

# Guidelines for Managing Life-threatening Food Allergies in Illinois Schools



**Illinois State Board of Education  
Illinois Department of Public Health**

**2010**

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## Foreword

The Illinois School Code has been amended to provide that not later than July 1, 2010, the State Board of Education, in conjunction with the Department of Public Health, shall develop and make available to each school board guidelines for the management of students with life-threatening food allergies. The guidelines will include education and training for school personnel, procedures for responding to life-threatening allergic reactions to food, a process for the implementation of an Emergency Action Plan (EAP), an individualized health care plan (IHCP) and/or a 504 Plan for students with life-threatening food allergies, and protocols to prevent exposure to food allergens. Each school board will be required to implement a policy based on the guidelines by January 1, 2011. This resource contains recommendations that represent best practices.

This document was developed in collaboration with the following group of participants:

### **Food Allergy Experts**

Christine Szychlinski, APN, CPNP  
Children's Memorial Hospital  
Manager, Bunning Food Allergy Program

Victoria (Vyki) Jackson, R.N., MS, CSN  
IL DHS-School Health Program

Pam Strunk, B.S.N., CSN, CVT, CHT  
Head Nurse, Wilmette Public Schools

### **Parent Representatives**

Kristin Kamon Miller, Committee Chairperson  
Parents of Children with Allergies/DuPage  
Miller Business Aspects, Inc.

Shelly DeRousse  
Parents of Children with Allergies/South  
Stahl Cowen Crowley Addis, LLC

Denise Bunning  
Mothers of Children Having Allergies/North

### **Teacher Organizations**

Gina Cone, R.N., B.A., IL-CSN  
Ridgewood/Wells Elementary;  
East Moline School District #37, IEA

Emily Dawson  
Local President of 4406, IFT

### **Administrator Representatives**

Doug Drexler  
Assistant Director for Teaching and Learning  
Batavia Public Schools

Ray Lechner  
Superintendent, Wilmette Public Schools

Roger Eddy, State Representative  
Superintendent Hutsonville CUSD #1

### **Principal Representatives**

Paul J. Mikulcik, Ed.D.  
Retired Principal

Troy Hickey  
Principal, Robinson High School

### **School Board Representative**

Kimberly Small  
Asst. General Counsel, IL Assoc. of School Boards

### **Illinois State Board of Education**

Chris Schmitt  
Stephanie Hinds  
Shawn Rotherham

### **Illinois Dept of Public Health**

Conny Moody / Elizabeth Watkins  
Jayne Nosari / Bill Beaty

# Foreword

The committee creating the guidelines for the State of Illinois reviewed other state guidelines and several Illinois school policies, using the best practices found within these documents and additional medical documents. Illinois was fortunate to have a number of state guidelines and school policies to review while creating these guidelines.

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

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

### **Additional review and input was received from:**

#### **Children’s Memorial Hospital**

Jacqueline Pongracic, M.D.  
Head, Allergy and Immunology  
Associate Professor of Pediatrics and Medicine

#### **Drs. Ganju and Lantner, M.D., S.C.**

Renee Lantner, M.D.  
Allergist, Private Practice, Western Springs, IL  
[www.westernspringsallergy.com](http://www.westernspringsallergy.com)

#### **Food Allergy & Anaphylaxis Network**

Eleanor Garrow-Majka  
Vice President of Education  
and Outreach

Christopher Weiss  
Vice President of Advocacy  
and Government Relations

#### **Food Allergy Initiative**

Mary Jane Marchisotto  
Executive Director

Steve Rice  
Director of Public Affairs

Barbara Calluori  
Advocacy Steering Committee

Jill Mindlin  
Member

#### **Sneeze, Wheeze and Itch and Associates**

Anjuli Nayak, M.D.  
Allergist, Private Practice, Normal, IL

Implementation of health care procedures, guidelines and plans that focus on food allergy education, awareness, avoidance and immediate treatment of allergic reactions are critical to saving lives.

## Introduction

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

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

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

Any portion of this document may be reproduced for education and training or as a resource for the development of a school board's policy and administrative procedures. Schools are encouraged to use this document 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, H.A., "Food Allergy", from *Biology Toward Therapy*, Hospital Practice.)

# Food Allergies

## Food Allergies on the Rise

Food allergies affect 4 percent of children younger than 18 and 2.5 percent of adults. Allergy prevalence has increased significantly since 1998. Every food-allergic reaction has the possibility of developing into a life-threatening reaction and even with proper treatment can be fatal. A life-threatening reaction can occur within minutes or hours after exposure to the allergen. Some individuals may react to just touching or inhaling the allergen while for others consumption of a miniscule amount of an allergenic food can cause death.

The emotional, as well as the physical, needs of the child must be respected. A student's behavior may be drastically altered by their fears of a reaction. School social workers or guidance counselors should be available to work with families with food-allergic students. Students with food allergies are "at-risk" for eating disorders and/or teasing. For example, a student may choose not to eat rather than risk embarrassment of a reaction in front of a peer.

## Working With Families

The best practice is for all students with food allergies to have an Emergency Action Plan (EAP) (Appendix B-5) in place. An Individual Health Care Plan (IHCP)(Appendix B-6) and/or 504 Plan (Appendix B-7) must contain an EAP. Regardless of whether the student has an IHCP, 504 Plan or both, schools can provide invaluable resources to students with food allergies and their families by helping students feel accepted within the school community. They can teach students to:

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

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 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 readjust their own thinking and strategies for maintaining a normal, but safe environment for their children.

The threat to this balance is never greater than when a child begins school. What had worked so well in their own home is now being entrusted to unfamiliar people, who may or may not be knowledgeable about food allergies and supportive of parents.

