

Homer CCSD 33C Food Allergy Guidelines

1/29/2024

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ATTENDANCE FOR ALLERGY GUIDELINE MEETING JANUARY 29, 2024:

- Katie Bialek, Young School Principal
- Colleen Engel, Young School Nurse
- Jessica Lundeen, Young School Secretary
- Joanna Gonnella, Parapro, parent
- Carrie Teller, SPED (Schilling)
- Ted Teller, 1st grade (Goodings Grove)
- Holly Odom, Student-Centered Coach
- Missy Chandarana, board member, parent
- Kerry Gorecki, Goodings Grove Nurse

Resource Guide for Supporting Children with Life-Threatening Allergies

PURPOSE AND GOAL

The Homer Community Consolidated School District 33C cannot guarantee an allergen-free environment for students with life threatening allergies or may not be able to prevent harm to students in emergencies. The goal is to be allergy aware and to minimize the risk of exposure to food allergens that may pose a threat to those students, educate the students, staff, and parents, and maintain an up-to-date system-wide protocol for responding to the needs of children with allergies. Primary to this goal is to educate students to self-manage his/her allergies. A system-wide effort requires the cooperation of all groups of people within the plan.

Definition

A food allergy is a medical condition in which exposure to a food trigger provides a harmful immune response. The immune response called an allergic reaction occurs because the immune system attacks proteins in the food that are normally harmless. The proteins that trigger the reactions are called allergens.

General Information about Life-Threatening Allergies/Anaphylaxis

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.

Food allergies affect 8 percent of children younger than 18 and 11 percent of adults. About every 10 seconds a food allergy sends a patient to the ER. Allergy prevalence continues to increase significantly over the years. Over 90 percent of allergic reactions are caused by the following nine foods: peanut, tree nut (walnut, cashew, pecan, hazelnut, almond, pine nuts, sesame, pistachios, amongst others), milk, egg, fish, shellfish, soy, wheat and sesame. 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.

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:

Wheezing

Hives

Itching (of any part of the body)

Throat tightness or closing

Swelling (of any body parts)

Vomiting

Diarrhea

Difficulty swallowing
Stomach Cramps
Coughing Change of voice/hoarseness
Shortness of breath or tightness of chest; difficulty in or absence of breathing
Heartbeat complaints - rapid or decreased
Blueness around lips, inside lips, eyelids
Sweating and anxiety
Skin Flushing or color becomes pale
Sense of impending disaster or approaching death
Loss of bowel or bladder control
Burning sensation, especially face or chest
Loss of consciousness

Students who have a diagnosis of Asthma, may have triggered reaction to an allergen

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. -It is imperative that following the administration of epinephrine, the student be transported by emergency medical services (EMS) to the nearest hospital emergency department even if symptoms have been resolved. A single dose from an epinephrine auto-injector may provide a 10-15 minute (or less) window of relief. A second dose of epinephrine may be required if symptoms do not lessen or if medical help does not arrive quickly. A large multicenter study recently published showed that 12 percent of children requiring epinephrine for a life-threatening reaction to food required a second dose. Anaphylaxis appears to be much more likely among children who have already experienced an anaphylactic reaction. Anaphylaxis does not require the presence of any skin symptoms, such as itching or hives.

In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma. When in doubt, it is important to give the student's prescribed epinephrine auto-injector and seek medical attention (see [Appendix 12](#)). Fatalities have been associated with delay in epinephrine administration. ¹

Importance of Prevention

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

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

General Guidelines

Guidelines for Students with Life-Threatening Allergies (as developmentally appropriate)

The student with food allergies is the most important member of the safety team. The student having age appropriate education should be able to identify his/her food allergies. It is important to make the

¹ Per Food Allergy Research & Education, updated June 4, 2020.

student aware of what accommodations he/she should be receiving so that he/she might assist appropriately.

