allergy. This plan will identify your student's food, insect or latex allergies, the severity of the allergy, the allergy history, precautions to be taken and emergency response provision.

Individual Health Care Plan (IHCP) for _____ Allergen(s): _____

GOAL: Prevent allergic reactions from occurring and ensure student's safety at school

PROBLEM: _____
 (Describe type of reaction: i.e. risk for anaphylaxis, hives)

PRECAUTIONS TO BE TAKEN : See Below

Parent Questionnaire	Yes	No	N/A
1. My child will have medication(s) available at school for their allergy. List allergy medications used at home and/or at school: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>For Nut Allergy Students Only:</i> My child will sit at a "nut-free zone" in the lunchroom. (If no, waiver required.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child's EpiPen(s) will be kept: <ul style="list-style-type: none"> a. in the nurse's office only b. in my child's possession only c. in both the nurse's office and in my child's possession 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If my child is responsible for his/her own EpiPen(s), it will be kept: <ul style="list-style-type: none"> a. with my child at all times 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My child will only eat the food that I send for authorized classroom snack, treats (fruits and vegetables only) and all other occasions (classroom parties, birthday treats). If no or N/A please explain below: _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I will provide a shelf stable allergen free snack (fruit/veggie) that will be available in the classroom if needed (i.e. student forgot snack at home).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Parent Responsibilities</p> <ul style="list-style-type: none"> ● Inform the nurse of my child’s allergies prior to the beginning of the school year or as soon as possible after a diagnosis. ● Complete and return the Emergency Action Plan. ● Provide the school with up-to-date medications as needed. ● Periodically teach and review with my child the following: <ul style="list-style-type: none"> ✓ to recognize the first symptoms of an allergic/anaphylactic reaction. ✓ to communicate as soon as he/she feels a reaction is starting. ✓ to carry his/her own epinephrine auto-injector when appropriate. ✓ to understand the importance of handwashing or using cleansing wipes (supplied by parent) before and after eating. ● My child will only eat the food that I send for lunch. ● Will notify school nurse if my child will be participating in any extracurricular activities.
<p>Student Responsibilities</p> <ul style="list-style-type: none"> ● Recognize the first symptoms of an allergic/anaphylactic reaction. ● Know where the epinephrine auto-injector is kept. ● Inform an adult as soon as accidental exposure occurs or symptoms appear. ● Carry own epinephrine auto-injector when appropriate. ● Avoid sharing or trading snacks, lunches or drinks. ● Wash hands or use a cleansing wipe (supplied by parent) before and after eating. ● Report any teasing, bullying and threats to an adult authority.
<p>School Nurse Responsibilities</p> <ul style="list-style-type: none"> ● Educate all staff that interacts with the student about food, insect, latex allergy symptoms and the steps required to implement the Emergency Action Plan. Review emergency procedures with teacher(s) prior to field trips as needed. ● Develop a plan for access to emergency medication when developing plans for fire drills, lockdowns, etc. ● If student rides the bus, provide a copy of the Emergency Action Plan to the bus company. ● A copy of the student’s Emergency Action Plan and IHCP will be kept in the health office, child’s homeroom and/or in the student’s temporary record. ● Provide annual training to staff on proper use of an EpiPen.
<p>Teacher Responsibilities</p> <ul style="list-style-type: none"> ● Student will be trained and/or encouraged to wash hands or use cleansing wipes (supplied by parent) before eating. ● Students in the classroom should be encouraged to wash their hands/use hand wipe upon arrival to school and after eating lunch. ● A student with a suspected allergic reaction will be accompanied to the health office or the nurse will be called to the location. ● Keep a copy of the student’s Emergency Action Plan and IHCP in the classroom sub folder. ● Inform parents of the allergic student in advance of any in-class events where food or allergens will be present. ● Notify parents, using the form provided, when food or products are used for class projects or science experiments and develop plans to prevent exposure. ● Plan for the following on field trips: <ul style="list-style-type: none"> ✓ Review the Emergency Action Plan before the field trip. ✓ Oversee cleaning the table of the student with food allergies before eating. ✓ Remind the student with the food allergy to wash his/her hands before eating. ✓ Remind the student with the food allergy to always and only eat food supplied by the parent. ✓ Carry a cell phone to call 911 if needed. ● Implement the accommodations that parent indicated “yes” in the parent section. ● Follow District procedures for medication administration and emergency situation management including contacting of 911.
<p>Principal Responsibilities</p> <ul style="list-style-type: none"> ● Provide walkie-talkies to playground and P.E. staff. ● Delegate proper cleaning of the allergen free area in the lunchroom and designated food areas. ● Establish rules prohibiting sharing or trading of food at school. ● Establish and enforce rules that students bring only fruits and vegetables for optional snack to school. ● Establish an allergen free area in the lunchroom, if parent indicated this is needed.

