



District 109 Food Allergy Management Plan

*With important information, guidelines, and resources to manage food allergies
and other special dietary needs in District 109 schools*

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A team of parents, staff and community members created District 109's Food Allergy Management Plan to positively influence the learning environment in all District 109 schools so all teachers could focus on teaching and students could focus on learning, safely and healthily. This plan was designed specifically to address food allergies but can be used as a stepping stone for the successful management of other food-related issues (diabetes, celiac disease, and gluten sensitivities, etc.). The guidelines allow District 109 schools to be allergy-friendly and ensure that:

- Students are safe and able to learn academically and grow socially and emotionally 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 those students would gain comfort in that wider understanding of their children's needs and would be able to easily access resources available to protect the health of children at school
- Staff would have easy-to-follow guidelines for food in classrooms and around the schools

The plan is reviewed regularly to ensure that it continues to meet those objectives.

Best Practices in District 109:







The following practices will be followed in District 109 schools:

- Address life-threatening allergic reaction prevention in all classrooms and other instructional areas, lunchrooms, outdoor activity areas, school buses; during field trips; and with all classroom projects and crafts.
- Adapt curriculum by substituting non-food items, and replace food awards and rewards in the classroom with non-food items.
- Hold classroom celebrations, including holiday parties and birthday celebrations, that are food free.
- Establish and enforce facility guidelines, in place 24/7, that limit snacks brought by students (or those who rent the facilities) into classrooms to those on the [Food in the Classrooms](#) list.
- Establish designated areas (in addition to the lunchroom) where potentially allergenic food can be eaten, and provided for special events/activities. Post [signage](#) for those designated areas.
- Develop protocols for appropriate cleaning methods for lunchtime, and following events in designated areas that involve food.
- Communicate with PTOs, the Deerfield Park District, and any organizations renting space to ensure they are aware of food allergy issues and the policies and procedures in place for food use in District 109 facilities.
- Determine who should be familiar with an individual student's 504 Plan, [Individual Health Care Plan](#), and [Food Allergy and Anaphylaxis Emergency Care Plan](#).
- Teach all staff about signs and symptoms of anaphylaxis.



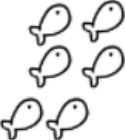





Food in Classrooms

Daily Snacks: In focusing on the overall health of students and creating the optimal teaching and learning environment during school hours, the District establishes the following guidelines for food in classrooms:

Elementary: Teachers have the option to determine if there will be snacks allowed during class. If snack is allowed, students may bring snacks that are fruits, vegetables, cheese, and yogurt. Dried fruits and applesauce are allowed. No additions, toppings or mix-ins (such as dips or spreads, granola or cookie crumbs) shall be included. If teachers allow drinks in the classroom, the only drink in the classroom shall be water.

ELEMENTARY SCHOOL SNACKS		
		
		

Middle School: Teachers have the option to determine if there will be snacks allowed during class. If snack is allowed, students may bring snacks that are fruits, vegetables, cheese, yogurt, pretzels, goldfish crackers, and lunch meat. Dried fruits and applesauce are allowed. No additions, toppings or mix-ins (such as dips or spreads, granola or cookie crumbs) shall be included. If teachers allow drinks in the classroom, the only drink in the classroom shall be water.

MIDDLE SCHOOL SNACKS			
			
			

Classroom Parties:

Classroom parties, including holiday parties as well as birthdays and other celebrations in the classroom, shall be food-free. Students shall not bring food to give as gifts or share with other students (such as with Valentine's cards, on Halloween, or as holiday gifts).

Other Food in Classroom:

- Students shall not bring food to share in the classrooms.
- Teachers shall not provide food as a reward in the classroom.
- Teachers can use food in the curriculum when there is an educational benefit
 - Teacher must notify the building principal at least two weeks in advance; the principal will request the teacher [complete a form to request the use of food in the curriculum](#)
 - Parents are given prior notice and permission slip
 - Necessary alternatives are offered
 - Food is not to be eaten
- Teachers' desks are considered their workspace; teachers who work in their classroom during lunch without students present shall before students return to the classroom, thoroughly clean their desk and other workspace touched while eating (with approved cleaning wipes), and wash their hands before returning to work with students.