- Recognize the first symptoms of an allergic/anaphylactic reaction.
- Avoid sharing or trading snacks, lunches and/or drinks and do not trade or share utensils and/or containers with any students.
- Ask about ingredients for all food offered. If unsure that the food is allergen-free, do NOT take or eat the food.
- Inform an adult as soon as accidental exposure occurs and/or symptoms appear.
- Know where the epinephrine auto-injector is kept and who has access to it.
- Carry your own epinephrine auto-injector when appropriate.
- Wash hands before and after eating.
- Report teasing, bullying and threats to an adult authority pertaining to food allergies.
- Learn to become a self-advocate.
- Develop a relationship with the nurse and/or other trusted adult in the school to assist in identifying issues related to the management of the allergy in school.
- Learn to recognize symptoms of anaphylactic reaction.

Guidelines for All Students (as developmentally appropriate)

- Do not trade or share foods, utensils and/or containers.
- Follow school rules about keeping allergens out of the classroom.
- Wash hands before and after eating, especially important if nuts are eaten.
- Respect allergen-free areas and be prepared to move if your food is felt to be potentially dangerous to an anaphylactic student.
- Respect all classmates, never bully or tease a child with a food allergy or other type of anaphylaxis (bee stings, latex etc.).

Guidelines for Parents/Guardians with a Child with a Food Allergy

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.

- Inform the nurse of your child's allergies prior to the beginning of the school year (or as soon as possible after a diagnosis).
- Complete and return completed Emergency Action Plan (EAP) (Appendix #1).

- Participate in team meetings and communicate with all staff members, including nurse, 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 review prevention and EAP with the team, decide if and where additional antihistamine and epinephrine auto injector will be kept in the school, aside from the one in the nurse's office or designated area, and if so, where.
- Provide the school with up-to-date epinephrine auto injector and any other prescribed medication.
- Clearly label your child's lunch so as to avoid mix-up.
- Provide a list of foods and ingredients to avoid.
- Provide allergen-free shelf-stable 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 with the licensed medical provider's statement if student no longer has allergies.
- Be willing to go on your child's field trips and/or participate in class parties, events, and extra-curricular activities if possible and if requested.
- Discuss emergency procedures for school district bus service with school personnel. Review transportation requirements/situation for student.
- Review snack ingredients on the PTO website or request the ingredients from the PTO, as needed.

Guidelines for All Parents

- Respond cooperatively when requested from school to eliminate allergens from snacks and foods brought in for parties/celebrations.
- Encourage children to respect anaphylactic child and school policies.

Guidelines for Building Administration

- Meet with parent/guardian and appropriate staff members to establish an Emergency Action Plan (EAP), an Individual Health Care Plan (IHCP) and/or 504 Plan for allergic student.
- Supervise and implement school board's food allergy policies. Provide training and education for staff on school board policy and procedures for food allergies, including 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, and how to respond to a student with a known allergy as well as a student with a previously unknown allergy and track attendance of in-service training for staff on management of students with food allergies.
- Ensure substitute teachers, nurses, and staff understand their roles 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 is hired or changes position.
- Inform parents of emergency procedures relative to food allergies.
- In sub folders, alert the substitute that a child in the classroom has a life-threatening allergy. This may be done by one of the following options: highlighting allergies for that student, making note in your sub plans, or putting a sticker by the student name.
- Inform all parents/guardians in advance of any school-wide events where food will be served or used.
- Facilitate the acquisition of ingredient lists for food products or food provider's contact information if parent /guardian requests.

Guidelines for Director of Buildings and Grounds

- Provide training for custodians on proper cleaning and sanitation pertaining to food allergies.

Guidelines for Custodial Staff

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

Nurse Guidelines

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

- Schedule a meeting including student's teacher(s) and the student's parent/guardian to develop the EAP, Individual Health Care Plan (IHCP), and/or 504 Plan for the student.
- Use State of Illinois' Emergency Action Plan (EAP), the student's IHCP, and/or the student's 504 Plan. Distribute final copies as needed.
- Ensure that appropriate personnel know the location of medication and EAP. School must designate an area of the building to house medication.

