IPSD #204

ALLERGY GUIDELINES

August 2011
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:

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Forward

Food Allergy Committee
Mission Statement

Our mission is to raise student, staff, and family awareness, to provide advocacy and education, and to provide a safe and nurturing environment on behalf of all students affected by food allergies in collaboration with their families and the community.

We know:

- We include and respect all people which strengthen public education;
- We cultivate a climate charged with enthusiasm for teaching and learning;
- We challenge all students to reach their potential;
- Students must develop the skills to become life-long learners;
- Students learn best in a safe and caring environment;
- Education works best when the entire community participates and shares the responsibility;
- The Indian Prairie School District works to build school awareness of food allergy through education and advocacy based on current research;
- Research studies lead us to a better understanding of food allergy and anaphylaxis and to improve the quality of life of our students managing these conditions.
The committee creating these procedures reviewed and closely followed “The Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools”. Those guidelines were based on best practices and additional medical documents.

The committee creating those guidelines had members from the following groups:

- Food Allergy Experts
- Administrator Representatives
- Principal Representatives
- School Board Representative
- Teacher Representatives
- Parent Representatives
- Illinois State Board of Education
- Illinois Department of Public Health
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 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, HA, "Food Allergy", from Biology Toward Therapy, Hospital Practice.)
Food Allergies

Food Allergies on the Rise
Food allergies affect 4% of children under 18 and 2.5% 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 to 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

Raising a child with life-threatening allergies is challenging. Parents must ensure strict food avoidance, understand food labeling, and be on a 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 re-adjust 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 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% 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 potentially 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 the accommodations necessary to keep that specific student safe.

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

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.
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 can also 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. (Appendix F)

(Perry TT, Conover-Walker MK. 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 and have permission to reproduce or modify them.

- Emergency Action Plan (EAP) (Standard form for State of Illinois, Appendix B-5)
- Individual Health Care Plan (IHCP)(Appendix B-6, Overview of Laws, pages 14-16)
- 504 Plan (Appendix B-7, Overview of Laws, pages 14-16)
- Allergy History Form (Appendix B-7)
- 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.
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 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 which 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 2-4 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.)

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...
Overview of Laws

in accordance with IDEA, 2) has one or more of the recognized thirteen disability categories, and 3) due to 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. Dept. 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. Some students may qualify under IDEA for services and also have a food allergy. Therefore, 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 student 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 health care provider. 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.

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, the 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 license health care provider. It also 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 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 license 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.

Individual Health Care Plan (IHCP)
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 (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 specific the 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 shall also 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 that 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.
- 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)
General Guidelines

This section serves as a guide for Indian Prairie School District to outline the range of responsibilities our school district staff has concerning a student with a life-threatening allergy. Note that each student’s Individual Health Care Team/504 Team ultimately determine the responsibilities of individual staff members. This guide will help teams determine which accommodations are necessary for a given student. The management of a student with food allergies may be impacted by a number of factors, such as the age of the student, the allergens involved, and the facilities at the school.

Best Practice Measures to Reduce Exposure to Allergens

Protecting a student from exposure to offending allergens is the most important way to prevent anaphylaxis. We need to be aware of the risk of cross-contamination that may occur on tables, desks, and other surfaces. In addition, consideration must be given to exposure to allergic foods because of food sharing, hidden ingredients, craft, art and science projects, bus transportation, fundraisers, bake sales, parties and holiday celebrations, field trips, and substitute teaching staff being unaware of the food-allergic student.

Recommended Best Practices for Schools

The following are recommended best practices for schools:

- Address life-threatening allergic reaction prevention in all classrooms, food service/cafeteria, classroom projects, crafts, outdoor activity areas, on school buses, during field trips, before- and after-school activities, and in all instructional areas.
- Adapt curriculum, awards, rewards, or prizes by substituting allergen-free food or non-food item(s) in rooms where students having an Emergency Action Plan (EAP) are or may be present. 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)
- Limit food related to fundraising, birthday celebrations, and PTA functions to cafeteria or another designated areas. Incorporate non-allergenic foods or non-food items. (Appendix G)
- Establish cleaning procedures for common areas (i.e., libraries, computer labs, music, art room, and hallways, etc.). (Appendix F)
- Avoid the use of food products as displays or components of displays in hallways.
- Develop protocols for appropriate cleaning methods following events held at the school which involve food. (Appendix F)
- Determine who should be familiar with the student’s 504 Plan and/or IHCP.

School options include establishing allergen-free zones, such as a student’s individual classroom, allergen-free lunch table(s) or areas in the cafeteria and food-free zones, such as libraries and music rooms. Student’s classroom(s) must be a safe place for all students to learn.

A school must enforce relevant school policies such as those that prohibit eating on the school bus.
General Guidelines

- Educate all faculty and staff about the signs and symptoms of possible anaphylaxis. This education 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.
- Conduct a medical emergency response drill twice a year. The recommended interval is at the beginning of school year and just after mid-year break (Appendix B-3).
- The Certified School Nurse or Registered Nurse will offer more specific training to those individuals identified on the student’s IHCP/504/EAP on the epinephrine auto-injector with return demonstration.

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 eight major categories:
- Nurse/Designated School Personnel (DSP)
- Parent
- Teacher
- Administration
- Food Service
- Custodians
- Outside Classroom Activities
- Transportation

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

Nurse/Designated School Personnel (DSP) Checklist

<table>
<thead>
<tr>
<th>Gather information from the parent to develop a student’s Individual Health Care Plan (IHCP) or EAP.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Write and distribute Emergency Action Plan (EAP)/the student’s IHCP.</td>
</tr>
<tr>
<td>Ensure that appropriate personnel know the location of medication and EAP. School must designate an area of the building to house medication.</td>
</tr>
<tr>
<td>Ensure epinephrine auto-injectors and antihistamines are stored in a secure, designated area. Track medications for expiration dates and ensure for them to be current.</td>
</tr>
<tr>
<td>Instruct staff to ensure student having a suspected allergic reaction is accompanied by an adult at all times.</td>
</tr>
<tr>
<td>Establish a contingency plan in the case of a substitute nurse/DSP.</td>
</tr>
<tr>
<td>Establish a means of communication with playground staff and physical education teacher via communication device.</td>
</tr>
<tr>
<td>Participate in the education of students and their parents, teachers, assistants, substitutes, and volunteers about how to prevent, recognize, and respond to food allergy reactions. Be aware of how the student with food allergies is being treated and enforce school rules about bullying and threats to avoid endangering, isolating, stigmatizing, or harassing students with food allergies. (Sample Classroom Letter to Parent/Guardian – Appendix B-7, Bullying – Appendix C-2, Additional Resources - Appendix I).</td>
</tr>
<tr>
<td>Ensure that medical information for student having a reaction is sent with Emergency Medical Service (EMS).</td>
</tr>
<tr>
<td>Collaborate in the identification of an &quot;allergy-free&quot; eating area in the classroom and/or cafeteria.</td>
</tr>
<tr>
<td>Discuss emergency procedures for transportation companies or school district bus service with school personnel. Review transportation requirements/situation for student.</td>
</tr>
<tr>
<td>Ask student about bullying.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>If the student’s parents/guardians refuse 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 parents/guardians of the student’s EAP.</td>
</tr>
</tbody>
</table>
# Nurse/Designated School Personnel (DSP) Guidelines

