

Procedures for Managing Life-Threatening Food Allergies in School

Edited By School District 21



2011

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Foreword

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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.

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Foreword

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

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

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Introduction

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

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

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

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

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

(Sampson, 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

Regardless of whether the student has an IHCP, 504 Plan or both, schools can provide invaluable resources to students with food allergies and their families by helping students feel accepted within the school community. They can teach students to:

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

For more information on IHCPs (Appendix B-6) and 504 Plans (Appendix B-8) see Overview of Laws (page 14-16).

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

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).”

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.)

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

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.

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.

Food Allergies

Recommended Documentation

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

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

- Emergency Action Plan (EAP)
- Individual Health Care Plan (IHCP)
- 504 Plan
- Allergy History Form
- Medical Alert to Parents / Guardians

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.

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.

Creating a Safer Environment for Students with Food Allergies

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Emergency Action Plans (EAP)

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

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

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

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

Individual Health Care Plan (IHCP)

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 life threatening 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. 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

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504 Plans(Appendix B-7)

A school district must designate a person responsible for developing and overseeing 504 Plans (the “504 Coordinator”). Upon knowledge, and within a reasonable period (10 school days), (or, for a student who is already in school, immediately after the diagnosis of a life threatening food-allergic condition), the school district’s 504 Coordinator must determine, in consultation with the 504 Plan team, whether the student has a qualifying disability under Section 504 by gathering the necessary information from the student, the student’s parents/guardians, and medical professionals.

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

Developing 504 Plan or Individual Health Care Plan (IHCP)

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

- EAP
- Parent or guardian's signed consent to share information with other school staff.
- 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.

General Guidelines

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This section serves as a guide for schools to outline the range of responsibilities school district staff have concerning a student with a life-threatening allergy. Note that each student's team ultimately determines 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. Schools are often considered high-risk settings because of the risk of cross-contamination on tables, desks and other surfaces, and exposures 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)
- Limit food related to fundraising, birthday celebrations, PTA functions to cafeteria or another designated areas. Incorporate non-allergenic foods or non-food items.
- Establish cleaning procedures for common areas (i.e., libraries, computer labs, music, art room and hallways, etc.).
- 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.
- 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

- Teach all faculty and staff about the signs and symptoms of possible anaphylaxis. This training should include:
 - How to recognize symptoms of an allergic reaction.
 - Review of high-risk areas.
 - Steps to take to prevent exposure to allergens.
 - How to respond to an emergency.
 - How to administer an epinephrine auto-injector.
 - How to respond to a student with a known allergy as well as a student with a previously unknown allergy.

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

School Administrator's Guidelines

School Administration Checklist

	Meet with parent/guardian and appropriate staff members to establish an Emergency Action Plan (EAP), an Individual Health Care Plan and/or 504 Plan for allergic student.
	Supervise and implement School Board's food allergy policies. Along with school nurse, provide training and education for staff on School Board policy and procedures for food allergies, including: <ul style="list-style-type: none"> • 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.
	Along with teachers ensure substitute teachers, nurses/Designated School Personnel (DSPs) and food service supervisors 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, including transportation, 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.
	Inform parent/guardian if any student experiences an allergic reaction for the first time at school. Suggest resources to parents. 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.
	Establish a means of communication with playground staff and physical education teacher via communication device.
	Ensure that reliable communication devices are available in the event of an emergency.
	Provide school coaches or other program adults with specific information pertaining to all students with life-threatening allergies, and training, if parent/guardian agrees. Review the Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan with nurse/Designated School Personnel (DSP).
	Make certain that an emergency communication device (i.e. walkie-talkie, intercom, cell phone, etc.) is always available.

School Administrator's Guidelines (cont.)

School Administration Checklist (cont.)

	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 and transportation checklist.
	Avoid the presence of allergenic foods at activity sites and consider the use of allergenic foods in activities. Modify plan to remove student's allergens from activity. This may involve advance communications to parent/guardian when snacks or food is involved.
	Comply with School Board policies and procedures regarding life-threatening allergies for all bake sales (or similar events) held on school grounds. Food should be tightly wrapped or sealed. The display table must be washed after use. Food should not be consumed in classroom(s) after the sale/event.