The Individual Health Care Plan has been reviewed and signed by:

Parent Signature

Date

School Administrator/Nurse

Date

Updated 12/2016



ADMINISTRATION BUILDING

701 West Gregory Street - Mount Prospect, Illinois 60056
 P (847) 394-7300 | F (847) 394-7311 | www.d57.org

Individual Health Care Plan (IHCP) for Allergies – Lincoln Middle School

CONFIDENTIAL

You indicated on the school emergency form that your child had an allergy. This plan will identify your student’s food, insect or latex allergies, the severity of the allergy, the allergy history, precautions to be taken and emergency response provision.

Individual Health Care Plan (IHCP) for _____ Allergen(s) _____

GOAL: Prevent allergic reactions from occurring and ensure student’s safety at school

PROBLEM: _____
 (Describe type of reaction: i.e. risk for anaphylaxis, hives)

PRECAUTIONS TO BE TAKEN: See Below

Parent Questionnaire	Yes	No	N/A
1. My child will have medication(s) available at school for their allergy. List allergy medications used at home and/or at school: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>For Nut Allergy Students Only:</i> My child will sit at a “nut-free zone” in the lunchroom. (If no, waiver required.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child’s EpiPen(s) will be kept: a. in the nurse’s office only b. in my child’s possession only (on child at all times—i.e. pencil case)..... c. in both the nurse’s office and in my child’s possession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child will always and only eat the food that I send for lunch. (If “no”, please explain below.) a. Student may purchase lunch from Lincoln Middle School cafeteria.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			

<p>Parent Responsibilities</p> <ul style="list-style-type: none"> ● Inform the nurse of my child’s allergies prior to the beginning of the school year or as soon as possible after a diagnosis. ● Complete and return the Emergency Action Plan. ● Provide the school with up-to-date medications as needed. ● Will notify school nurse if my child will be participating in any extracurricular activities. ● If child self carries, encourage child to carry EpiPen on self at all time. ● Parent to check ingredient list for food offered in Lincoln’s cafeteria as needed (menu is on the Lincoln website, ingredients can be found through district 25 at the following website: http://www.schoolnutritionandfitness.com/index.php?page=custpage&pid=245&sid=0706131933590172 ● Periodically teach and review with my child the following: <ul style="list-style-type: none"> ✓ to recognize the first symptoms of an allergic/anaphylactic reaction. ✓ to communicate as soon as he/she feels a reaction is starting. ✓ to understand the importance of handwashing or using hand wipes before and after eating. ✓ to request ingredient information for any food offered and decline the food if information is unavailable.
<p>Student Responsibilities</p> <ul style="list-style-type: none"> ● Recognize the first symptoms of an allergic/anaphylactic reaction. ● Know where the epinephrine auto-injector is kept. ● Inform an adult as soon as accidental exposure occurs or symptoms appear. ● If self carries, carry EpiPen on self at all times. ● Avoid sharing or trading snacks, lunches or drinks. ● Wash hands or use a cleansing wipe (parent provided) before and after eating. ● Report any teasing, bullying and threats to an adult authority. ● Check ingredient list when available.
<p>School Nurse Responsibilities</p> <ul style="list-style-type: none"> ● Educate all staff that interacts with the student about food, insect, latex allergy symptoms and the steps required to implement the Emergency Action Plan. Review emergency procedures with teacher(s) prior to field trips as needed. ● Develop a plan for access to emergency medication when developing plans for fire drills, lockdowns, etc. ● If student rides the bus, provide a copy of the Emergency Action Plan to the bus company. ● A copy of the student’s Emergency Action Plan and IHCP will be kept in the health office, child’s homeroom and/or in the student’s temporary record. ● Provide annual training to staff on proper use of an EpiPen.
<p>Teacher Responsibilities</p> <ul style="list-style-type: none"> ● Student will be trained and/or encouraged to wash hands or use cleansing wipe (supplied by parent) before eating. ● Students in the classroom should be encouraged to wash their hands/use hand wipe upon arrival to school and after eating lunch. ● A student with a suspected allergic reaction will be accompanied to the health office or the nurse will be called to the location. ● Keep a copy of the student’s Emergency Action Plan and IHCP in the classroom sub folder. ● Inform parents of the allergic student in advance of any in-class events where food or allergens will be present. ● Notify parents, using the form provided, when food or products are used for class projects or science experiments and develop plans to prevent exposure or if outside food will be consumed on a field trip (permission slip required). ● Plan for the following on field trips: <ul style="list-style-type: none"> ✓ Review the Emergency Action Plan before the field trip. ✓ Oversee cleaning the table of the student with food allergies before eating. ✓ Remind the student with the food allergy to wash his/her hands before eating. ✓ Remind the student with the food allergy to eat only food supplied by parent (unless permission slip signed by parent). ✓ Carry a cell phone to call 911 if needed. ● Implement the accommodations that parent indicated “yes” in the parent section. ● Follow District procedures for medication administration and emergency situation management including contacting of 911.
<p>Principal Responsibilities</p> <ul style="list-style-type: none"> ● Provide walkie-talkies to playground and P.E. staff. ● Delegate proper cleaning of the allergen free area in the lunchroom and designated food areas. ● Establish rules prohibiting the sharing or trading of food at school. ● Establish and enforce rules that students bring only fruits and vegetables for optional snack to school. ● Establish an allergen free area in the lunchroom, if parent indicated this is needed. .

