



Anaphylaxis Prevention, Response, and Management Program

**Formerly Resource Guide
for Supporting Students with Life-Threatening Allergies**

*With important information, guidelines and resources to manage
Allergies and other special dietary needs in District 15 schools*

Presented to the Board of Education on February 9, 2018
Updated March 14, 2019

TABLE OF CONTENTS

SECTION	PAGES
Foreword/Food Allergy Task Force Committee Members	3
Food Allergies in Schools	
What is Anaphylaxis?	4-5
Allergy Statistics	6
Best Practices in District 15	7
Overview of the Laws	8
Federal Legislation	
Section 504 What Are Major Life Activities?	
Illinois State Legislation	
Student Safety Plans	9
Emergency Care Plans	
Individual Health Plan (IHP)	
Section 504 Plans	
General Guidelines and Role Responsibilities	10
We are All Involved	
Checklists: Specific Guidelines for Different Roles	
Parent/Guardian	
Student with Food Allergies	
Nurse/Health Aide	
Classroom Teacher	
Substitute Teacher	
School Administrator	
Custodial Staff	
Lunchroom Supervisor/PTO Lunch Volunteers	
Transportation	
Coach/Activity Sponsor	
Forms and Letters List	11
<hr/>	
APPENDICES	
Appendix A: Food in Classrooms	12
Appendix B: Cleaning Protocol	
Appendix C:Resources	13

Foreword

On June 14, 2017 the Board of Education requested “benchmarking” school-based procedures for managing the safety and welfare of students with food allergies to ensure that District guidelines are enforced consistently and seek out quality practices being used in schools that could be shared across the district. In November 2017, a committee of District 15 parents, staff and administration met to begin the process and established a goal to update the Resource Guide for Supporting Students with Life-Threatening Allergies. As part of District 15’s focus on health and wellness of students and staff, the committee worked to positively influence the learning environment in all District 15 schools so all teachers could focus on teaching and students can focus on learning.

In creating this plan, the committee reviewed the [ISBE guidelines](#), the [Center for Disease Control guidelines](#), as well as plans from several peer districts (Arlington Heights District 25, Schaumburg District 54, Barrington District 220, Park Ridge District 64 and Lake Forest District 67), and community input. The committee did not seek to create allergen-free schools -- an impossible task. Guidelines were developed to allow District 15 schools to be allergy friendly, and ensure that:

- Students are safe and able to learn academically and grow emotionally and socially in their schools.
- Our school community would gain a better understanding of the needs of students with food allergies and other special dietary needs.
- Parents of students with allergies would gain comfort that the District has established procedures and protocols to safeguard all children and staff.
- PTA and parent volunteers at school would have clear support and guidance with student safety procedures
- Staff would have easy-to-follow guidelines for food in classrooms and around the schools.

The key to success is open lines of communication. This plan creates formal avenues for starting those discussions. Parents of children with food allergies are encouraged to talk to teachers, administrators, nurses and other school officials about the individual needs of their child. Staff, too, are encouraged to reach out to parents of children with food allergies if they have any questions or concerns about helping students manage their allergies in school.

FOOD ALLERGY TASK FORCE COMMITTEE MEMBERS

Chairs: Karen Flor, Health Services Coordinator, CCSD15
Dave Barnett, Parent and Community Member

Members: Tom Bramley, Director, Transportation
Tamara Byrne, Assistant Principal
Bobbie Desprat, Director, Nutrition Services
Teresa Drogos Teacher
Kim Haas, Special Education Teacher
Jeanette Harris, Parent, PTA President
Lara Kowalski, Social Worker
Tracy O’Malley, Teacher
Teresa Ostoich, School Nurse
Christine Pavlik, Teacher
Joanna Shostachuk, Assistant Principal
Matt Warren, Principal
Sarah Winter, Parent, SPARK

Food Allergies in Schools

In implementing this Resource Guide for Supporting Students with Life-Threatening Allergies, District 15 recognizes the necessity to create clear and consistent district-wide guidelines to help our administrators, teachers, students and parents protect those with food allergies. Food allergies can be life threatening. They occur when the body's immune system reacts to the protein component in certain foods as if it were harmful. A reaction can occur within minutes or hours after exposure to an allergen. Some individuals may react to just touching or inhaling the allergen; for others, consumption of just a miniscule amount of allergenic food -- be it peanuts, milk, wheat, or some other food -- can cause death. The severity of a reaction is not predictable; every allergic reaction can become a life-threatening reaction. Students with life-threatening food allergies are protected by federal laws prohibiting discrimination on the basis of disability. The American Academy of Pediatrics issued a position statement for the [treatment of anaphylaxis in schools](#).