Other Events Held in District 109 Facilities:

When PTOs or other organizations hold events in District 109 facilities, the following shall apply:

- After-school enrichment, before-school care, or other programs held in school classrooms must follow the daily snack guidelines. In the elementary schools, fruits, vegetables, cheese, and yogurt are allowed in classrooms; in the middle schools, fruits, vegetables, cheese, yogurt, goldfish crackers, and lunchmeat are allowed in classrooms.
- Other food items shall be eaten in designated areas (cafeteria, gym, or other as determined by building administration).
- Terms of District 109 facility rental agreements will include information about the restrictions on food in classrooms.

Special Event Exemptions:

Exemptions for food may be made in special cases for "Special Events". Schools must apply to the superintendent for an exception to the Food Allergy Management Plan. [Here is the form to submit first to the building principal and then to the superintendent](#). This form must be submitted to the superintendent at least two weeks before the event in order to be considered for an exemption.

Student Safety Plans

When District staff receives 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 of developing a plan by following the steps below:

1. Notify the District of their child's allergy:

- 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 under "Medical/Dental" information, and check that it is a critical condition that staff should be aware of.
- When a student already enrolled in the District is diagnosed for the first time, contact the building nurse.

2. Provide the school nurse with the following (which must be updated yearly or when there is a change):

- [Allergy History Form](#)
- [Food Allergy and Anaphylaxis Emergency Care Plan](#)
- Medication Forms:
 - [Permission to Administer Medication](#) (covers all other necessary medications for the student during the school day, including antihistamine medications)
 - 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
- Other information as requested by the District staff

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:

- [Allergy History Form](#)
- [Food Allergy and Anaphylaxis Emergency Care Plan](#)
- [Permission to Administer Medication forms](#)

They also should bring the nurse at least one up-to-date epinephrine auto-injector and any other medications the student needs at school to manage his or her allergies or related health issues.

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

Food Allergy & Anaphylaxis Emergency Care Plan

All students with allergies must have an emergency care plan on file. For some children, this information is the only plan necessary. The [Food Allergy and Anaphylaxis Emergency Care Plan](#) form must be completed by a licensed healthcare provider. This plan also requires the signature of the child's parent or guardian.

Individual Health Care Plan (IHCP)

A school representative will meet with the parent or guardian to develop an [Individual Health Care Plan](#) (IHCP), which creates strategies for managing the student's food allergy, either prior to entry into school or immediately after diagnosis. An IHCP indicates, in writing, what the school will do to accommodate the individual needs of the student.

The IHCP includes a [Food Allergy and Anaphylaxis Emergency Care Plan](#) (see above), which details the specific steps staff must take in the event of an allergic reaction. The IHCP should include (but not be limited to) steps for risk reduction and 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) should be stored and how devices will be monitored for expiration. It will be signed by the parent/guardian.

Section 504 Plan

The District and parents meet to determine if the child qualifies as a person with a disability under Section 504 of the Rehabilitation Act of 1973. The District assembles a multidisciplinary team that will include a variety of school staff and the parents to determine this eligibility. If the child is found eligible, 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 or as needed. More information on 504 procedures can be found on the [District website](#). See page 14 for a description of the law that governs qualification for a Section 504 plan.

Like the IHCP, the 504 Plan also includes a [Food Allergy and Anaphylaxis Emergency Care Plan](#) (see above), which details the specific steps staff must take in the event of an allergic reaction. The 504 Plan should include (but not be limited to) steps for risk reduction and 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) should be stored and how devices will be monitored for expiration. It will be signed by the parent/guardian and building nurse/designated school personnel.

QUICK LOOK: WHICH PLAN SHOULD A STUDENT HAVE?

Adequate plans to handle allergic reactions can save a child's life! Students who have food allergies must have a Food Allergy and Anaphylaxis Emergency Care Plan, Individual Health Care Plan, and/or 504 Plan. The team will work together to determine which plan is right based on each individual student needs, and what the plan includes. Note that all 504 Plans and Individual Health Care Plans must include a Food Allergy and Anaphylaxis Emergency Care Plan for food allergies.