School Administrator's Guidelines (cont)

Field Trip Checklist (Principal)

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

School Administrator's Guidelines (cont)

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Field Trip Medication Checklist (Nurse)

	Acquire medications, Emergency Action Plan and communication device the morning of the trip is the school personnel's responsibility. School district policy for dispensing medicine should be followed.
	Provide the certified staff member who may administer the medication with an EAP and with instructions about the emergency response.
	Dispense medication in a labeled container with the date and time that it is to be given. Emergency or rescue medication must be labeled appropriately.
	Supply certified staff or parent/guardian of child designated by the nurse/Designated School Personnel (DSP) with required medications. Written permission shall be on file for any student to carry self-administering medications. Review EAP.

Food Service Guidelines

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Food Service Guidelines

Schools must provide a meal substitution if a) it is required by the student's Individual Health Care Plan 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.. Parents and students should be allowed access to food labels to identify ingredients in the products used by the school's cafeteria.

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."

Save and copy all current ingredient labels from in-bound food orders. Frequently labels are only found on exterior of packaging.

Place labels in a binder for staff and parent review.

Food Service Guidelines

Food Service Checklist

	Review the school district Food Allergy Policy and direct any questions to the nurse/Designated School Personnel (DSP).
	Follow school district policy regarding the dissemination of information relative to food allergies.
	Implement all recommendations and requirements for students with an Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan.
	Take all complaints seriously from any student with a life-threatening allergy.
	Set up procedures for the cafeteria regarding food-allergic students.
	Review menus (breakfast, lunch and after-school snack), a la carte items, vending machines, recipes, food products, and ingredients to identify potential allergens.
	Meet with parent/guardian to discuss student's allergy, if requested. Make available advanced copies of the menu or menu changes to parent/guardian when requested.
	Make appropriate substitutions or modifications for meals served to students with food allergies after receiving a physician's medical statement.
	Do not deviate from school district-approved recipes.
	Have allergen-free meals for field trips, if requested.
	Create specific areas that will be allergen safe.
	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.
	Create specific kitchen areas that will be allergen safe (i.e. allergen-free prep tables, fryers).
	Avoid the use of latex gloves by food service personnel, when necessary. Order non-latex gloves instead.
	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.
	Read all food labels and re-check routinely for potential food allergens. Labels need to be checked each time a food order is received since ingredients can change without notice.
	Train all food service staff and their substitutes to read product food labels and recognize food allergens.
	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.
	Sign up for notification of recalls from the Food Allergy and Anaphylaxis Network and the FDA.
	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.
	Provide food service personnel with student EAPs.

Transportation Checklist

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Transportation Checklist (Private Sector Bus Company)

	Provide a representative from the bus company for annual training to discuss implementation of an Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan and other medically related crisis information.
	Do not leave a student having a suspected allergic reaction alone. Call 911 if needed.

Custodial Staff Guidelines



Custodial Staff Checklist

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

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

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

Classroom Teacher Guidelines (cont.)

Classroom Teacher/Specialist Checklist (cont.)

	Along with the school nurse, educate and inform students and their parents, teachers, aides, substitutes, and volunteers who may have contact with students having an EAP about how to recognize, prevent and response to food allergy reactions. Avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with a food allergy is being treated and enforce school rules about bullying and threats.
	Wipes, Wet Ones, etc. will be used to regularly wipe down desks and other work surfaces only in those classrooms that have an allergic student. It will not be common practice across all classrooms to use wipes to regularly wipe down desks and other work surfaces.
	Do not send students with food allergies home on the bus if they report any symptoms of an allergic reaction, no matter how "minor". Consult with school nurse and Principal.

Substitute Teachers Checklist

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

	Ensure that food or products containing student's allergens are not used for class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, or other purposes.
	Pay special attention to other allergies students may have, such as allergies to animals. Allergies may also encompass the animal's food (peanuts, fish, and milk). Animals must be viewed or contained in a pre-approved designated area outside the classroom.
	Wash the tables, chairs, floors and countertops if a food event, including lunch, has been held in an allergic student's classroom(s). The washing should be done by a custodian or supervising adult.

Classroom Teacher Guidelines (cont.)