## Return to School After an Allergic Reaction Checklist Moved from Appendix B-2

<table>
<thead>
<tr>
<th>Obtain as much accurate information as possible about the allergic reaction. Helpful information might include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Items ingested (food drink, OTC medications, or Rx medications)</td>
</tr>
<tr>
<td>• Any insect stings or bite</td>
</tr>
<tr>
<td>• Timing from ingestion to symptoms</td>
</tr>
<tr>
<td>• Type of symptoms</td>
</tr>
<tr>
<td>• Exercise involved</td>
</tr>
<tr>
<td>• Time and response of medications that were given.</td>
</tr>
</tbody>
</table>

| 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. |
Nurse/Designated School Personnel (DSP) Guidelines

Practice emergency protocols and procedures in advance of an emergency and be prepared to follow them. (Appendix B-3)

Preparing for an Emergency: Periodic Emergency Response Drill

<table>
<thead>
<tr>
<th>Provide training for school personnel about how to prevent, recognize, and respond to food allergy reactions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify team members for the emergency response team, including CPR/AED trained personnel.</td>
</tr>
<tr>
<td>Create a list of volunteer delegates trained in the administration of an antihistamine and the epinephrine auto-injector. Disseminate the list appropriately. (Appendix B-5.)</td>
</tr>
<tr>
<td>Ensure that an antihistamine and the epinephrine auto-injector are quickly and readily accessible in the event of an emergency by a member of the emergency response team. If appropriate, maintain a backup supply of the medication.</td>
</tr>
<tr>
<td>Ensure that reliable communication devices are available in the event of an emergency.</td>
</tr>
<tr>
<td>Ensure access to an antihistamine, the epinephrine auto-injector, and allergy-free foods when developing plans for fire drills, lock downs, etc.</td>
</tr>
<tr>
<td>Coordinate with local Emergency Medical Service (EMS) on emergency response in the event of food-allergic reaction.</td>
</tr>
<tr>
<td>Adhere to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.</td>
</tr>
<tr>
<td>Conduct emergency response drills as part of the school district-wide or school-wide emergency response plan twice a year. A recommended interval might be at the beginning of the school year and after mid-year break.</td>
</tr>
</tbody>
</table>

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 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: |
|  • 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. |
| Provide the school with up-to-date antihistamines and epinephrine auto-injectors. These may be kept in the school health office or carried by the student with an additional one in the health office |
| Provide a list of foods and ingredients to avoid. |
| May 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. |
| Discuss emergency procedures for transportation companies or school district bus service with school personnel. Review transportation requirements/situation for student. |
| Discuss food service provided by school with school personnel related to your student’s particular food allergy. |

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. |
| Report any reaction to nurse |

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.

Classroom Teacher Checklist

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep the student's EAP (Appendix B-5), Individual Health Care Plan (IHCP) (Appendix B-6), and/or 504 Plan accessible in the classroom and in the sub folder for staff reference.</td>
</tr>
<tr>
<td>Seek assistance if student has ingested or been exposed to, or is suspected to have ingested, a known allergen.</td>
</tr>
<tr>
<td>Ensure students experiencing or with suspected allergic reactions are accompanied by an adult at all times.</td>
</tr>
<tr>
<td>Initiate emergency response team if allergic reaction is suspected.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Take precautions to prevent exposure related to cross-contamination. (Desks, lockers, shared supplies.) Consider providing alternate storage for lunches and other food products.</td>
</tr>
<tr>
<td>Ensure that school-based equipment such as computer keyboards, musical instruments, and other equipment are cleaned by staff and/or student with an approved cleaner or provide separate items as called for in IHCP/504 Plan. (Appendix F)</td>
</tr>
<tr>
<td>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. (Constructive Classroom Rewards - Appendix G).</td>
</tr>
<tr>
<td>Leave information for substitute teachers in an organized, prominent, and accessible format. Follow school district guidelines for substitute teacher folders.</td>
</tr>
<tr>
<td>Inform parent/guardian of the allergic student at least two weeks in advance of any in-class events where food will be served or classroom products used. Provide ingredient lists to parent/guardian when requested.</td>
</tr>
</tbody>
</table>

Surface cleaning wipes or hand sanitizer is not a substitute for hand wipes. See Appendix F for effective cleaners.
## Classroom Teacher Guidelines

### Classroom Teacher/Specialist Checklist (cont.)

| Be aware of how the student with a food allergy is being treated and enforce school rules about bullying and threats. Avoid endangering, isolating, stigmatizing, or harassing students with food allergies. (Appendix C-2, Appendix I). |
| Do not dismiss students with food allergies home or to after school activities/events via the bus if they report any symptoms of an allergic reaction, no matter how “minor”. |

### Substitute Teachers 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 Health Office/Designated School Personnel (DSP) for education and instruction. |

### 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. Inform any parents or guest speakers about restrictions due to food allergies prior to their visit. (i.e. using candy or other food items as part of a lesson). |
| 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, celebrations, and PTA functions to the cafeteria or other designated areas if available. Substitute non-allergenic foods or non-food items. (Constructive Classroom Rewards – Appendix G). |
| 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 prior to student’s return to class with an approved cleaning product. (Appendix F) |
### Classroom Teacher Guidelines

#### Classroom Snack Checklist

<table>
<thead>
<tr>
<th>Step</th>
<th>Detailed Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>When classrooms are used for meals, there must be a designated allergen-free area. Steps must be taken so that these areas are not contaminated by allergens.</td>
<td></td>
</tr>
<tr>
<td>When a student brings an allergen food to the classroom, they will need to eat in a designated area away from the student with the allergen or bring the snack home.</td>
<td></td>
</tr>
<tr>
<td>Prohibit sharing or trading food at school.</td>
<td></td>
</tr>
<tr>
<td>Wipe down the student’s area, individual desk, or adjoining desks if contamination of foods is suspected. An adult/teacher/lunchroom supervisor/Designated School Personnel (DSP) must wipe the area with an approved allergen cleaning product. The student must not be required to wipe down their own area prior to eating to avoid accidental exposure to or ingestion of allergens.</td>
<td></td>
</tr>
<tr>
<td>Reinforce proper hand washing technique with students. Hand washing should be encouraged before and after the handling/consumption of food. All persons entering the classroom may be asked to wash/wipe hands upon entering. (Appendix F)</td>
<td></td>
</tr>
<tr>
<td>If before-/after-school event(s) that include food occur in the classroom, a supervising adult must wipe the area with an approved allergen cleaning product. This includes not only activities run by the school but non-school activities held at the school by non-school related organizations.</td>
<td></td>
</tr>
</tbody>
</table>
# Classroom Teacher Guidelines

## Field Trip Checklist

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>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.</td>
</tr>
<tr>
<td>2.</td>
<td>Consider the presence/handling of any food item while on the field trip.</td>
</tr>
<tr>
<td>3.</td>
<td>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.</td>
</tr>
<tr>
<td>4.</td>
<td>Provide timely notification of field trips to the nurse/Designated School Personnel (DSP) and parent/guardian.</td>
</tr>
<tr>
<td>5.</td>
<td>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.</td>
</tr>
<tr>
<td>6.</td>
<td>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:</td>
</tr>
<tr>
<td></td>
<td>* Facilitating washing of hands before snack/lunch.</td>
</tr>
<tr>
<td></td>
<td>* Overseeing the cleaning of tables before eating.</td>
</tr>
<tr>
<td></td>
<td>* Ensuring that student with food allergy only eat allergen-free food or food supplied by parent/guardian.</td>
</tr>
<tr>
<td></td>
<td>* Carrying a communication device to be used in an emergency situation.</td>
</tr>
<tr>
<td></td>
<td>* Reviewing the student’s Emergency Action Plan (EAP).</td>
</tr>
<tr>
<td></td>
<td>* Carrying and administering emergency medicine (antihistamine, epinephrine auto-injector) as outlined in EAP.</td>
</tr>
<tr>
<td></td>
<td>Planning should be completed one week prior to field trip.</td>
</tr>
<tr>
<td>7.</td>
<td>Plan for emergency situation (contacting 911 if needed and location of closest hospital).</td>
</tr>
<tr>
<td>8.</td>
<td>Follow school district policy for medication administration. All emergency medications shall be given to the adult designated by the nurse/DSP.</td>
</tr>
<tr>
<td>9.</td>
<td>Consider how snack/lunch will be stored/transported and where food will be eaten while on the field trip.</td>
</tr>
</tbody>
</table>
**Classroom Teacher/Specialist Guidelines**