The Individual Health Care Plan has been reviewed and signed by:

Parent Signature

Date

School Administrator/School Nurse

Date

Updated 12/2016



Appendix B-7: 504 Plan

SECTION 504 ELIGIBILITY CONFERENCE SUMMARY

Student: _____

Date: _____

Grade: _____

Purpose of Conference:

_____ To consider possible eligibility for and/or provision of services under Section 504 of the *Rehabilitation Act of 1973*.

_____ To review eligibility for and/or services being provided under Section 504 of the *Rehabilitation Act of 1973*.

_____ Other: _____

1. Sources of Data:

- | | |
|---|---|
| <input type="checkbox"/> medical reports/health information | <input type="checkbox"/> teacher/psychologist observation |
| <input type="checkbox"/> adaptive behavior scales/behavior scales | <input type="checkbox"/> discipline/attendance records |
| <input type="checkbox"/> achievement tests | <input type="checkbox"/> student progress reports/grades |
| <input type="checkbox"/> cognitive assessments | <input type="checkbox"/> functional behavior assessment |
| <input type="checkbox"/> language surveys/assessments | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> parent input | _____ |
| <input type="checkbox"/> motor assessments | _____ |

A. Is there documented evidence of a physical and/or mental impairment?
 Yes No (if no, a 504 plan is not required)

B. Is a major life activity substantially limited by the physical or mental impairment?
 Yes No (if no, a 504 plan is not required)

If yes, please check the major life activity(s) that is/are substantially limited.

- | | | |
|---|------------------------------------|-----------------------------------|
| <input type="checkbox"/> caring for one's self | <input type="checkbox"/> hearing | <input type="checkbox"/> learning |
| <input type="checkbox"/> walking | <input type="checkbox"/> breathing | <input type="checkbox"/> seeing |
| <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> working | <input type="checkbox"/> standing |
| <input type="checkbox"/> eating | <input type="checkbox"/> sleeping | <input type="checkbox"/> lifting |
| <input type="checkbox"/> communicating | <input type="checkbox"/> bending | <input type="checkbox"/> thinking |
| <input type="checkbox"/> concentrating | <input type="checkbox"/> speaking | <input type="checkbox"/> reading |
| <input type="checkbox"/> the operation of a major bodily function | | |

2. Summary of other points of discussion/recommendations (if applicable):

Conference Participants:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



SECTION 504 PLAN

Name: _____

Date of Meeting: _____

Date of Birth: _____

Grade: _____

1. Describe the students mental and/or physical impairment:

2. Describe how the mental or physical impairment substantially limits a major life activity:

3. Describe the services, accommodations, and/or other supports that are necessary (including their frequency, location, and duration) and who will provide them:

4. State- and District-Wide Assessments (specify needed accommodations, if any):



Appendix B-8: Allergy History Form

Dear Parent/Guardian of: _____ Date: _____

You indicated on the school emergency form that your child has an allergy. Please provide us with more information about your child's health needs by responding to the following questions and returning this form to your child's school health office.

1. Please indicate what your child is allergic to by checking the appropriate box.

Peanuts Latex
 Tree Nuts Bee Sting
 Milk Other _____

2. Please describe the type of allergic reaction your child has had in the past. Check all that apply.

Anaphylactic reaction EpiPen given Benadryl given
 Itching, tingling, or swelling of the lips, tongue, mouth
 Hives, itchy rash, swelling of the face or extremities
 Nausea, abdominal cramps, vomiting, diarrhea
 Tightening of the throat, hoarseness, hacking cough
 Shortness of breath, repetitive coughing or clearing of throat, wheezing
 Fainting, pale or blue color to the lips and/or skin
 Other, please describe _____

3. Please indicate when your child reacts to the allergen by checking all that apply.

Eats the allergen Inhales the allergen Other, please describe _____
 Touches the allergen Stung by the allergen _____

4. Has your child seen a doctor for this allergy?

Yes No

5. Has your child been tested by an allergist? If yes, check all that apply.

Skin test Blood test Food challenge

6. When was the last time your child had an allergic reaction? _____

7. Does your child have an EpiPen at home? Is the EpiPen kept with the child everywhere he/she goes?

Yes No Yes No

8. Does your child know how to use an EpiPen?

Yes No

9. How might your child's allergic condition affect school performance or participation in school activities?

Parent Signature _____ Date _____



Appendix B-9: Sample Classroom Letter to Parents

Date:

Dear Parent/Guardian:

It is our goal to ensure that every student in our school is safe. Our District has adopted a policy for managing students with food allergies. Our policy is in compliance with Public Act 96-0349 and is aligned with the guidelines created by the Illinois State Board of Education and the Illinois Department of Public Health.