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Classroom Snack Checklist

	Restrict allergens from the allergic student's classroom at all times. When classrooms are used for meals in schools without a central cafeteria, there must be a designate allergen-free area. Steps must be taken so that these areas are not contaminated by allergens.
	Ask the parent/guardian of a student with food allergies to provide allergen-free snacks for his/her own child. These snacks should be kept in a separate snack box or chest. Encourage healthy snacks like fruits and vegetables.
	Do not allow a student who inadvertently brings a restricted food to the classroom, to eat that snack in the classroom. This student will have to eat the restricted food at lunch time or bring the snack home.
	Prohibit sharing or trading food at school.
	Wipe down the student's area or individual desk or adjoining desks if contamination of foods is suspected. An adult/teacher/Designated School Personnel (DSP) must wipe the area. The student must not be required to wipe down their own area prior to eating to avoid accidental exposure to or ingestion of allergens.
	Along with the school nurse teach students proper hand washing technique. Hand washing is recommended before and after the handling/consumption of food. All persons entering the classroom are encouraged to wash/wipe hands upon entering.

Classroom Teacher Guidelines

Field Trip Checklist

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

Nurse/DSP Checklist



Nurse/Designated School Personnel (DSP) Checklist (Nurse)

	Schedule a meeting including student's teacher(s) and the student's parent/guardian to develop the 504 Plan and/or Individual Health Care Plan (IHCP) for the student.
	Use State of Illinois' Emergency Action Plan (EAP), the student's IHCP and/or the student's 504 Plan. Distribute final copies as needed.
	Ensure that appropriate personnel know the location of medication and EAP (Appendix B-5). School must designate an area of the building to house medication.
	Ensure epinephrine auto-injectors and antihistamines are stored in a secure, unlocked designated area. Track medications for expiration dates and arrange for them to be current.
	Refer to the school board's Food Allergy Policy (available in the designated area and immediately accessible) for any additional information, as needed. Review Appendix I for additional resources.
	Disseminate relevant health concerns, EAP, IHCP and/or 504 Plans to appropriate staff.
	Having a contingency plan in the case of a substitute nurse/DSP.
	Educate and inform students and their parents, teachers, aides, substitutes, and volunteers about how to prevent, recognize and respond to food allergy reactions. Avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated and enforce school rules about bullying and threats. (Sample Classroom Letter to Parent/Guardian - Bullying -Additional Resources).
	Ensure that medical information for student having a reaction is sent with Emergency Medical Service (EMS).
	Assist in the identification of an "allergy-free" eating area in the classroom and/or cafeteria, as needed.
	Discuss emergency procedures for transportation companies or school district bus service with school personnel. Along with business manager, review transportation requirements/situation for students.

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Return to School After an Allergic Reaction Checklist (Nurse)

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

Periodic Emergency Response Drill/Nurse

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

Preparing for an Emergency: Periodic Emergency Response Drill (Nurse)

	Provide training for school personnel about how to recognize, prevent and respond to food allergy reactions.
	Identify team members for the emergency response team, including CPR/AED trained personnel.
	Create a list of those trained in the administration of antihistamine and an epinephrine auto-injector. Disseminate the list appropriately.
	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).
	Ensure access to an antihistamine, an epinephrine auto-injector and allergy-free foods when developing plans for fire drills, lockdowns, etc.
	Coordinate with local Emergency Medical Service (EMS) on emergency response in the event of food-allergic reaction.
	Adhere to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.

Outside-of-Classroom & Extracurricular Activities Guidelines



Outside-of-Classroom Activities Guidelines

Students participate in many activities outside the classroom. It is critical that a student with food allergies be provided a safe environment both inside and outside the classroom. These activities might include recess, physical education, field trips, school-sponsored events or athletics. Teachers and staff responsible for lunch, recess, coaching or non-classroom activities must be trained to recognize and respond to a severe allergic reaction.