**Field Trip Medication Checklist**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Notify the nurse/DSP of any field trip at least one week in advance.</td>
</tr>
<tr>
<td>2</td>
<td>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.</td>
</tr>
<tr>
<td>3</td>
<td>Provide the adult who is to administer the medication with an EAP (Appendix B-5) and with instructions about the medication.</td>
</tr>
<tr>
<td>4</td>
<td>Dispense medication in a labeled container. Emergency or rescue medication must be labeled appropriately.</td>
</tr>
<tr>
<td>5</td>
<td>Supply adult designated by the nurse/Designated School Personnel (DSP) with all medications. Exceptions to this policy are those medications deemed &quot;rescue drugs&quot; 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)</td>
</tr>
</tbody>
</table>
## School Administration Guidelines

### School Administration Checklist

<table>
<thead>
<tr>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
</table>
| Supervise and implement School Board’s food allergy policies. Provide training and education opportunities for staff on School Board policy and procedures for food allergies, including: | - How to recognize symptoms of an allergic reaction (foods, insect stings, medications, latex).  
  - 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.  
  - Provide training for food service personnel.  
  - Legal protection. |
| Conduct and track attendance of in-service training for staff at the beginning of the school year and after mid-year break. All specific training protocols will be made available by the school district and found within the school. |                                                                                           |
| Conduct and track attendance of emergency response drill for staff. A recommended interval might be at the beginning of the school year and after mid-year break. All specific training protocols are available in the school district’s designated area. |                                                                                           |
| Ensure substitute teachers, nurses/Designated School Personnel (DSPs), and food service personnel understand their role and how to implement an EAP, IHCP, and/or 504 Plan. |                                                                                           |
| Provide emergency communication devices (two-way radio, intercom, walkie-talkie, cell phone) for all school activities that involve a student with food allergies. |                                                                                           |
| Notify parent/guardian when a new nurse/DSP is hired or changes position. |                                                                                           |
| Facilitate the acquisition of ingredient lists for food products and classroom products available in the school. Provide access to parent/guardian when requested. |                                                                                           |
| Obtain emergency training procedures from bus company, if bus company is a vendor. Inform parents of emergency procedures relative to food allergies. Parents then determine if/how student shall be transported to school. |                                                                                           |
School Administration Guidelines

**School Administration Checklist (cont.)**

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review rental agreement, when outside groups (i.e. non-school related organizations) use school property and food is present to ensure that care is taken not to put students with food allergies at risk.</td>
<td></td>
</tr>
<tr>
<td>Inform the parent/guardian if their child experiences an allergic reaction for the first time at school. Suggest resources to parents. (Appendix I) Recommend EAP, IHCP, or 504 Plan to parents. If parents are not cooperative, implement a simple EAP stating to immediately call 911 upon recognition of any symptoms along with informing the parent/guardian of the student’s plan. (See “Return to School After an Allergic Reaction Guidelines”</td>
<td></td>
</tr>
</tbody>
</table>

Food allergies have a significant and negative impact on individuals’ and families’ quality of life. “Several domains of quality of life are affected, such as family and social activities, emotional issues, and family economy.”

(Marklund et al, Current Opinion in Allergy and Clinical Immunology).
Food Service Guidelines

Food Service Guidelines
Schools must provide a meal substitution if a) it is required by the student’s Individual Health Care Plan (IHCP) and/or 504 Plan, or b) the school participates in a federally-funded child nutrition program and the student has a disability that restricts their diet as documented by a licensed health care provider. A sample form to assist with determining need and meal substitution is available in Appendix B-4. Parents and students should be allowed access to food labels to identify ingredients in the products used by the school’s food service provider.

According to a United States Department of Agriculture Food and Nutrition Service publication, “Accommodating Children with Special Dietary Needs in the School Nutrition Programs”:

“The school has the responsibility to provide a safe, non-allergic meal to the student if it is determined that the condition is disabling. To do so, school food service staff must make sure that all food items offered to the allergic student meet prescribed guidelines and are free of foods which are suspected of causing the allergic reaction.

This means that the food labels or specifications will need to be checked to ensure that they do not contain traces of such substances. In some cases, the labels will provide enough information to make a reasonable judgment possible. If they do not provide enough information, it is the responsibility of the school food service to obtain the necessary information to ensure that no allergic substances are present in the foods served.

In some cases, it may be necessary to contact the supplier or the manufacturer or to check with the State agency. Private organizations may also be consulted for information and advice. It is also wise to check with parents about certain foods and even provide them with advance copies of menus.

The general rule in these situations is to exercise caution at all times. Do not serve foods to students at risk for anaphylactic reactions, if you do not know what is in those foods. It is important to recognize that a student may be provided a meal, which is equivalent to the meal served to other students, but not necessarily the same meal.

Sometimes, it will be advisable to prepare a separate meal "from scratch" using ingredients that are allowed on the special diet rather than serving a meal using processed foods.”

(United States Department of Agriculture Food and Nutrition Service, Accommodating Children with Special Dietary Needs in the School Nutrition Programs, Fall 2001)
# Food Service Guidelines/District

## Food Service/District Checklist

<table>
<thead>
<tr>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the school district Food Allergy Policy and direct any questions to the nurse/Designated School Personnel (DSP).</td>
<td></td>
</tr>
<tr>
<td>Follow school district policy regarding the dissemination of information relative to food allergies.</td>
<td></td>
</tr>
<tr>
<td>Set up procedures for the cafeteria regarding food-allergic students.</td>
<td></td>
</tr>
<tr>
<td>Review menus (breakfast, lunch, and after-school snack), a la carte items, vending machines, recipes, food products, and ingredients to identify potential allergens.</td>
<td></td>
</tr>
<tr>
<td>Make available advanced copies of the menu or menu changes to parent/guardian when requested.</td>
<td></td>
</tr>
<tr>
<td>Do not deviate from school district-approved recipes.</td>
<td></td>
</tr>
<tr>
<td>Identify food handling practices, cleaning/sanitation practices, and responsibility of various staff members to prevent cross-contamination. Training for all food service personnel about cross-contamination is part of the school's federally required food safety plan.</td>
<td></td>
</tr>
<tr>
<td>Create specific kitchen areas that will be allergen safe (i.e. allergen-free prep tables, fryers).</td>
<td></td>
</tr>
<tr>
<td>Avoid the use of latex gloves by food service personnel, when necessary. Order non-latex gloves instead.</td>
<td></td>
</tr>
<tr>
<td>Read all food labels and re-check routinely for potential food allergens (Appendix D). Labels need to be checked each time a food order is received since ingredients can change without notice.</td>
<td></td>
</tr>
<tr>
<td>Train all food service staff and their substitutes to read product food labels and recognize food allergens.</td>
<td></td>
</tr>
<tr>
<td>Maintain contact information for manufacturers of food products. Maintain food labels from each food served to a student with allergies for at least 24 hours following service, in case the student has a reaction from a food eaten in the cafeteria.</td>
<td></td>
</tr>
<tr>
<td>Sign up for notification of recalls from the Food Allergy and Anaphylaxis Network and the FDA (Appendix I).</td>
<td></td>
</tr>
<tr>
<td>Establish training about how to recognize, prevent and respond to food allergy reactions for all school food service staff and related personnel at the student's school.</td>
<td></td>
</tr>
</tbody>
</table>
### Food Service Guidelines/School