Because some students cannot be in contact with foods containing this/these allergen(s), we are requesting that you only send plain fruits and vegetables for snacks. Even trace amounts of these allergens could result in a severe allergic reaction. Sometimes these elements may be hidden in processed foods.

Please discuss the following with your child:

- Do not offer, share, or exchange any foods with other students at school.
- Encourage hand washing with soap and water/use of hand wipe packed in lunch box to decrease the chance of cross-contamination on surfaces at school.
- If your child rides the bus, remind them that there is a “no eating on the bus” policy.

Thank you for your consideration and help in this matter. Please call if you have any questions or concerns.

Sincerely,

Nurse/Designated School Personnel (DSP)/Teacher

Appendix C-1: Sample Letter to Parent About 504 Plans/IHCP

(School Letter Head)

(Date)

Dear Parent/Guardian:

It is our goal to ensure a safe and supportive environment to all of our students. The legislature passed Public Act 96-0349 to address safe and supportive environments for students with life-threatening allergies or chronic illnesses. Public Act 96-0349 requires our school district to annually inform parents of students with life-threatening allergies or life-threatening chronic illnesses of the applicable provisions of Section 504 of the Rehabilitation Act of 1973 and other applicable federal statutes, state statutes, federal regulations and state rules. The intent of this notice is to inform you of your student's rights and protections that promote safe participation in our school's programs.

If your student has a life-threatening allergy or life-threatening chronic illness, please notify either _____NAME_____, nurse/DSP, at (000) 000-0000 or _____NAME_____, the Section 504 coordinator, at (000) 000-0000. Section 504 protects students from discrimination due to a disability that substantially limits a major life activity. If a student is suspected of having a qualifying disability under Section 504, the school will convene a Section 504 team to determine eligibility and as needed, appropriate supports and services to address the student's individual needs. Under Section 504, a student with a physical or mental impairment which substantially limits a major life activity, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning, may meet the definition of a student with a disability. If the student has a qualifying disability, the 504 team will look at how the disability limits access to school programs and whether the student is eligible for protection from discrimination under Section 504. If the student is protected under Section 504, an individualized Section 504 Plan will be developed and implemented to provide the needed supports so that the student can access his or her education as effectively as students without disabilities.

Not all students with life-threatening allergies and life-threatening chronic illnesses may be eligible under Section 504. Our school district also may be able to appropriately meet a student's needs through the Educational Support System with an Educational Support Team plan and an Individualized Health Care Plan (IHCP).

Other students may not only be protected by Section 504, but may also be eligible for special education. The Section 504 coordinator or the nurse/DSP may help with referrals to the special education administrator for the school district.

Thank you.

Sincerely,
(School Administrator)

Appendix C-2: Sensitivity and Bullying

A food-allergic student may become victim to bullying, intimidation, and harassment related to his/her condition. Bullying, intimidation, and harassment diminish a student's ability to learn and a school's ability to educate.

Two Illinois laws address this issue. The School Code, 105 ILCS 5/27-23.7, requires school districts to have a policy addressing bullying. The Children's Mental Health Act, 405 ILCS 49/ requires school districts to have a policy addressing student social and emotional development. The bullying policy must be filed with the Illinois State Board of Education (ISBE); it must be updated every two years and again filed with ISBE. School districts were required to submit their student social and emotional development policies to ISBE by August 31, 2004.

State law does not address the content of the bullying policy, so each board may consider its local goals for eliminating and preventing bullying and develop, adopt and implement its bullying policy accordingly. The bullying policy should also "make suitable provisions for instruction in bullying prevention and gang resistance education and training in all grades and include such instruction in the courses of study regularly taught therein" (105 ILCS 5/27-12 and 23.7(c)). The best practice is for a board to reference bullying prevention education in the bullying policy, but address it through a curriculum content policy that also incorporates the student social and emotional development policy.

School boards must annually communicate their bullying policy to students and their parent/guardian and report a student's aggressive behavior to the aggressor's parent/guardian. Including a statement in the student handbook and school website will, in part, accomplish this requirement.

A statement might read: "Bullying, intimidation, and harassment are not acceptable in any form and will not be tolerated at school or any school-related activity. The school district will protect students against retaliation for reporting incidents of bullying, intimidation, or harassment, and will take disciplinary action against any student who participates in such conduct."

- 1) Remind students and staff that bullying or teasing food-allergic students will not be tolerated and violators will be disciplined appropriately.
- 2) Offer professional development for faculty and staff regarding confidentiality to prevent open discussion about the health of specific students.
- 3) Discourage needless labeling of food-allergic students in front of others. A food-allergic student should not be referred to as "the peanut kid," "the bee kid" or any other name related to the student's condition.