Other Instructional Areas/Lunch/Recess Monitors Checklist

	Along with school nurse, train adult supervisors responsible for students with food allergies.
	Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the nurse/Designated School Personnel (DSP).
	Have an adult accompany students with suspected allergic reactions.
	Carry an epinephrine auto-injector for a student if off school grounds.
	Ensure current antihistamine and epinephrine auto-injector is readily accessible to food-allergic students. An adult staff member, trained in its use, must be on-site.
	Establish a means of emergency communication (walkie-talkie/cell phone/similar communication device) by staff in the gym, on the playground and other recess sites.
	Reinforce that only students with allergen-free lunches or snacks eat at the allergen-free table.
	Encourage hand washing or use of hand wipes for students after eating.
	Respond to exercise-induced allergic symptoms, as well as allergic symptoms caused by other allergens according to an Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan.

Coaches/Activity Leaders/Athletic Trainers



Coaches/Activity Leaders/Athletic Trainers Checklist

	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 participating in these events. An adult staff member, trained in its use, must be onsite.
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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 as soon as possible after a diagnosis.
	Complete and return completed the Emergency Action Plan (EAP)
	Participate in team meetings and communicate with all staff members, including nurse/DSP, who will be in contact with the child (preferably before the beginning of the school year) to: <ul style="list-style-type: none"> • Discuss development and implementation of EAP, IHCP or 504 Plan. • Establish prevention plan.
	Decide if additional antihistamine and epinephrine auto-injectors will be kept in the school, aside from the one in the nurse's office or designated area, and if so, where.
	Provide the school with up-to-date epinephrine auto-injectors.
	Provide a list of foods and ingredients to avoid.
	Provide allergen-free snacks/lunches for your child. The snack/lunch will be available for your child for a special event or if the snack/lunch becomes cross-contaminated. Discuss location of allergen-free snack in classroom with student.
	Consider providing a medical alert bracelet for your child.
	Provide the nurse/DSP with the licensed medical provider's statement if student no longer has allergies.
	Be willing to go on your child's field trips or participate in class parties or events, if possible and if requested.
	Notify school nurse if your student will be attending any school sponsored extracurricular activities to ensure training of supervisors

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

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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.

Form for Modifying Meal

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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.

United States Department of Agriculture (USDA) Regulations:

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

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

Form for Modifying Meal

School Based Child Nutrition Programs PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION

CHILD NAME:	AGE:	DATE
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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. 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 City, State, Zip Code)

PHYSICIAN STATEMENT

1. Does child have a life threatening food allergy according to 7 CFR Part 15b that requires food accommodation?

If yes, provide the following information and complete items 3, 4, and 5 below.

- a. What is the allergy? _____
b. What major life activity is affected? _____
c. How does the allergy restrict the diet? _____

2. Child has no life threatening food allergy 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.

Date

Signature of Physician

FOR SCHOOL USE ONLY

- ☐ Form received on _____
☐ Form completed and accommodations will begin on _____
☐ Form complete, but accommodation will not be made
☐ Child does not have a life threatening food allergy ☐ Request not reasonable
☐ Form incomplete. Parent contacted on _____

Emergency Action Plan

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

Emergency Action Plan

ILLINOIS FOOD ALLERGY EMERGENCY ACTION PLAN AND TREATMENT AUTHORIZATION

Child's
Photograph

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

TEACHER: _____ GRADE: _____

ALLERGY TO: _____

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

Weight: _____ lbs

ANY SEVERE SYMPTOMS AFTER SUSPECTED INGESTION:

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

Or Combination of symptoms from different body areas:

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

INJECT EPINEPHRINE IMMEDIATELY

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

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

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

MILD SYMPTOMS ONLY

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

GIVE ANTIHISTAMINE

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

IF SYMPTOMS PROGRESS (see above), INJECT EPINEPHRINE

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

MEDICATIONS/DOSES

EPINEPHRINE (BRAND AND DOSE): _____

ANTIHISTAMINE (BRAND AND DOSE): _____

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

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

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

CONTACTS: Call 911 Rescue squad: (_____) _____

Parent/Guardian: _____ Ph: (____) _____

Name/Relationship: _____ Ph: (____) _____

Name/Relationship: _____ Ph: (____) _____

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

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

Parent/Guardian Signature: _____ Date: _____

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 food service personnel
- Follow-up:
 - o 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.
 - o Amend the Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan as needed.
 - o Specify any changes to prevent another reaction.