#### Food Service/School Checklist

<table>
<thead>
<tr>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the school district Food Allergy Policy and direct any</td>
<td>questions to the nurse/Designated School Personnel (DSP).</td>
</tr>
<tr>
<td>Follow school district policy regarding the dissemination of</td>
<td>information relative to food allergies.</td>
</tr>
<tr>
<td>Attend the team meeting with appropriate members prior to the</td>
<td>student's entry into school.</td>
</tr>
<tr>
<td>Implement all recommendations and requirements for students with</td>
<td>an Emergency Action Plan (EAP) (Appendix B-5), Individual Health Care</td>
</tr>
<tr>
<td>Set up procedures for the cafeteria regarding food-allergic</td>
<td>Plan (IHCP), and/or 504 Plan.</td>
</tr>
<tr>
<td>Take all complaints seriously from any student with a life-</td>
<td>threatening allergy.</td>
</tr>
<tr>
<td>Review menus (breakfast, lunch and after-school snack), a la carte</td>
<td>items, vending machines, recipes, food products, and ingredients to</td>
</tr>
<tr>
<td>Make available advanced copies of the menu or menu changes to</td>
<td>identify potential allergens.</td>
</tr>
<tr>
<td>Do not deviate from school district-approved recipes.</td>
<td></td>
</tr>
<tr>
<td>Create specific areas that will be allergen safe.</td>
<td></td>
</tr>
<tr>
<td>Identify food handling practices, cleaning/sanitation practices,</td>
<td>and responsibility of various staff members to prevent cross-</td>
</tr>
<tr>
<td>Create specific kitchen areas that will be allergen safe (i.e.</td>
<td>contamination. Training for all food service personnel about cross-</td>
</tr>
<tr>
<td>Avoid the use of latex gloves by food service personnel, when</td>
<td>contamination is part of the school's federally required food safety</td>
</tr>
<tr>
<td>Read all food labels and re-check routinely for potential food</td>
<td>plan.</td>
</tr>
<tr>
<td>Train all food service staff and their substitutes to read product</td>
<td>food allergens.</td>
</tr>
</tbody>
</table>

---

August 2011

33
## Custodial Staff Guidelines

### Custodial Staff Checklist

<table>
<thead>
<tr>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the school district Food Allergy Policy and direct any questions to the nurse/Designated School Personnel (DSP).</td>
<td></td>
</tr>
<tr>
<td>Participate in all in-service training on the identification of food-allergic reactions, risk-reduction, and emergency response procedures.</td>
<td></td>
</tr>
<tr>
<td>Take all complaints seriously from any student with a life-threatening allergy. Immediately advise nurse/DSP or attending staff member of situation.</td>
<td></td>
</tr>
<tr>
<td>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. (Appendix F)</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

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. (See Appendix F)
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

<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train adult supervisors responsible for students with food allergies.</td>
</tr>
<tr>
<td>Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the nurse/Designated School Personnel (DSP).</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Carry an epinephrine auto-injector for a student when requested.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Reinforce that only students with allergen-free lunches or snacks eat at the allergen-free table.</td>
</tr>
<tr>
<td>Encourage hand washing or use of hand wipes for students after eating. (Appendix F).</td>
</tr>
<tr>
<td>Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities.</td>
</tr>
<tr>
<td>- Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry.</td>
</tr>
<tr>
<td>- 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.</td>
</tr>
</tbody>
</table>
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) and transportation checklist (Appendix E-2). |
| 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. |
| Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities.  
  - 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.
Transportation Guidelines

Transportation Guidelines
A student with food allergies needs a safe environment while being transported to and from school. School districts must provide free transportation for any student in the school district as required by law (see, 105 ILCS 5/29-3 and 23 Ill.Admin. Code § 1.510 (a)). Therefore, school district transportation directors should determine the best process for their individual school districts to provide training for all school bus drivers on managing life-threatening food allergies. For school districts that use a private sector bus company for their transportation needs, the school district’s transportation director may wish to invite a representative from the company to any school district-wide team meetings. This representative would assist with the school district’s implementation of its guidelines for managing life-threatening food allergies. In either situation, the school district transportation directors should examine their respective school district’s transportation administrative procedures with an eye toward implementing the considerations within the following Transportation Checklist.

State law allows a student to carry their prescribed epinephrine auto-injector on school transportation.
# Transportation Guidelines

## Transportation Checklist (Private Sector Bus Company)

<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a representative from the bus company for team meetings to discuss implementation of a student's Emergency Action Plan (EAP), Individual Health Care Plan (IHCP), and/or 504 Plan.</td>
</tr>
<tr>
<td>Designate the school district transportation director to communicate regularly with the private sector bus company regarding training for school bus drivers on managing life-threatening food allergies.</td>
</tr>
<tr>
<td>Do not leave a student having a suspected allergic reaction alone. Call 911 if needed.</td>
</tr>
<tr>
<td>Discuss whether private sector bus company could incorporate the school district’s Transportation Checklist above.</td>
</tr>
</tbody>
</table>
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-3: Periodic Emergency Response Drill

Practice emergency protocols and procedures in advance of an emergency and be prepared to follow them. (Appendix B-3)

### Preparing for an Emergency: Periodic Emergency Response Drill

<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide training for school personnel about how to recognize, prevent, and respond to food allergy reactions.</td>
</tr>
<tr>
<td>Identify team members for the emergency response team, including CPR/AED trained personnel.</td>
</tr>
<tr>
<td>Create a list of volunteer delegates trained in the administration of antihistamine and an epinephrine auto-injector. Disseminate the list appropriately. (Appendix B-5)</td>
</tr>
<tr>
<td>Ensure that an antihistamine and an epinephrine auto-injector are quickly and readily accessible in the event of an emergency by a member of the emergency response team. If appropriate, maintain a backup supply of the medication(s).</td>
</tr>
<tr>
<td>Ensure that reliable communication devices are available in the event of an emergency.</td>
</tr>
<tr>
<td>Ensure access to an antihistamine, an epinephrine auto-injector, and allergy-free foods when developing plans for fire drills, lockdowns, etc.</td>
</tr>
<tr>
<td>Coordinate with local Emergency Medical Service (EMS) on emergency response in the event of food-allergic reaction.</td>
</tr>
<tr>
<td>Adhere to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.</td>
</tr>
<tr>
<td>Conduct emergency response drills as part of the school district-wide or school-wide emergency response plan twice a year. A recommended interval might be at the beginning of the school year and after mid-year break.</td>
</tr>
</tbody>
</table>

Checklist cross-referenced with Checklist found on page 24.
Appendix B-4: Sample Form for Modifying Meal

The form on the following page is a sample form for Modifying Meals. It may be modified and/or copied to meet specific School-Based Child Nutrition Programs record keeping needs. Do not return this form to Illinois State Board of Education. It needs to be returned to the school.