WHAT IS ANAPHYLAXIS?

Anaphylaxis, sometimes called allergic shock, is a potentially life-threatening medical condition occurring in allergic individuals after exposure to an allergen. It occurs when the body's immune system reacts to harmless substances as though they were harmful invaders. During an anaphylactic reaction, the body releases chemical mediators, such as histamine, that trigger an inflammatory reaction in the tissues of the skin, respiratory system, gastrointestinal tract and cardiovascular system. When the inflammatory symptoms are widespread and systemic, the reaction is termed anaphylaxis. Symptoms include:

Organ	Symptoms
Lungs	Short of breath; wheezing; repetitive cough
Heart	Pale, blue or flushed skin; faint; weak pulse; irregular heartbeat; dizzy
Throat	Tightness or closing of throat; hoarseness, other voice change; trouble swallowing; feeling that something is stuck in throat; not talking
Mouth	Swelling of the tongue and/or lips
Nose	Itchy/runny nose; sneezing
Skin	Hives or rash; widespread redness; swelling of any body part
Gut	Stomach/abdominal cramps; vomiting; severe diarrhea
Brain	Feeling anxiety, confusion, that something bad is about to happen

When these symptoms appear, follow the charts on the following page for treatment. Studies (*Sampson, 1992, and Bock 2001*) show that fatal and near-fatal anaphylactic reactions are sometimes associated with not using epinephrine auto-injector ("EpiPen/AUVI-Q") or delaying its use.

When in doubt, medical advice indicates that it is better to give the student's prescribed epinephrine auto-injector and then call 911. Fatalities occur when epinephrine is withheld. In addition, never send a student to the nurse's office alone.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea/discomfort

FOR **MILD SYMPTOMS FROM MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS FROM A SINGLE SYSTEM** AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

The District 15 Resource Guide for Supporting Students with Life-Threatening Allergies strikes a balance between the right and convenience of all students to eat what they like and the food-allergic student's right to health, safety and social normalcy in the school setting. These guidelines also foster developmentally appropriate increase in independence so that students will reach the long-term goal of self-management of their allergic conditions.

This plan strives to address and respect the emotional as well as the physical needs of students. Fear of allergic reactions and feeling different can drastically alter a student's behavior or academic performance. School social workers and guidance counselors are available to work with families with food-allergic or food-sensitive students.

The emotional wellbeing of all students is at the heart of communication regarding classroom activities and safeguards. All decisions related to activities, location of activities, location of safe eating areas and safe/equivalent alternatives would be made keeping the social-emotional, as well as the physical, wellbeing of all students in mind.

Life-threatening allergic reaction prevention will be addressed in all classrooms, other instructional areas, lunchrooms, outdoor activity areas, school buses, during field trips and with all classroom projects and crafts. This includes allergens that are non-food items such as latex, food colors/additives not consumed and repurposed items used in the classroom (egg/milk cartons and other containers previously containing allergens).

ALLERGY STATISTICS

The following statistics were compiled by [Food Allergy Research & Education, Inc. \(FARE\)](#):

- Up to 32 million Americans have food allergies, including 1 in every 13 children under age 18 or ***roughly two students in every classroom***
- Anaphylactic reactions to food have increased approximately 400% since 2008.
- The annual economic cost of children's food allergies is nearly \$25 billion
- Medical procedures to treat anaphylaxis resulting from food allergy increased by 380 percent between 2007 and 2016.
- More than 15 percent of school-aged children with food allergies have had a reaction in school.
- Approximately 20-25 percent of epinephrine administrations in schools involve individuals whose allergy was unknown at the time of the reaction
- The U.S. Centers for Disease Control reported that food allergies result in more than 300,000 ambulatory-care visits a year among children under the age of 18
- Eight foods account for 90 percent of all reactions: milk, eggs, peanuts, tree nuts, soy, wheat, fish and shellfish
- ***Peanuts and tree nuts account for about 90% of fatal and near-fatal reactions, but other foods can cause fatal or very serious reactions as well***
- Another important statistic to note: Of the allergic reactions happening at school, 79% occurred within the classroom (The Journal of School Nursing, Vol. 20, Number 5, page 268).