- Ensure epinephrine auto injector and antihistamines are stored in a secure, unlocked designated area. Track medications for expiration dates.
- Refer to the school board's Food Allergy Guidelines (available in the designated area and immediately accessible) for any additional information as needed.
- Disseminate relevant health concerns, EAP, IHCP and/or 504 Plans to appropriate staff.
- Ensure student having a suspected allergic reaction is accompanied by an adult at all times.
- Establish a contingency plan in the case of a substitute nurse.
- Establish a means of communication with playground staff and physical education teacher via communication device.
- Educate and inform students, their parents, teachers, aides, substitutes, and volunteers about how to prevent, recognize and respond to food allergy reactions. Avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated and enforce school rules about bullying and threats.
- Ensure that medical information for students having a reaction is sent with Emergency Medical Service (EMS).
- Assist in the identification of an "allergy-free" eating area in the classroom and/or cafeteria.
- Discuss emergency procedures for school district bus service with school personnel. Review transportation requirements/situation for students.
- Ensure medical alert is listed in PowerSchool for the student.
- Notify staff of an undesignated location.
- If use of undesignated Epinephrine be sure to fill out ISBE document within 36 hours.

Guidelines for the Classroom Teacher

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

- 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.
- At the Pre-K-4th grade level, allow the food-allergic student to keep the same locker and desk all year to help prevent accidental contamination since food is often stored in lockers and desks. Consider providing storage for lunches and other food products outside the classroom.
- Keep the student's Emergency Action Plan (EAP), Individual Health Care Plan (IHCP), and/or 504 Plan accessible in the classroom.

- Leave information for substitute teachers in an organized, prominent, and accessible format. Follow school district guidelines for substitute teacher folders.
- Assist in the identification of an “allergy-free” eating area in the classroom and/or cafeteria.
- Assist in identifying classmates to sit together at allergy-free tables.
- Know the location of undesignated Epinephrine pens and notify the nurse if used.

Food Snacks

- Adapt curriculum, awards, rewards, or prizes by substituting allergen-free food or non-food items in rooms where students having an EAP are or may be present. Parents may be helpful in identifying safe alternatives or providing other recommendations.
- For students in grades Pre-K-4th, if the child has an allergy with a physical- documented history or anaphylaxis-related reactions to specific foods, the teacher will monitor food coming into the classroom.

Classroom Activities

- Consider the presence of allergenic foods in classroom activities (e.g. arts and crafts, science projects, celebrations, and/or other projects). Modify class materials as needed.
- Prior to distributing food in the classroom, teachers must provide ingredients or vendor contact information to parents/guardians.
- If a food event has been held in an allergic child's classroom(s), have the custodian wash the tables and chairs.
- Encourage the use of stickers, pencils, or other non-food items as rewards instead of food.
- When animals are present in a school you must follow Policy 6:100, 6:100-E1 and 6:100-E2.
- Only teachers may contribute/purchase food for events. Parents are not allowed to bring food into the school.

Field Trips

- Notify the parent/guardian of anaphylactic students prior to a field trip so that the parent/guardian can call the field trip destination to determine risk. Consider the student when planning a field trip due to a risk of allergen exposure.
- Have the parent of the anaphylactic student clearly label his/her child's lunch so as to avoid mix-up.
- Collaborate with the building nurse prior to planning a field trip. Ensure epinephrine auto-injector and Allergy EAP are taken on field trips.
- Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- Invite parents of student at risk for anaphylaxis to accompany his/her child on school trips, in addition to the chaperone(s). However, the parent's presence at a field trip is not required.
- Consider ways to wash hands before and after eating (e.g. provision of hand wipes, etc.).
- Identify one staff member who will be assigned the task of watching out for the student's welfare and handling any emergency.
- Plan for the availability of a cell phone for communication.
- Ensure that children with life-threatening allergies are in groups on field trips with our district staff who have been trained in Emergency Allergy Response Plans or with their own parent.

- If the risk factors are too great to control, the parent may decide that the anaphylactic student may be unable to participate in the field trip.

Allergic Reaction

- Do not question or hesitate to immediately initiate an EAP if a student reports symptoms or exhibits signs of an allergic reaction.
- Seek assistance if student has ingested or is suspected to have ingested a known allergen.
- Ensure students having a suspected allergic reaction are accompanied by an adult at all times.
- Initiate emergency response team if allergic reaction is suspected.