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

The direct link to this form is currently http://www.isbe.net/nutrition/pdf/67-48_physician.pdf, or may be copied from the next page.
Appendix B-4: Sample Form for Modifying Meal

School-Based Child Nutrition Programs
PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION

CHILD’S NAME: ___________________________ AGE: _______ DATE: _______

Dear Parent/Guardian:

This school participates in a federally-funded School-Based Child Nutrition Program and must serve meals and/or milk meeting program requirements. Reasonable food accommodations must be made when the accommodation being requested is due to a disability and supported by a physician’s statement. Reasonable food accommodations may be made for children without disabilities who may still have special dietary needs; a medical statement may be required. If you are requesting a meal accommodation or substitution, please ask your physician to complete and sign this form. If you have any questions, please contact me at ______________________.

School Phone Number: ________________________

Sincerely,

______________________________________________

Food Service Director/Contact

______________________________________________

School Name: ____________________________

______________________________________________

Address (Street): ____________________________

______________________________________________

Address (City, State, Zip Code): ____________________________

PHYSICIAN STATEMENT

1. Does child have a disability according to 7 CFR Part 15b that requires food accommodation? (Does he/she have a “physical or mental impairment which substantially limits one or more major life activities”?)
   □ No      If no, go to item 2 below.
   □ Yes     If yes, provide the following information and complete items 3, 4, and 5 below.
     a. What is the disability? ____________________________
     b. What major life activity is affected? ____________________________
     c. How does the disability restrict the diet? ____________________________

2. Child has no disability but requires a special diet. Identify medical problem which restricts the child’s diet and complete items 3, 4, and 5 below.

3. List food type of food to be omitted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.

4. List food type of food to be substituted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.

5. ____________________________ ____________________________
   Date: ____________________________ Signature of Physician

FOR SCHOOL USE ONLY:
   □ Form received on ____________________________
   □ Form complete and accommodation will begin on ____________________________
   □ Form complete, but accommodation will not be made. □ Child does not have a disability □ Request not reasonable
   □ Form incomplete. Parent contacted on ____________________________

   Date: ____________________________ Signature of Food Service Director/Contact

(87-48 (4/08))
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 web site (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 rash, 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

☐ 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.

GIVE ANTIHISTAMINE

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

IF SYMPTOMS PROGRESS (see above), INJECT EPINEPHRINE

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: __________________________
Name/Relationship: __________________________ Ph: (____)________

Licensed Healthcare Provider Signature: __________________________ 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 other employees at the school at or all 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/food_kit/ppt/

**Children’s Memorial Hospital**
773-KIDS-DOC
http://www.childrensmemorial.org

**Food Allergy Initiative (FAI)**
212-207-1974
http://www.foodusa.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.
### Guidelines for Managing Life-Threatening Food Allergies

#### INDIVIDUAL HEALTH CARE PLAN (IHCP) – Elementary

**Name:**

**Birth Date:**

**Grade:**

**Teacher:**

**Plan Effective from**

**to**

<table>
<thead>
<tr>
<th>ASSESSMENT DATE/NURSE</th>
<th>FUNCTIONAL HEALTH CONCERN</th>
<th>STUDENT OBJECTIVE(S)</th>
<th>INTERVENTIONS</th>
<th>EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of anaphylactic reaction (life-threatening allergic response) related to the ingestion, contact, and/or inhalation of...</td>
<td>Student has a Food Allergy Action Plan</td>
<td>Student will cooperate with staff 100% of the time by following school, classroom, and IHCP rules in order to remain free of allergic reactions while in school. If student suspects that he/she has ingested, contacted, and/or inhaled... student will immediately notify staff who will implement the Food Allergy Action Plan. Student will cooperate with staff members 100% of the time if they need to implement the Food Allergy Action Plan.</td>
<td>Prior to the first day of school, Parents will: + Inform School Nurse and Teachers of food allergy. + Provide the School Nurse with the allergy assessment form, the authorization for emergency care of students with allergies form, the Food Allergy Action Plan, the school medication authorization form, and the prescribed medication for medical intervention. + Inform school nurse of any changes in health status as relates to food allergy and treatment. + Educate student on the self-management of his/her food allergies appropriate for his/her developmental level. + Provide emergency contact information. + Provide safe snacks/treats for student to keep in school, if desired. + Provide wipes for classmates who have come in contact with the allergen prior to entering the classroom in A.M. School Nurse will: + Work with teacher to eliminate the use of... in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects. + Educate school staff who interact with student regarding food allergy, allergic reaction symptoms of anaphylaxis, and prevention and treatment plans.</td>
<td>[Enter documentation method so date(s) accomplished for all applicable interventions]</td>
</tr>
</tbody>
</table>
| Teacher/classroom staff will:  
| - Eliminate the use of  
|   in classroom snacks, educational tools, and arts and crafts projects.  
| - Be trained in the administration of EpiPen, as appropriate.  
| - Consult in advance of field trips with the school nurse and parents.  
| - Follow the Food Allergy Action Plan if the student has a reaction.  

Student will:  
- Inform teacher/staff if he/she is not feeling well, for any reason, but especially if he/she thinks he may be having an allergic reaction.  
- Abide by parents’ guidelines on the self-management of his/her own food allergies appropriate for his/her own developmental level.

| School Nurse: __________________________ Date: __________________________  
| Review by: Parent __________________________ Date: __________________________ Student: __________________________  

DF developed: 10/12/07
Individual Health Care Plan (IHCP)  
CONFIDENTIAL

Individual Health Care Plan (IHCP) for ______________________________ Allergens____________________________

PROBLEM: Risk for anaphylaxis  
GOAL: Prevent allergic reactions from occurring and ensure student’s safety at school

Parent (please answer the questions below):

1. My child’s emergency medication will be (kept in):
   □ Nurse’s office  □ Carried by my child  □ Nurse’s office and carried by my child

2. Does your child require an allergy free eating area at lunch?
   □ yes  □ no

3. I would like to accompany my child on field trips.
   □ yes  □ no

4. My child must wash his/her hands with soap and water or use a cleansing wipe before eating.
   □ yes  □ no

5. Students in the classroom should be encouraged to wash their hands upon arrival to school and after eating lunch.
   □ yes  □ no

6. I will provide a shelf-stable allergen free snack that will be available in the classroom if needed.
   □ yes  □ no

Please list other accommodations needed at school:

Teacher Responsibilities

⇒ Ensure a student with a suspected allergic reaction is accompanied by an adult at all times.

⇒ 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 will be served.

⇒ Ensure that food or products containing the student’s allergens are not used for class projects, science experiments, or celebrations.

⇒ If the parent of a student with a food allergy is not attending a field trip, the student will be assigned to a staff member who has been trained to implement the Emergency Action Plan and is carrying the emergency medication.

⇒ Plan for the following on field trips: oversee cleaning the table of the student with food allergies before eating, ensure the student with the food allergy washes his/her hands before eating, ensure the student with the food allergy eats only allergen free food or food supplied by the parent, carry a cell phone to call 911 if needed, and review the Emergency Action Plan before the field trip.

⇒ Implement accommodations that parent indicated, “yes” in parent section.
# Individual Health Care Plan (IHCP)

**CONFIDENTIAL**

## Individual Health Care Plan (IHCP) for ____________________________  Allergens ____________________________

### Principal Responsibilities

- Ensure there are walkie-talkies available to playground and P.E. staff.
- Conduct emergency response drills for allergic reactions to food at the beginning of the school year.
- Delegate proper cleaning of the allergen free area in the lunchroom and classroom (when the classroom is used as a lunchroom).
- Prohibit sharing or trading food at school.
- Encourage students to bring healthy snacks to school and avoid bringing snacks made with peanuts or nuts.
- Ensure student has an allergen free area available in the lunchroom if parent indicated an allergen free area is needed (see parent section).