Procedures and Policies in District 15:

- Adapt curriculum by using non-food items and replace food awards and rewards in the classroom with non-food items. *see appendix A for additional information.
- Life-threatening latex allergies require accommodations in the school setting as well; maintain a “latex-safe” learning environment.
- Provide safeguards to create a learning environment (classroom) free of student specific allergens.
- All celebrations that occur during school hours, including holiday parties (e.g. Halloween and Valentine’s Day) and birthday celebrations, shall be activity centered - **free of food**. *see appendix B for non-food related celebration ideas.
- Establish an allergen safe area in the lunchroom for students who need an added layer of protection. Student utilization of this area will be determined with the input of parents, students and staff.
- Establish an allergen safe area where food will be eaten/provided for events/activities. For example, PTA & extra-curricular activities. *see appendix C for cleaning protocols
 - Advice from medical experts and research regarding cleaning methods: FARE recommendations on [cleaning surfaces](#); American Academy of Allergy Asthma and Immunology [expert recommendations for removal of peanut allergen](#).
- District sponsored activities/celebrations (which occur before or after school hours), where food is provided, **must**:
 - have parents/guardians present to assist or advocate for students with life-threatening allergies (activities such as Dads & Donuts, Munchies with Mom, Fun Fairs, Back to School picnics...).
 - provide a safe environment and equivalent options for students with food allergies.

Best practice would provide participants with food items with an ingredient list to allow informed decision-making.

- Designated adults shall ensure protocols for appropriate cleaning methods are followed at the conclusion of all events involving food. This may include club sponsors, student council sponsors, coaches and leaders of events which involve food in a room utilized for student learning...
- Food allergy concerns, as well as the policies and procedures in place for food use in District 15 facilities will be shared with PTA, the Park District (C.A.R.E.), and any organizations renting space to ensure they are aware.
- No food may be sent home with students on the bus (including fundraisers, such as Market Day or food left over from an approved activity)
- Teach all staff about signs and symptoms of anaphylaxis. Training will include:
 - how to recognize symptoms of an allergic reaction;
 - review of high-risk areas;
 - steps to prevent allergen exposure;
 - 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
 - sensitivity training
- Create a Positive Psychosocial Climate
 - Children with food allergies need an environment where they feel secure and can interact with caring people they trust. Bullying, teasing, and harassment can lead to psychological distress for children with food allergies, which could increase their risk of an accidental exposure and possibly delay their communication of symptoms of an allergic reaction.
 - If a food allergen is used during bullying to physically threaten a student allergic to that food, it could result in a life-threatening reaction. A positive psychosocial climate—coupled with food

allergy education and awareness for all students, families, and staff members—can help minimize feelings of anxiety and alienation among students with food allergies.

Overview of Laws

Federal Legislation: Certain federal laws may be relevant to District 15’s responsibilities for meeting the needs of students with severe food allergies.

Section 504 of the Rehabilitation Act of 1973 prohibits all programs and activities receiving federal financial assistance, including public 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 food allergy) that “substantially limits a major life activity.” (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et. seq.).

WHAT ARE MAJOR LIFE ACTIVITIES?

Major life activities covered by the Section 504 definition as amended by the ADAAA 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, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

“Substantially limited” is not defined in Section 504 regulations but generally means an individual is unable to perform a major life activity that the average person in the general population could perform.

In order to determine eligibility criteria as outlined in the regulations, an individual assessment of the student is required.

Americans with Disabilities Act of 1990 (ADA) also prohibits discrimination against any individual with a disability and extends the Section 504 requirements to 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.).

Americans with Disabilities Act Amendment Act of 2008 (ADAAA) made several changes to both the ADA and the Rehabilitation Act that impacted students with food allergies. The amendments created a list of major life activities that could be limited by a disability. Eating and breathing are on this list. The amendments added wording to include impairments that are episodic and require schools to ignore the ameliorative effects of medication when determining eligibility (PL 110-325 (S 3406)).

Individuals with Disabilities Education Act of 2004 (IDEA) provides financial assistance to state and local agencies for educating students with disabilities that significantly interfere with learning. Children are eligible if they fit into one or more of the 13 categories of disability defined in the law and if, because of their disability, they require specialized instruction (20 U.S.C. § 1400 et. seq.; 34 C.F.R. § 300 et. seq.).