Appendix E-1: Coaches/Activity Leaders/Athletic Trainers

Coaches/Activity Leaders/Athletic Trainers Checklist

	Provide school coaches or other program adults with specific information pertaining to all students with life-threatening allergies. Review the Emergency Action Plan (EAP) (Appendix B-5), Individual Health Care Plan (IHCP) and/or 504 Plan with nurse/Designated School Personnel (DSP).
	Identify who is responsible for keeping epinephrine auto-injector(s) during sporting events or activities. Ensure a current epinephrine auto-injector is readily accessible for food-allergic students. An adult staff member, trained in its use, must be onsite.
	Make certain that an emergency communication device (i.e. walkie-talkie, intercom, cell phone, etc.) is always available.
	Ensure that before- and after- school activities sponsored by the school comply with school policies and procedures regarding life-threatening allergies. Follow the field trip checklist (Appendix E-3).
	Avoid the presence of allergenic foods at activity sites and consider the use of allergenic foods in activities. Modify plan to remove student's allergens from activity. This may involve advance communications to parent/guardian when snacks or food is involved.
	Comply with School Board policies and procedures regarding life-threatening allergies for all bake sales (or similar events) held on school grounds. Food should be tightly wrapped or sealed. The display table must be washed after use. Food should not be consumed in classroom(s) after the sale/event.
	Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities. <ul style="list-style-type: none"> • Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry. • Medical alert bracelet should be taped to the body (wherever it is usually worn), but parts of it should remain visible for medical personnel to view in case of emergency.

Checklist cross-referenced with checklist found on page 47.

Appendix E-3: Field Trip Checklist

Field Trip Checklist

	Choose field trips carefully to ensure that students with allergies have little to no allergen exposure. Review Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan.
	Consider the presence/handling of any food item while on the field trip.
	Review the number of adults/chaperones required for the field trip when a student with food allergies is present. Be aware that additional chaperones may be required. Student(s) experiencing a reaction must be accompanied by an adult at all times. The designated adult is strongly encouraged to remain with the student being transported by EMS when the parent/guardian is not present.
	Provide timely notification of field trips to the nurse/Designated School Personnel (DSP) and parent/guardian.
	Discuss the field trip in advance with parent/guardian of a student at-risk for anaphylaxis. Invite parents of student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone(s). However, the parent's/guardian's presence at a field trip is NOT required.
	Identify the staff member who will be assigned the responsibility for watching out for the student's welfare and handling any emergency. These responsibilities will include: <ul style="list-style-type: none"> • Facilitating washing of hands before snack/lunch. • Overseeing the cleaning of tables before eating. • Ensuring that student with food allergy always and only eats food supplied by parent/guardian. • Carrying a communication device to be used in an emergency situation. • Reviewing the student's Emergency Action Plan (EAP). • Carrying and administering emergency medicine (antihistamine, epinephrine auto-injector) as outlined in EAP. Planning should be completed one week prior to field trip.
	Plan for emergency situation (contacting 911 if needed and location of closest hospital).
	Follow school district policy for medication administration. All medications, including over-the-counter medications, shall be given to the adult designated by the nurse/DSP.
	Consider how snack/lunch will be stored/transported and where food will be eaten while on field trip. Review IHCP accommodations listed for field trips.

Appendix E-3: Field Trip Checklist

Field Trip Medication Checklist

	Notify the nurse/DSP of any field trip at least one week in advance.
	Acquire medications, Emergency Action Plan (EAP) (Appendix B-5) and communication device the morning of the trip is the school personnel's responsibility. School district policy for dispensing medicine should be followed.
	Provide the adult who is to administer the medication with an EAP (Appendix B-5) and with instructions about the medication.
	Dispense medication in a labeled container with the date and time that it is to be given. Emergency or rescue medication must be labeled appropriately.
	Supply adult designated by the nurse/Designated School Personnel (DSP) with all medications, including over-the-counter medications. Exceptions to this policy are those medications deemed "rescue drugs" such as epinephrine auto-injector(s) and asthma inhaler(s). Written permission shall be on file for any student to carry self-administering medications. Review EAP. (Appendix B-5)

Checklist cross-referenced with checklist found on page 44.

Appendix F: Parent Notification: Food Use in the Classroom

According to District 57 Wellness and Life Threatening Allergy procedures, written notification must be given to parents/guardians when food will be used in the classroom for instruction purposes or for specific identified activities.

This form serves as the required notice.

Day and date of event: _____

School: _____

Grade and teacher: _____

Food to be used: _____

Briefly explain the lesson or activity:

Will food be consumed by students? _____

.....

Please complete and return the bottom portion of the form to the teacher or event coordinator as soon as possible.