### School Nurse Responsibilities

- Educate all staff that interacts with the student about food allergy symptoms and the steps required to implement the Emergency Action Plan. Review emergency procedures with classroom teacher prior to field trips as needed.
- Assist principals with emergency response drills for allergic reactions to food.
- Ensure 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 driver.
- A copy of the student’s Emergency Action Plan and IHCP will be distributed on a need to know basis.

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

<table>
<thead>
<tr>
<th>Parent Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

_The Emergency Action Plan and Individual Health Care Plan will be distributed to staff on a need to know basis._

_A copy of the Emergency Action Plan will be given to the bus driver if the student uses bus transportation._
Dear Parent/Guardian,

We have received a request for a Section 504 evaluation regarding your child. The referral source for this request was:

- Teacher Assistance Team
- Parent (name)
- Building Screening Team
- Other (name)

In order to determine the appropriateness of this referral, a screening meeting has been scheduled for:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
</table>

Participants at the meeting may include the classroom teacher(s), guidance counselor, school psychologist, school social worker, school nurse, dean, and any other involved persons. Enclosed are Parent/Student Rights (Section 504 of the Rehabilitation Act of 1973) for your review. If you have any questions, regarding the process or these rights, contact your Section 504 Building Coordinator, whose name and phone number are provided at the bottom of this letter.

Please complete the following questions prior to the scheduled meeting. This valuable information will be critical in our discussion of how to appropriately address your child’s educational needs. If you are unable to attend, please contact us and we will gather your input through a phone interview.

1. What are your child’s strengths in and out of school?

2. What are your expectations for your child?

3. What are your current educational concerns for your child?

09.09
INDIAN PRAIRIE COMMUNITY UNIT SCHOOL DISTRICT #204
Section 504 Plan / Annual Review

STUDENT: ___________________________ DATE: __________

SCHOOL: ________________________ BIRTHDATE: _______ GRADE: _________

Participants (Name, Title):

________________________________________
________________________________________
________________________________________
________________________________________

Summary of Evaluation Meeting

IDENTIFIED IMPAIRMENTS:

IDENTIFIED NEEDS:

STUDENT STRENGTHS:

Specific Accommodations

CLASSROOM / SCHOOL ENVIRONMENT:

09.09
PART I – SUMMARY OF SECTION 504 EVALUATION FINDINGS

1. Educational Background:

2. Teacher Reports/Comments (Classroom performance, grades, strengths & concerns):

3. Health/Medical:

4. Social – Emotional:

5. Behavior:

6. Other:

(See attached reports regarding evaluation findings, including Parent Input Form.)

PART II – DETERMINATION OF SECTION 504 DISABILITY

1. Yes ___ No ___ This person has a physical or mental impairment. If yes, identify the impairment:

2. Yes ___ No ___ Which substantially limits one or more major life activities. If Yes, identify the major life activity(ies) and how it is substantially limited by the impairment:

3. Yes ___ No ___ This person qualifies as a person with a disability under Section 504 of the Rehabilitation Act of 1973. (#3 response may be “Yes” only if #1 and #2 are answered “Yes”)

09.09
INDIAN PRAIRIE COMMUNITY UNIT SCHOOL DISTRICT #204
Section 504 Notice of Evaluation and Consent

STUDENT: ___________________________ DATE: ____________

SCHOOL: _________________________ BIRTHDATE: ____________ GRADE: ____________

It has been determined that your child would benefit from an evaluation to consider his/her eligibility for educational services under Section 504 of the Rehabilitation Act of 1973. The evaluation will be completed by ______________ Date ______________.

If you give consent to have your child evaluated, all checked components will be completed.

Evaluation Components: Person Responsible:

- Vision/Hearing
- Health review/relevant diagnoses
- Current classroom functioning
- Discipline report
- Attendance
- Native Language/Communication
- Transcript/grades
- TAT notes/strategies tried
- Academic history
- Social emotional functioning
- Observations
- Student interview
- Occupational/Physical Therapy
- Other: ________________________________

Parent Consent

In consenting to this evaluation, I understand that the result may be used to determine whether my child is eligible for Section 504 services.

I understand the consent of this notice.
- I have received a copy of parent / student rights.
- I give permission for the above evaluation.

Parent Signature: __________________________ Date: ____________

Please return this form within 10 days and direct any questions to:

SECTION 504 BUILDING COORDINATOR

PHONE#

09.09
Appendix B-8: Sample Allergy History Form

(Return to Nurse/Designated School Personnel (DSP))

Dear Parent/Guardian of: Date:

According to your child’s health records, he/she has an allergy to:

Please provide us with more information about your child’s health needs by responding to the following questions and returning this form to the school office.

1) When and how did you first become aware of the allergy?

2) When was the last time your child had a reaction?

3) Please describe the signs and symptoms of the reaction.

4) What medical treatment was provided and by whom?

5) If medication is required while your child is at school, the enclosed Emergency Action Plan (EAP) form must be completed by a licensed medical provider and parent/guardian.

6) Please describe the steps you would like us to take if your child is exposed to this allergen while at school.

Parent or Guardian: ______________________ Date: ______________________

Print Name: ____________________________
Appendix B-9: Sample Classroom Letter to Parents

Date:

Dear Parent/Guardian:

This letter is to inform you that a student(s) in your child’s classroom has severe food allergies to: ____________________. Exposure to these allergens could cause a life-threatening reaction.

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 meets the guidelines created by the Illinois State Board of Education and the Illinois Department of Public Health.

Because these students cannot be in contact with foods containing this/these allergen(s), we are requesting that you not send these foods to school for snacks or treats. 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.
- Hand washing with soap and water, after eating, is necessary 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-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) and must be updated every 2 years and again filed with ISBE. School districts were required to submit their student social and emotional development policies to ISBE by 8/31/2004.

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, accomplished this requirement.

Engaging in “bullying” on the basis of actual or perceived race, color, religion, sex, national origin, ancestry, age, marital status, physical or mental disability, military status, sexual orientation, gender-related identity or expression, unfavorable discharge from military service, association with a person or group with one or more of the aforementioned actual or perceived characteristics, or any other distinguishing characteristic. No student shall be subjected to bullying:

1) during any school-sponsored education program or activity;
2) while in school, on school property, on school buses or other school vehicles, at designated school bus stops waiting for the school bus, or at school-sponsored or school-sanctioned events or activities; or
3) through the transmission of information from a school computer, a school computer network, or other similar electronic school equipment.

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 C-3: Older Students with Food Allergies

Food-allergic teens have unique needs because of the turbulent nature of the teenage years and the characteristics of a typical day of a middle school or high school student. As a result, additional factors need to be regarded at the secondary school level in order to provide the best care for food-allergic teens. The multidisciplinary team should consider the factors below when developing the school or school district’s food-allergy guidelines, as it pertains to food-allergic teens.