Illinois State Legislation:

Public Act 094-0792 allows for self-administration of medication by a student with asthma or the use of an epinephrine auto-injector by a student, when the parents or guardians 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.

House Bill 5892 was signed into law on July 30, 2014 and effective August 1, 2014. The law allows trained school personnel to administer epinephrine to quell an allergic reaction, even if the staff member is not a nurse.

Student Safety Plans

When district staff receive notice that a child has a life-threatening food allergy, they will work with parents/guardians to gather documents, information, and medications to develop and implement an appropriate safety plan. There are three different plans applicable for students with allergies. Parents begin the process for developing a plan by following the steps below:

1. Notify the district of their child's allergy in one of the following ways:
 - *When entering the district for the first time*, indicate the presence of an allergy or other food-related medical condition on the online registration form. The school nurse will contact you upon review of the registration.
 - *When a student already enrolled in the district is diagnosed for the first time or there is a change in the student's diagnosis*, contact the school nurse.
2. Provide the school nurse with the following (which must be updated annually or sooner, when a there is a change):
 - Allergy History Form (when first diagnosed and updated when a change occurs)
 - Emergency Care Plan (updated annually)
 - Medication forms (updated annually):
 - Permission to Administer Medication (covers all necessary medications for the student, including Epinephrine Auto-injector & antihistamine medications)
 - Permission to Self-Administer Asthma Medication and Epinephrine Auto-injector (if parents would like child to carry medication)
 - At least one up-to-date epinephrine auto injector (it is recommended that you provide two or more, based on your child's activities and travel throughout the school day)
 - Other medications required by the student

EACH YEAR, TAKE ACTION

Every year, before the first day of student attendance, parents should provide the following updated information to the school nurse, including:

- Emergency Care Plan
- Permission to Administer Medication forms
- At least one up-to-date epinephrine auto injector
- Any other medications prescribed for the student to manage his or her allergies needs at school

Once the nurse has all necessary information, school staff will partner with parents/guardians to develop the appropriate plan for the child.

All students who have been diagnosed with allergies must have an emergency care plan on file. This plan (sometimes referred to an Emergency Action Plan / EAP) requires the signature of the child's parent or guardian.

The IHP will include steps for risk reduction beyond measures stated in this Resource Guide, emergency response during the school day, while traveling to and from school, during school-funded events and while on field trips. It will identify where the epinephrine auto-injector (and any backup devices) will be stored.

The 504 Plan The District assembles a multidisciplinary team, which will include a variety of school staff and the parents. The team works to develop a plan which will include the necessary accommodations, aids, and services. Usually one person is responsible for coordinating the 504 Plan to make the process easier. This process takes place prior to entry into school, or immediately after diagnosis. The 504 Plan is updated regularly and as needed. See page 8 for a description of the law that governs qualification for a Section 504 plan.

First Allergic Reactions - Responding to Students with Undiagnosed Allergies

Identification of students at risk of anaphylaxis cannot be predicted, and it is possible that a student who has not been identified could have his or her first reaction at school. That is why all staff are trained to recognize the symptoms of an allergic reaction (see page 4), and on the use of epinephrine auto-injectors. Students with any symptoms should be escorted to the nurse's office with an adult, and there should be no hesitation to administer epinephrine. There are extra, undesignated Epinephrine at each school, in the nurse's office for this situation.

General Guidelines and Role Responsibilities

In District 15, staff has a range of responsibilities concerning students with life-threatening food allergies. Each student's team ultimately determines the responsibilities of individual staff members. This guide will help teams determine which accommodations are necessary and options that are beneficial for a given student, based on factors including the student's age, allergens involved, and the facilities at the school.

WE'RE ALL INVOLVED

All students, regardless of whether they are capable of epinephrine self-administration, need help from others when they have an allergic reaction - and we all play a role in preventing reactions from occurring. The severity of the reaction may hamper their attempt to self-inject. Adult supervision is mandatory. The American Academy of Allergy, Asthma & Immunology (AAAAI) says, "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..." All District 15 nurses, as well as at least 2 other school-based district staff, are required to have CPR training that is routinely updated and current.