_____ **may** participate in the activity listed above.
Child's Name

_____ **may not** participate in the activity listed above.
Child's Name

Please explain:

Parent/Guardian Signature: _____ Date: _____

Appendix G: Constructive Classroom Rewards

Examples of beneficial (and inexpensive) rewards for children:

Social rewards

“Social rewards,” which involve attention, praise, or thanks are often more highly valued by children than a toy or food. Simple gestures like pats on the shoulder, verbal praise (including in front of others), nods, or smiles can mean a lot. These types of social rewards affirm a child’s worth as a person.

Recognition

- Trophy, plaque, ribbon, or certificate or a sticker with an affirming message (e.g., “Great job”)
- Recognizing a child’s achievement on the morning announcements or the school’s website
- A photo recognition board in a prominent location in the school
- A phone call, email, or letter sent home to family commending a child’s accomplishment
- A note from the teacher to the student commending his or her achievement

Privileges

- Going first
- Choosing a class activity
- Helping the teacher
- Having an extra few minutes of recess with a friend
- Sitting by friends or in a special seat next to or at the teacher’s desk
- “No homework” pass
- Teaching the class
- Playing an educational computer or other game
- Reading to a younger class
- Making deliveries to the office
- Reading the school-wide morning announcements
- Helping in another classroom

Rewards for a class

- Extra recess
- Eating lunch outdoors
- Going to the lunchroom first
- Reading outdoors
- Holding a class outdoors
- Extra art, music, PE, or reading time
- Listening to music while working
- Dancing to music

School supplies

- Pencils, pens
- Erasers
- Notepads/notebooks
- Boxes of crayons
- Stencils
- Stamps
- Rulers
- Glitter
- Plastic scissors
- Bookmarks
- Highlighters
- Chalk (e.g., sidewalk chalk)
- Markers
- Coloring books
- Pencil sharpeners, grips, or boxes
- Gift certificate to the school store

Sports equipment and athletic gear

- Paddleballs
- Frisbees
- Water bottles
- NERF balls
- Hula hoop
- Head and wrist sweat bands
- Jump rope

Appendix G: Constructive Classroom Rewards and Celebration Items

Toys/trinkets

- Stickers
- Yo-yos
- Rubber balls
- Finger puppets
- Stuffed animals
- Plastic or rubber figurines
- Toy cars, trucks, or airplanes
- Puzzle games
- Slinkies
- Gliders
- Magnifying glasses
- Spinning tops
- Marbles
- Jacks
- Playing cards
- Stretchy animals
- Silly putty
- Bubble fluid with wand
- Capsules that become figures when placed in water
- Inflatable toys (balls, animals)
- Small dolls or action figures

Fashion wear

- Temporary tattoos
- Hair accessories
- Bracelets, rings, necklaces
- Sunglasses
- Shoe laces
- Eyeglasses with nose disguise
- Hat, cap, or birthday crown
- T-shirt
- Sneaker bumper stickers

Miscellaneous

- Key chains
- Flashlights
- Cups
- Magnets
- Backscratchers
- A plant, or seeds and pot for growing a plant
- Books
- Crazy straws

A token or point system, whereby children earn points that accumulate toward a bigger prize.

Possible prizes include those listed above and:

- Gift certificate to a bookstore or sporting goods store
- Movie pass or rental gift certificate
- Ticket to sporting event
- Puzzle
- Book or birthday book
- Step counter (pedometer)
- Sports equipment, such as tennis racket, baseball glove, soccer ball, or basketball
- Stuffed animal
- Magazine subscription
- Board game

Children can be given fake money, tokens, stars, or a chart can be used to keep track of the points they have earned. Points can be exchanged for privileges or prizes when enough are accumulated. A point system also may be used for an entire class to earn a reward. Whenever individual children have done well, points can be added to the entire class's "account." When the class has earned a target number of points, then they receive a group reward.

Appendix H: Emotional Wellness

Children can feel a range of emotions associated with their allergy: fear, sadness, anger, and loneliness. The two primary feelings are anxiety and depression.

Several factors can influence the intensity of these emotions, among them the child's own temperament, his experience with allergic reactions, his age and the attitudes of his parents and teachers. Children who are naturally more timid may need additional assurance or coaching to ward off anxiety, while children who are not naturally apprehensive may need parents and teachers to instill a sense of caution. A child who has experienced a severe allergic reaction is more likely to be anxious about his allergy.

Children look to the adults in their lives for cues on how to react to a situation. Confident and matter-of-fact handling of the child's allergy tells him that he can accept his allergy and meet new situations with confidence and sensible caution. Age-appropriate safety education throughout the early years with an allowance of greater responsibility as the child matures will help to build confidence and a sense of control.

Children don't want to be treated differently from classmates; they want to be part of the group and don't want their allergies highlighted. As a child matures, however, feelings of isolation or being different can develop into sadness and deepen into depression. If anxiety or depression affects schoolwork or relationships with friends or family members, parents/guardians may want to seek out professional assistance and support to help their child cope with these feelings.