- Students move to different classrooms, frequently in larger buildings and campuses, presenting needs for updated avoidance strategies, epinephrine availability, and designated assistance.
- Students may have open lunch periods and accompany friends to local eateries.
- Students may have access to vending machines.
- Certain classes give rise to new avoidance issues. (i.e. chemistry/biology labs, home economics/culinary class, etc.)
- The number of off-site school-sponsored functions increases. (i.e. travel, sometimes to other states and foreign countries, athletic games and competitions, sometimes in other towns, dances, etc.)
- Risk-taking behaviors frequently accompany the independence of adolescent years. Identify appropriate staff for the emergency administration of the epinephrine auto-injector even when a student is able to self-administer life-saving medication. Although teenage students will more than likely carry and self-administer emergency medications, those students must not be expected to have complete responsibility for the administration of the epinephrine auto injector. A severe allergic reaction can completely incapacitate a student and inhibit the ability to self-administer emergency medication. The nurse/Designated School Personnel (DSP) must be available during school and school-sponsored functions to administer the epinephrine auto-injector in an emergency.
Appendix D: Reading Food Labels

In 2006, a new federal law, the Food Allergy Labeling Consumer Protection Act (FALCPA), took effect that requires manufacturers to clearly identify on the food label any ingredients that contain proteins from the eight major allergenic foods and food groups: milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat, and soybeans. The label must clearly identify in plain English the source of any ingredient that is, or contains protein from, one of the eight foods or food groups. The law also requires that the label identify the type of tree nut (i.e. almonds, pecans, walnuts), the type of fish (i.e. bass, flounder, cod), and the type of crustacean shellfish (i.e. crab, lobster, shrimp). The law applies to all foods, both domestic and imported, except meat, poultry, and egg products regulated by USDA's Food Safety and Inspection Service (FSIS). The FSIS is in the process of adopting the same standards through their rulemaking process.

Food manufacturers are required to identify the presence of a major allergen on the label in one of three ways:

1. In the actual ingredient list.
2. Immediately after or adjacent to the ingredient list, the word “Contains” followed by the name of the major allergen (“Contains milk”).
3. Via parenthetical statement after the scientific ingredient term (“albumin” (egg)).

A food product is subject to recall if it contains one of the eight major allergenic foods or food groups which are not properly declared on its label. Unfortunately, some products containing one or more of the top eight allergens may be sold with improper labels, whether or not they have been recalled. Additionally, FALCPA does not require special disclosure of the presence of allergens which are not one of the top eight allergens. For these reasons, it is important to carefully read every label and each of a food product's ingredients to ensure that it does not contain an allergen, prior to purchasing, ordering, and serving foods. Common food allergens may be disclosed as an ingredient on a label using a less common name for the allergenic food or food group. For example, milk may be listed as whey, casein, or ghee; egg may be listed as albumin; and wheat may be listed as malt, bran, flour, or spelt. You may contact The Food Allergy and Anaphylaxis Network (www.foodallergy.org) or Food Allergy Initiative (www.faiusa.org) for complete and current lists of all of the terms that may be used to reference top allergens. See Appendix I for more resources.

Any domestic or imported packaged food regulated by the FDA is required to have a label that lists whether the product contains one of the top eight allergens. Fresh produce, fresh meat, certain highly refined oils, cosmetics, soaps, and cleaning products do not require listing of potential food allergens on the labels.

Manufacturers are not required to include warnings about food allergens accidently introduced during manufacturing or packaging. Some manufacturers voluntarily provide advisory labeling. However, this is done in many different ways. (i.e. use of shared facilities or equipment or food may contain a specific allergen). A study by Hefle found that 7% of products with advisory labeling contained detectable peanut protein.

(Hefle,SL et al., Journal of Allergy and Clinical Immunology)
### Appendix E-1: Coaches/Activity Leaders/Athletic Trainers

**Coaches/Activity Leaders/Athletic Trainers Checklist**

<table>
<thead>
<tr>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Make certain that an emergency communication device (i.e. walkie-talkie, intercom, cell phone, etc.) is always available.</td>
<td></td>
</tr>
<tr>
<td>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) and transportation checklist (Appendix E-2).</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>
| Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities. | - 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 38.
## Appendix E-2: Transportation Checklist

### Transportation Checklist (Private Sector Bus Company)

<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a representative from the bus company for team meetings to discuss implementation of a student's Emergency Action Plan (EAP), Individual Health Care Plan (IHCP), and/or 504 Plan.</td>
</tr>
<tr>
<td>Designate the school district transportation director to communicate regularly with the private sector bus company regarding training for school bus drivers on managing life-threatening food allergies.</td>
</tr>
<tr>
<td>Do not leave a student having a suspected allergic reaction alone. Call 911 if needed.</td>
</tr>
<tr>
<td>Discuss whether private sector bus company could incorporate the school district’s Transportation Checklist above.</td>
</tr>
</tbody>
</table>

Checklist cross-referenced with Checklist found on page 39-40.
Appendix E-3: Field Trip Checklist

<table>
<thead>
<tr>
<th>Field Trip Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Consider the presence/handling of any food item while on the field trip.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Provide timely notification of field trips to the nurse/Designated School Personnel (DSP) and parent/guardian.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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:</td>
</tr>
<tr>
<td>- Facilitating washing of hands before snack/lunch.</td>
</tr>
<tr>
<td>- Overseeing the cleaning of tables before eating.</td>
</tr>
<tr>
<td>- Ensuring that student with food allergy only eat allergen-free food or food supplied by parent/guardian.</td>
</tr>
<tr>
<td>- Carrying a communication device to be used in an emergency situation.</td>
</tr>
<tr>
<td>- Reviewing the student’s Emergency Action Plan (EAP).</td>
</tr>
<tr>
<td>- Carrying and administering emergency medicine (antihistamine, epinephrine auto-injector) as outlined in EAP.</td>
</tr>
<tr>
<td>Planning should be completed one week prior to field trip.</td>
</tr>
<tr>
<td>Plan for emergency situation (contacting 911 if needed and location of closest hospital).</td>
</tr>
<tr>
<td>Follow school district policy for medication administration. All emergency medications shall be given to the adult designated by the nurse/DSP.</td>
</tr>
<tr>
<td>Consider how snack/lunch will be stored/transported and where food will be eaten while on field trip.</td>
</tr>
</tbody>
</table>

Checklist cross-referenced with Checklist found on page 30.
## Appendix E-3: Field Trip Checklist

### Field Trip Medication Checklist

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify the nurse/DSP of any field trip at least one week in advance.</td>
<td>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.</td>
</tr>
<tr>
<td>Provide the adult who is to administer the medication with an EAP</td>
<td>Provide the adult who is to administer the medication with an EAP (Appendix B-5) and with instructions about the medication.</td>
</tr>
<tr>
<td>Dispense medication in a labeled container. Emergency or rescue</td>
<td>Dispense medication in a labeled container. Emergency or rescue medication must be labeled appropriately.</td>
</tr>
<tr>
<td>medication must be labeled appropriately.</td>
<td>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 &quot;rescue drugs&quot; 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)</td>
</tr>
</tbody>
</table>

---

Checklist cross-referenced with Checklist found on page 31.
Appendix F: Cleaning Research

Scientists investigated how effective cleaning agents were in removing peanut allergens. The study was published in the Journal of Allergy and Clinical Immunology.

Surfaces
Researchers looked for cleaning methods for removing peanut allergens from surfaces (Ara h 1). They found that common household cleaning agents, such as Formula 409®, Lysol® Sanitizing wipes, and Target® brand cleaners with bleach, removed peanut allergen from tabletops. However, dishwashing liquid left traces of the allergen on 25% of the tables. Do not use dishwashing liquid to wash surfaces.

Hands
To test the efficacy of cleaning methods for removing peanut allergens from hands, researchers applied peanut butter to the hands of non-allergic volunteers and then removed the allergen by using different cleaning methods.