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 12), 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 EpiPen/AuviQ devices at each school, in the nurse's office for this situation.

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 will be used to educate staff and others as necessary, to establish necessary avoidance precautions for risk-reduction, and to create appropriate emergency-response procedures. Documents include:

[Allergy History Form](#)

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

[Individual Health Care Plan \(IHCP\)](#)

[Permission to Administer Medication](#)

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

[Designated Area Sign](#) (for building administration)

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. [District Nurse & Building Nurse](#)
4. [Classroom Teacher](#)
5. [Substitute Teacher](#)
6. [School Administrator](#)
7. [Custodial Staff](#)
8. [Lunchroom Supervisor/PTO Lunch Volunteers](#)
9. [Transportation](#)
10. [Coach/Activity Sponsor](#)

Food Allergies in Schools

When implementing this Food Allergy Management Plan, District 109 recognized 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 minuscule 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. In many cases, based on the determination of an educational team, 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	HEART	THROAT	MOUTH
Short of breath, wheezing, repetitive cough	Pale, blue, faint, weak pulse, dizzy	Tight, hoarse, trouble breathing/ swallowing	Significant swelling of the tongue and/or lips
			OR A COMBINATION of symptoms from different body areas.
SKIN	GUT	OTHER	
Many hives over body, widespread redness	Repetitive vomiting, severe diarrhea	Feeling something bad is about to happen, anxiety, confusion	

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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	MOUTH	SKIN	GUT
Itchy/runny nose, sneezing	Itchy mouth	A few hives, mild itch	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.

This plan strives to address and respect the emotional as well as the physical needs of students. Fear of allergic reactions 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 District 109 Food Allergy Management Plan 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 increased independence so that students will reach the long-term goal of self-management of their allergic conditions.

ALLERGY STATISTICS

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

- Up to 15 million Americans have food allergies, including 1 in every 13 children under age 18 or ***roughly two students in every classroom***
- Food allergies among children increased approximately 50% between 1997 and 2011
- The annual economic cost of children's food allergies is nearly \$25 billion
- 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).

Overview of Laws

Federal Legislation: Certain federal laws may be relevant to District 109’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 pupil with asthma or the use of an epinephrine auto-injector by a student, provided that 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.

D109 Food Allergy Management Plan History

In July 2014, a committee of District 109 parents, former parents and staff met, under the guidance of Denise Bunning, co-founder of [Mothers of Children Having Allergies \(MOCHA\)](#) and a key contributor to the Illinois State Board of Education (ISBE) guidelines for managing food allergies in schools. The committee's goal, as part of District 109's focus on health and wellness of students and staff, was to develop a food allergy management plan that would positively influence the learning environment in all District 109 schools so all teachers could focus on teaching and students can focus on learning, safely and healthily. This plan was designed specifically to address food allergies but can be used as a stepping stone for the successful management of other food-related issues (diabetes, celiac disease, and gluten sensitivities, etc.).

In creating this plan, the committee reviewed the [ISBE guidelines](#), the [Center for Disease Control guidelines](#), as well as plans from several peer districts (North Shore District 112, Lake Forest District 67 and Wilmette District 39), and reviewed input from the community. The committee did not seek to create allergen-free schools -- an impossible task. They sought to develop guidelines that would allow District 109 schools to be allergy-friendly, and ensure that:

- Students are safe and able to learn academically and grow socially and emotionally 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 those students would gain comfort in that wider understanding of their children's needs and would be able to easily access resources available to protect the health of children at school
- 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, but parents of children with food allergies are encouraged to talk to teachers, administrators, nurses and other school officials about individual needs. Staff, too, is 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.

Resources

District 109 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](#)
- [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.
- [Food Allergy Bullying \(Video\)](#)
- [Thank You for Keeping Us Safe and Included \(Video\)](#)
- [Other Food Allergy Videos](#)
- [Medic Alert](#)

Links to additional food-related health issues:

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

Links to general healthy-living/healthy child resources:

- [Fruits & Veggies: More Matters](#)
- [Healthy Schools Campaign](#)
- [Action for Healthy Kids](#)