Parents/Guardians also can help by showing children, through books and music examples of people with food allergies who have not let food allergies hinder them from pursuing their goals. Another way to help children cope with everyday situations is through role-playing: parents and children can practice what to do and say when faced with challenging situations. If a child is invited to a party where food is a big part of the celebration, parents/guardians can provide appealing and safe options so that the child doesn't feel left out, as well as provide or suggest food that all can eat.

Encouraging children to develop friendships and to participate in activities that they enjoy helps them to define themselves and to mature. Allergies are a part of life that they cannot ignore, but they are just one part. Parents/Guardians and teachers should help children focus on what they can do, not what they can't, and to cheer them on as they follow their dreams.

Support groups are available to help families and educators cope with the challenges of dealing with food allergies. Groups can be found by visiting the Food Allergy research and Education (FARE) website, <http://www.foodallergy.org>.

Appendix I: Additional Resources

American Academy of Allergy, Asthma and Immunology (AAAAI)

555 East Wells Street

Suite 1100

Milwaukee, WI 53202-3823

414-272-6071

<http://www.aaaai.org>

Ann & Robert H. Lurie Children’s Hospital of Chicago

225 East Chicago Avenue

Chicago, IL 60611

312-227-4000

<https://www.luriechildrens.org>

Food Allergy Research & Education, Inc. (FARE)

7925 Jones Branch Dr., Suite 1100

McLean, VA 22102

800-929-4040

<https://www.foodallergy.org>

Educational materials including facts and statistics, sample plans, books, presentation tools, posters, etc., for staff, parents and students. Illinois Support Group Listings.

Food Allergy and Anaphylaxis Network (FAAN) Teen

This website is designed for young adults who want to take a more active role in managing their food allergies.

<http://www.faanteen.org>

Pharmaceutical Companies and Medical Alert Jewelry

AdrenaClick

<http://www.adrenaClick.com/>

EpiPen and EpiPen Jr.

<https://www.epipen.com/>

MedicAlert Foundation

5226 Pirrone Court

Salida, CA 95368

800-432-5378

www.MedicAlert.org

Appendix J: Glossary

Acute: Something that happens suddenly. For example, an acute reaction happens suddenly.

Adrenaline: Synonymous with epinephrine.

Allergic reaction: An immune-mediated reaction to a protein that is not normally harmful. These reactions are usually mediated by immunoglobulin E (IgE). (See food allergy)

Anaphylactic reaction: Synonymous with anaphylaxis.

Anaphylaxis: The medical diagnosis for a severe allergic reaction. Anaphylaxis usually occurs rapidly and causes life-threatening responses involving many body systems. Common symptoms include hives, swelling, difficulty breathing or swallowing, and loss or sudden change in consciousness due to decrease in blood pressure. Anaphylaxis can be fatal, even if treated appropriately. Prompt recognition of symptoms, intramuscular treatment of epinephrine and emergency transportation to a medical facility is the current, recommended emergency treatment for anaphylaxis. Full clinical criteria for the diagnosis of anaphylaxis has been published, but is beyond the scope of this document. (Sampson, H.A., Munoz-Furlong, A., Campbell, R.L., Adkinson, N.F. Jr., Bock, S.A., Branum, A. et al. Second symposium on the definition and management of anaphylaxis: summary report- Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network symposium. *J Allergy Clin Immunol* 2006;117:391-7.)

Antihistamine: A class of medications that block the action of histamine. Histamine is one of the inflammatory chemicals released during an allergic reaction. Commonly used, non-prescription antihistamines include Benadryl® and Zyrtec®

Asthma: A chronic disease involving the lungs. Asthma causes narrowing of the breathing tubes and, if untreated, can be fatal. This narrowing/constriction is caused by swelling of the lining of the breathing tubes, excess mucus production and tightening of the muscles in the walls of the breathing tubes. Asthma has been identified as a predictor of fatal outcomes in a food-allergic reaction. Asthma medication is not to be used initially for food-allergic reactions. While epinephrine will treat both asthma and a food-allergic reaction, asthma medications will not adequately treat a food-allergic reaction.

Chronic: A condition or symptom that is long-lasting or recurrent.

Consumer Hot Line: Food distributors' and manufacturers' toll-free numbers, which can usually be found on product packaging. This allows for clarification of ingredients or manufacturing processes, when necessary.

Cross-contamination: Synonym for cross-contact. In the context of food allergy, the often inadvertent transfer of food protein from one food to another. This can cause a food to contain an allergen. An example is using the same gloves while making a peanut butter sandwich and then, without changing them, making a ham sandwich. The gloves may have carried some peanut butter over to the ham sandwich. It also can happen with surfaces or utensils. If the same spatula is used for peanut and non-peanut cookies, for instance, all of the cookies must be identified as containing peanut.

Emergency Action Plan (EAP): A written form that contains the student's food allergens and specific treatment steps to be taken should the student have an accidental ingestion of a food allergen. This plan is to be signed by a licensed health care provider. This form is the template for all other planning done for the student including an Individual Health Care Plan (IHCP) and, if appropriate, a 504 Plan.