- 25% of the hands cleaned using water only still had detectable levels of allergen (peanut butter). Do not use water only to wash hands.
- 50% of the hands cleaned using antibacterial hand sanitizer still had detectable levels of allergen (peanut butter). Do not use antibacterial hand sanitizer to wash hands.
- All hands cleaned using commercial wipes (Wet Ones®, Tidy Tykes® flushable wipes) were free from the allergen (peanut butter).
- All hands cleaned using liquid soap or bar soap were free from the allergen (peanut butter).

Summary
- Surfaces
  Do not use dishwashing liquid to wash surfaces.
- Hands
  Do not use water only to wash hands.
  Do not use antibacterial hand sanitizer to wash hands.
- Do not use surface wipes like Lysol® sanitizing wipes or Target® brand cleaners to wash a student’s hand or face. Wet wipes manufactured for the use on skin should be the only wipes used on a student.

(Perry TT, Conover-Walker MK. Journal of Allergy and Clinical Immunology)
Appendix G: Constructive Classroom Rewards

Constructive Classroom Rewards

Rewarding children in the classroom need not involve candy and other foods that can undermine children’s diets and health and reinforce unhealthful eating habits. A wide variety of alternative rewards can be used to provide positive reinforcement for children’s behavior and academic performance.

“'It’s just a little treat:' the harm in using food to reward children

Schools should not only teach children how to make healthy choices and to eat to fulfill nutritional needs, but also should provide an environment that fosters healthy eating. Providing food based on performance or behavior connects food to mood. This practice can encourage children to eat treats even when they are not hungry and can instill lifetime habits of rewarding or comforting themselves with food behaviors associated with unhealthy eating or obesity. Awarding children food during class also reinforces eating outside of meal or snack times.

Since few studies have been conducted on the effect of using food rewards on children’s long-term eating habits, the best policy is not to use food to reward children for good behavior or academic performance. At minimum, children should not be rewarded using foods of poor nutritional quality. (Note: classroom parties are covered by this policy.)

The value of rewarding children (with non-food rewards)

As teachers know, classroom rewards can be an effective way to encourage positive behavior. Children, like everyone, alter their actions based on short-term anticipated consequences. When trying to foster a new behavior, it is important to reward a child consistently each time he or she does the desired behavior. Once the behavior has become an established habit, rewards can be given every now and then to encourage the child to maintain the preferred behavior.

The ultimate goal of rewarding children is to help them internalize positive behaviors so that they will not need a reward. Eventually, self-motivation will be sufficient to induce them to perform the desired behavior, and outside reinforcement will no longer be necessary.

Physical activity and food should not be linked to punishment

Punishing children by taking away recess or physical education classes reduces their already-scarce opportunities for physical activity. Another counter-productive punishment is forcing children to do physical activity such as running laps or pushups. Children often learn to dislike things that are used as punishments. Thus, penalizing children with physical activity might lead them to avoid activities that are important for maintaining wellness and a healthy body weight. In addition, food should not be withheld as a means of punishing children. The U.S. Department of Agriculture prohibits withholding meals as a punishment for any child enrolled in a school participating in the school meal programs.1


This bonus tip sheet accompanies The Quick & Easy Guide to School Wellness. For details or to order additional copies of the guide, please visit www.healthy.schoolscampaign.org or call 800-HSC-1810

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Appendix G: Constructive Classroom Rewards

<table>
<thead>
<tr>
<th>Constructive Classroom Rewards, page 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examples of beneficial (and inexpensive) rewards for children:</strong></td>
</tr>
</tbody>
</table>

**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 class outdoors
- Extra art, music, PE, or reading time
- Listening to music while working
- Dancing to music

**School supplies**
- Pencils, pens
- Erasers
- 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 certificates to the school store

**Sports equipment and athletic gear**
- Paddleballs
- Frisbees
- Water bottles
- NERF balls
- Hula hoop
- Head and wrist sweat bands
- Jump rope

---


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### Appendix G: Constructive Classroom Rewards

**Toys/trinkets**  
- Stickers  
- Yo-yos  
- Rubber balls  
- Finger puppets  
- Stuffed animals  
- Plastic or rubber figurines  
- Toy cars, trucks, or airplanes  
- Puzzle games  
-Slinky  
- Gliders  
- Magnifying glasses  
- Spinning tops  
- Marbles  
- Jacks  
- Playing cards  
- Stretchy animals  
- Silly putty  
- Bubble fluid with wand  
- Balloons  
- Capsules that become figures when placed in water  
- Inflatable toys (balls, animals)  
- Small dolls or action figures  
- Eyeglasses with nose disguise  
- Hat or cap  
- T-shirt  
- Sneaker bumper stickers  
- Backscratchers  
- A plant, or seeds and pot for growing a plant  
- Books  
- Crazy straws

**Fashion wear**  
- Temporary tattoos  
- Hair accessories  
- Bracelets, rings, necklaces  
- Sunglasses  
- Shoe laces  

**Miscellaneous**  
- Key chains  
- Flashlights  
- Cups  
- Magnets  
- Stuffed animal  
- Magazine subscription  
- Board game

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  
- Step counter (pedometer)  
- Sports equipment, such as tennis racket, baseball glove, soccer ball, or basketball  

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.

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Appendix H: Emotional Wellness, Food-Allergic Children

Children can feel a range of emotions associated with their allergy. These emotions may include fear, sadness, anger, and loneliness with the primary feelings being anxiety and depression.

Several factors can influence the intensity of these emotions. Among these factors are 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 can also help by showing children, through books and music, examples of food-allergic people 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 celebrations, 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 Initiative website (www.faiusa.org) or the Food Allergy and Anaphylaxis Network website (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
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
2300 Children’s Plaza
Chicago, IL 60614
(773) KIDS-DOC
http://www.childrensmemorial.org

Food Allergy Initiative
1414 Avenue of the Americas
New York, NY 10019
The largest private source of funding for food allergy research in the United States. Illinois Support Group Listings.
http://www.faiusa.org

Food Allergy and Anaphylaxis Network (FAAN)
10400 Eaton Place, Suite 107
Fairfax, VA 22030-2208
(800) 929-4040
Educational materials including facts and statistics, sample plans, books, presentation tools, posters, etc., for staff, parents and students. Illinois Support Group Listings.
http://www.foodallergy.org

FAANKids and FAAN Teen
Food allergy news from kids and teens from FAAN
http://www.faankids.org
http://www.faanteen.org

FDA Recall Web Site
https://service.govdelivery.com/service/user.html?code=USFDA

Pharmaceutical Companies and Medical Alert Jewelry

Adrenaclink
http://www.adrenaclink.com/

EpiPen and EpiPen, Jr.
http://www.epipen.com/

Twinject
www.twinject.com
www.twinjecttraining.com

MedicAlert Foundation
2323 Colorado Avenue
Turlock, CA 95382
(888) 633-4298
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 HA, Munoz-Furlong A, Campbell RL, Adkinson NF Jr, Bock SA, 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.
Appendix J: Glossary

**Cross-contamination:** Syn. 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 can also 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 does 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](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](http://www.faiusa.com)
Appendix J: Glossary

**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 may also 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 can also 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.
Appendix J: Glossary

**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 which 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 which 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 should also 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

References


Asthma and Allergy Foundation of America. "What is a Food Allergy", Asthma and Allergy Answers. 1999: December.


Appendix K: References


New York State Department of Health, New York State Education Department, New York Statewide School Health Services Center. (2008, June). Caring for Students with Life-Threatening Allergies. New York State Department of Health, New York State Education Department, New York Statewide School Health Services Center.


Sampson HA. "Food Allergy." Biology Toward Therapy, Hospital Practice. 2000:May.


Appendix K: References