Checklists: Specific Guidelines for Different Roles

The District has established best practices for individuals who interact with or are involved in caring for students who have food allergies. These guidelines include specific checklists that will help all stakeholders understand their roles and responsibilities:

1. [Parent/Guardian](#)
2. [Student with Food Allergies](#)
3. [Nurse](#)
4. [Classroom/ substitute Teacher](#)
5. [School Administrator](#)
6. [Custodial Staff](#)
7. [Nutrition Services](#)
8. [Lunchroom Supervisor/PTA Lunch Volunteers](#)
9. [Transportation](#)
10. [Coach/Activity Sponsor](#)

Forms and Letters List

The following documents will be compiled for any child with a food allergy. Many of these documents will help ensure that the school has the correct medical information on the student's condition and are used to educate staff and others as necessary, to establish necessary avoidance precautions for risk-reduction, and to create appropriate emergency-response procedures.

Documents :

[Allergy History Form](#)

[Food Allergy & Anaphylaxis Emergency Care Plan](#)

[Physician Statement For Food Substitution Form](#)

[Permission to Administer Medication](#)

[Allergy Alert Letter to Parents](#) (from nurse)

Appendix A: Food in Classrooms

- Students shall not bring food to share in the classrooms. This is inclusive of edible Valentine greetings, Halloween or other celebrations.
- Teachers shall not provide food as a reward in the classroom.
- Teachers may only use food in the curriculum when there is an educational benefit.
 - Teachers wanting to use food, must notify the building principal at least two weeks in advance and complete the [form](#) to request the use of food in the curriculum.
 - Upon approval, all parents of students included in the activity will be given prior notice and permission slip
 - Necessary alternatives are offered
- Teachers' desks are considered their work space; teachers who work in their classroom during lunch *without students* present shall, before students return to the classroom, thoroughly clean their desk as described in Appendix C and other workspace touched while eating (with approved cleaning wipes), and wash their hands before returning to work with students.
- When PTAs or other organizations hold events in District 15 facilities, the guidelines listed above in the Specific Guidelines for Different Roles shall be followed.

[Overview](#)

[Quick reference guide](#)

Appendix B: Cleaning Protocol

CLEANING METHODS

Cleaning tables and other surfaces to effectively remove food allergens can make homes, schools and cafeterias safer for children with food allergies.

- Clean and sanitize with soap and water or all-purpose cleaning agents and sanitizers that meet state and local food safety regulations.
- Treat all surfaces that come into contact with food in kitchens, classrooms and other locations where food is prepared or eaten.
- Clean and sanitize food preparation equipment, such as food slicers, and utensils before and after use.
- Clean and sanitize trays and baking sheets after each use. Oils can seep through wax paper or other liners and cause cross-contact.
- Use appropriate hand washing procedures that emphasize the use of soap and water. Plain water and hand sanitizers are not effective in removing food allergens.

American Academy of Allergy, Asthma & Immunology [recommendations](#)

Appendix C: Resources

- [Non-food related celebration ideas](#)

District 15 relied on many great resources in developing this plan. We encourage parents of children with allergies to access these networks for information and support:

- [Mothers of Children Having Allergies \(MOCHA\)](#): A support group for parents in northern Illinois.
- [Food Allergy Research and Education \(FARE\)](#): A national organization dedicated to advocacy and education.
- [Illinois State Board of Education Guidelines](#)
- [Centers for Disease Control Guidelines](#)
- [Recommended Practices for Reducing the Risk of Exposure to Food Allergens:](#)
- [Food Allergy Awareness](#): A presentation for elementary school students.
- [How to C.A.R.E.[™] for Students with Food Allergies: What Educators Should Know](#): This free online interactive course teaches educators how to prepare for food allergy and anaphylaxis. It is specifically designed for school personnel – administrators, nurses, teachers, and other staff – in the United States.
- [Medic Alert](#)

Food Allergy Videos you can reference or share

- [Food Allergy Bullying \(Video\)](#)
- [Thank You for Keeping Us Safe and Included \(Video\)](#)
- [The mission of FARE \(video\)](#)
- [Other Food Allergy Videos](#)

Links to additional food-related health issues:

- [Autism](#)
- [Celiac Disease](#)
- [Diabetes](#)
- [Eosinophilic Esophagitis](#)

Links to general healthy living/healthy child resources:

- [Let's Move!](#) The First Lady's initiative to combat childhood obesity.
- [Fruits & Veggies: More Matters](#)
- [Healthy Schools Campaign](#)
- [Action for Healthy Kids](#)