Epinephrine auto-injector: A prescription-only medication and delivery device used to administer epinephrine via intramuscular injection. The device allows the medication to be delivered by an automatic injector following a few simple steps. Several different dose amounts are available, so it is important to check the dose for an individual. Please refer to the manufacturers' instructions for specific devices. The prescription may be made for either one dose or two. In some cases, the second dose may not be by an auto-injector.

Epinephrine: The medication of choice for a life-threatening allergic reaction. It must be given promptly to be most effective and, if prescribed, there is no contraindication to its use in a life-threatening allergic reaction. Given via intramuscular injection, epinephrine will begin to act immediately. The effects of epinephrine are short-lived (usually 10-20 minutes) and it is essential that emergency transportation is called when this medication is given. Side effects of epinephrine include increased heart rate and pallor. Observation in an emergency department is not due to the effects of the epinephrine, but to monitor the student for an ongoing or biphasic allergic reaction.

FAAN: Acronym for the Food Allergy and Anaphylaxis Network. This organization has educational material on food allergy available on-line and also financially supports food allergy research and advocates for people with food allergy on a national level. Each school in the state of Illinois has the ability to obtain FAAN's School Food Allergy Program free-of-charge, underwritten by an anonymous donor in 2007. <http://www.foodallergy.org>

FAI: Acronym for the Food Allergy Initiative. The largest, private source of funding for food allergy research in the United States. FAI is also very active in food allergy education and advocacy. FAI-Chicago works locally to raise funds for food allergy research and statewide education initiatives. <http://www.faiusa.com>

504 Plan: The Rehabilitation Act of 1973 Section 504 prohibits discrimination against a qualified, handicapped individual by any program that receives federal funds. Each school district has a 504 committee which will determine an individual student's eligibility. When a 504 Plan is being developed, it is based on the student's Food Allergy Emergency Action Plan (EAP) and also may encompass the student's Individual Health Care Plan (IHCP) and any other documents the parents/guardians and school deem relevant. The 504 Plan is a legal document and confers the right of establishing a grievance procedure for alleged violations of the plan. The student's parents/guardians are entitled to a due process hearing, which may include administrative and/or federal court procedures, if alleged grievances cannot be resolved through the school channels.

Food allergy: An adverse reaction to a food protein mediated by the immune system. With ingestion of the allergen, immune cells react immediately to the food protein causing the release of histamine and other inflammatory chemicals and mediators. Contact with the allergen also can cause a localized reaction (e.g., hives) in some food-allergic individuals. One of the hallmarks of a food-allergic reaction is the sudden onset of symptoms within 2 hours of food ingestion. The reaction may contain any or all of the classic allergy symptoms such as hives, swelling, difficulty breathing, vomiting or change in level of consciousness. Prompt recognition of symptoms and treatment are essential. A student with a food allergy can have different reactions to different food allergens, but any food-allergic reaction can be fatal. Strictly avoiding the ingestion of the food allergen is the only current treatment for food allergy.

Histamine: One of the many inflammatory chemicals released by allergy cells during an allergic reaction.

Hives: Raised, welt-like, reddened skin lesions that are intensely itchy. Hives can be a symptom of an allergic reaction or due to physical triggers, such as heat or pressure, in some individuals.

Individual Health Care Plan (IHCP): A plan which addresses the food allergic student's needs and, at minimum, includes the precautions necessary for food allergen avoidance and emergency procedures and treatments. The template for this plan is the student's Food Allergy Emergency Action Plan.

Latex: The component in rubber that provides tensile strength (stretch). Latex can be an allergen and can be found in some gloves used by food service personnel and in items such as balloons.

Life-threatening food allergy: Term used for food allergy throughout the Illinois School Guidelines for Managing Life-threatening Food Allergies. This term underscores the risk of a life-threatening reaction in any student who has a food allergy. Currently, there are no tests available that would accurately indicate the risk for any food allergic individual for a life-threatening reaction. Due to this lack of testing and the life-saving nature of prompt recognition and treatment, all students should be treated as if their food allergy is life-threatening.

Medical alert jewelry: A necklace, bracelet or other form of readily-seen identification that can be worn by an allergic student. This will often display the universal emergency medic alert symbol designed by the American Medical Association in 1963. The information on the jewelry varies, but typically includes the diagnosis of food allergy and emergency contact information. Individual allergens may be listed.

Periodic emergency response drill: Procedural practice for a life-threatening food-allergic reaction/emergency. The drill may include, but is not limited to, who helps the student, who retrieves the epinephrine, who administers the epinephrine, who calls 911 and who directs the EMS personnel to the student. It also should include the review of important principles, such as never leaving a student experiencing any allergic reaction alone and having the individuals designated to help in this situation come to the student. This drill should be carried out and not simply reviewed from the school board's written policy. It is essential that each member of the team review and rehearse his/her role annually.

Appendix K: References

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