Guidelines for Substitute Teacher

- Substitute folders/plans will highlight the names and allergies of children with life-threatening allergies.
- Substitute teachers can consult with school nurse for training if unfamiliar with epinephrine auto-injector use and symptoms of an anaphylactic allergic reaction.

Guidelines for Recess/Lunch Personnel and Outside-of-Classroom Activities

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, and/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.

- 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, and 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.
- Carry an epinephrine auto injector for a student per the discretion of the nurse based on allergies and medical history or the student 504/IEP/Medical Plan.
- Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the nurse/Designated School Personnel (DSP).
- Accompany students with suspected allergic reactions. An adult must be with the student at all times. Students experiencing an allergic reaction must not be left alone.
- Ensure current antihistamine and epinephrine auto injector is readily accessible to food-allergic students. An adult staff member, trained in its use, must be onsite.
- Establish a means of emergency communication (walkie-talkie/cell phone/similar communication device) by staff in the gym, on the playground and other recess sites.
- Reinforce that only students with allergen-free lunches or snacks eat at the allergen-free table.
- Encourage hand washing or use of hand wipes for students after eating.
- Participate in in-service training on the identification of anaphylaxis, risk reduction and emergency response procedures.
- Be willing to administer medication in emergencies.

Guidelines for Supervisors and Coaches of School Funded Activities

- Participate in in-service training on the identification of anaphylaxis, risk reduction and emergency response procedures.
- Make certain that emergency communication device (e.g. walkie-talkie, intercom, cell phone, etc.) is always present.
- Call 911 if an allergic reaction is suspected.
- Parents will notify supervisors and/or coaches about their child's Emergency Action Plan (EAP), epinephrine auto injector and emergency medication and where it will be kept for every sport season.
- Medical Alert identifications may be covered or taped but must not be removed for activities. Illinois Elementary School Association (IESA) permits the student-athlete to wear the medical alert bracelet.
- Be willing to administer medication in emergencies.
- Respond to allergic symptoms caused by food allergens according to an Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan.
- Contact nurse for EAP for every activity.
- 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.
- Know location of undesignated Epinephrine pens.

Guidelines for Director of Support Personnel

- Provided training/education for all school bus drivers regarding life-threatening allergies and what to do if they suspect a student is having an allergic reaction.
- Provide each school bus driver with the Emergency Action Plan (EAP) for every student with food allergies on his/her assigned route.
- Make certain that all emergency communication devices (e.g. walkie-talkie, intercom, cell-phone, etc.) are maintained and always present on buses.
- Maintain a procedure for not allowing foods or beverages to be consumed on school buses unless medically necessary.
- Maintain secure, unlocked designated area for epinephrine auto injector and other medication(s). Track medications for expiration dates and arrange for them to be current.

Guidelines for Athletic Director

- Make sure "Extra-Curricular Permission Form for Students with Severe Allergies" is in the parent athletic packet.
- Provide students' "Extra-Curricular Permission Form for Students with Severe Allergies" to coaches/supervisors
- Provide coaches/supervisors with a copy of the Homer 33C Allergy Guidelines for them to review.
- Know location of undesignated Epinephrine pens.

Guidelines for School Bus Driver

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

- Participate in all in-service training on the identification of food-allergic reactions, risk reduction and emergency response procedures.
- Initiate school guidelines for students having an allergic reaction. A student with a suspected allergic reaction already in progress must not board the bus.
- Maintain policy of no food consumption allowed on school buses, unless medically necessary.
- Do not leave a student having a suspected allergic reaction alone. Call 911.
- Keep the student's Emergency Action Plan (EAP), Individual Health Care Plan (IHCP), and/or 504 Plan accessible on the bus.
- If epinephrine auto injector is provided, please pick up from the bus barn every day.

Guidelines for PTO Members/PTO Treat Volunteers

- When contracting with a food vendor, review policies and procedures required for children with allergies.
- Prior to distributing food during the school day, PTO must provide ingredients and nutritional information to parents prior to sale.