☐

Appropriate staff trained; documented in Health Office

LOCATION OF MEDICATION

☐

Health Office/Designated Area for Medication

☐

Other: _____

☐

Student to Carry

Individual Health Care Plan (IHCP)

INDIVIDUAL HEALTH CARE PLAN (IHCP)

Individual Health Care Plan

<u>CONFIDENTIAL</u>	
Individual Health Care Plan (IHCP) for _____ Allergens _____	
PROBLEM: Risk for anaphylaxis	GOAL: Prevent allergic reactions from occurring and ensure students safety at school
<u>Parent (please answer the questions below):</u> 1. My child requires medication at school? Yes _____ No _____ 2. I would like my child's emergency medication kept in: Nurses Office _____ Other _____ 3. Does your child require an allergen free eating area? Yes _____ No _____ If no, document in 504 Plan. 4. I would like to accompany my child on field trips? Yes _____ No _____ 5. My child will be allowed to wash his/her hands with soap and water or use a cleaning wipe before eating. Yes _____ No _____ Please list other accommodations needed at schools _____ _____ _____ _____	<u>Teacher Responsibilities</u> <ul style="list-style-type: none"> 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 allergen 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 or provide a barrier before eating; allow the student with the food allergy to wash their hands before eating; ensure the student with the food allergy eats only food supplied by the parent; carry a cell phone or 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)

INDIVIDUAL HEALTH CARE PLAN (IHCP)

CONFIDENTIAL

Individual Health Care Plan (IHCP) for _____ Allergens _____

Principal Responsibilities	School Nurse Responsibilities
1. Ensure there are walkie-talkies available to playground and P.E. staff	<ul style="list-style-type: none">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.
2. Conduct training for allergic reactions to food at the beginning of each school year.	<ul style="list-style-type: none">Assist principals with training for allergic reactions to food.
3. Delegate proper cleaning of the allergen free area in the lunchroom and classroom (when the classroom is used as a lunchroom)	<ul style="list-style-type: none">Ensure access to emergency medication when developing plans for fire drills, lockdowns, etc.
4. Reinforce the non-sharing of food at school.	<ul style="list-style-type: none">If student rides the bus, provide a copy of the Emergency Action Plan to the bus company.
5. Allow students to bring designated healthy snacks to school.	<ul style="list-style-type: none">A copy of the student's Emergency Action Plan and IHCP will be distributed on a need to know basis.
6. Ensure student has an allergen free area available in the lunchroom if parent indicated an allergen free area is needed (see parent section).	

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

Parent Signature

Date

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.

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.

Parent or Guardian: _____ Date: _____

Print Name: _____

Classroom Letter to Parent

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 further limiting our snack list to _____. Even trace amounts of these allergens could result in a severe allergic reaction therefore they cannot be allowed in the classroom.

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

Letter to Parent about 504 Plans/IHCP

.....

Date: _____

Dear Parent/Guardian:

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

If your student has a life-threatening allergy or life-threatening chronic illness, please notify either

_____ or
(school nurse or Designated School Personnel) (phone)

_____ or
(Section 504 coordinator) (phone)

Section 504 protects students from discrimination due to a disability that substantially limits a major life activity. If a student is suspected of having a qualifying disability under Section 504, the school will convene a Section 504 team to determine eligibility and as needed, appropriate supports and services to address the student's individual needs. If the student is protected under Section 504, an individualized Section 504 Plan will be developed and implemented to provide the needed supports so that the student can access his or her education as effectively as students without disabilities.

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

Other 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) 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.

Emotional Wellness, Food-Allergic Children

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

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

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

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

Parents/Guardians 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).

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

AdrenaClick

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

EpiPen and EpiPen, Jr.

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

Twinject

www.twinject.com
www.twinjecttraining.com

MediAlert Foundation

2323 Colorado Avenue
Turlock, CA 95382
(888) 633-4298
www.MediAlert.org

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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.

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>

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>

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.

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 an 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.

Sensitivity and Bullying

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

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

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

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

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 team should consider the factors below when developing the school or school district or non-public school's food-allergy policy, 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 be permitted to 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.

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), but 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 is 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, 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 accidentally 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)