# Food Allergies

## Allergic Reaction Characteristics

Allergic reactions to foods vary and can range from mild to severe, life-threatening reactions. Bee/insect stings, as well as medications and latex, also have the potential of causing life-threatening reactions. (Appendix A)

During an allergic reaction to a specific food, the immune system recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators, such as histamine. Ingestion of the food allergen is the principal route of exposure leading to allergic reaction. The symptoms of a food-allergic reaction are specific to each individual. Even a trace (very small) amount of food can, in some instances, quickly lead to fatal reactions. Research indicates that exposure to food allergens by touch or inhalation is unlikely to cause a life-threatening reaction. However, if children touch the allergen and then place their fingers in or near their nose or mouth, the allergen could become ingested and could cause a life-threatening reaction.

Allergies can affect almost any part of the body and cause various symptoms. Anaphylaxis involves the most dangerous symptoms including but not limited to: breathing difficulties, a drop in blood pressure, or shock, which are potentially fatal. Common signs and symptoms of allergic/anaphylactic reactions may include:

- Hives
- Itching (of any part of body)
- Runny nose
- Vomiting
- Diarrhea
- Stomach cramps
- Change of voice/hoarseness
- Coughing
- Wheezing
- Throat tightness or closing
- Swelling (of any body parts)
- Red, watery eyes
- Difficulty swallowing
- Difficulty breathing
- Sense of doom

In a study by M. Wensing, those individuals who developed severe symptoms to a peanut challenge did so at lower doses than those who had mild symptoms.

(Wensing, M. Journal of Allergy and Clinical Immunology.)

A child may be unable to describe their reaction the way an adult might expect.

Here are a few ways children might express or state their allergic reaction:

- Exhibit screaming or crying.
- Very young children will put their hands in their mouths or pull at their tongues.
- “This food’s too spicy. It burns my mouth (or lips).”
- “There’s something stuck in my throat.”
- “My tongue and throat feel thick.”
- “My mouth feels funny. I feel funny (or sick).”

# Food Allergies

When the symptoms are rapid in onset and severe, the medical diagnosis is anaphylaxis. With anaphylaxis there is always the risk of death. Death could be immediate or may happen two to four hours later due to a late phase reaction. The most dangerous symptoms include breathing difficulties and a drop in blood pressure leading to shock. It is imperative that following the administration of epinephrine, the student be transported by emergency medical services (EMS) to the nearest hospital emergency department even if symptoms have been resolved. A single dose from an epinephrine auto-injector may provide a 10-15 minute (or less) window of relief. A second dose of epinephrine may be required if symptoms do not lessen or if medical help does not arrive quickly. A large multicenter study recently published showed that 12 percent of children requiring epinephrine for a life-threatening reaction to food required a second dose.

Anaphylaxis appears to be much more likely among children who have already experienced an anaphylactic reaction. Anaphylaxis does not require the presence of any skin symptoms, such as itching or hives. In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma. When in doubt, it is important to give the student's prescribed epinephrine auto-injector and seek medical attention. 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.

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.**

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

# Food Allergies

## Cross-Contamination

Cross-contamination happens when different foods are prepared, cooked or served using the same utensils and surfaces. When preparing and serving food, it is critical to make sure that food preparation and serving utensils are not exposed to allergens and then used for another food. Food production surface areas must be cleaned before, during and after food preparation.

Some examples of cross-contamination would be:

- Lifting peanut butter cookies with a spatula and then using the same spatula to lift sugar cookies.
- Using a knife to make peanut butter sandwiches, wiping the knife and then using that same knife to spread mustard on a peanut-allergic student's cheese sandwich.

## Cleaning and Sanitation

Any surfaces used for the preparation and service of meals need to be properly cleaned and sanitized. For preparation areas, the work surface and all utensils and pots and pans need to be washed with hot soapy water. Work surface areas, counters, and cutting surfaces need to be cleaned thoroughly between uses. The use of the color-coded cutting board system implemented for food safety also can help minimize the risk of cross-contamination when preparing foods for students with food allergies.

Examples of areas of concern include:

- After using a food slicer to slice cheese, the slicer must be cleaned thoroughly before being used to slice other foods to prevent contamination with cheese protein.
- Wash trays or cookie sheets after each use, as oils can seep through wax paper or other liners and contaminate the next food cooked on the sheet or tray.

Common household cleaning agents, such as Formula 409®, Lysol® sanitizing wipes and Target ®brand cleaners with bleach, removed allergens from table tops.

Dishwashing liquid left traces of the allergen on tables. Do NOT use dishwashing liquid to clean surface areas.

Allergens must be physically removed from the surface. (Appendix F)

(Perry, T.T., Conover-Walker, M.K. Journal of Allergy and Clinical Immunology.)

# Food Allergies

## Recommended Documentation

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

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

- Emergency Action Plan (EAP) (Standard form for state of Illinois, Appendix B-5)
- Individual Health Care Plan (IHCP)(Appendix B-6, Overview of Laws, pages 14-16)
- 504 Plan (Appendix B-7, Overview of Laws, pages 14-16)
- Allergy History Form (Appendix B-7)
- Medical Alert to Parents / Guardians (Appendix B-9)

C. Weiss found that 74 percent of school nurses surveyed developed their own guidelines. It is our hope that by adding these examples we can decrease this duplicate effort. These examples are meant to serve as templates and may be changed to fit your needs.

(Weiss, C. The Journal of School Nursing)

The most important way to prevent a life-threatening reaction is to protect a student from exposure to offending allergens.

## Food Allergy in School

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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 a food allergy are to be taken seriously. Delay in treatment could be fatal.

There are some general considerations for students with food allergies. Remember students with food allergies are children, first and foremost. Do not ask them if it is acceptable to deviate from any of their individual plans. Be aware of signs of anxiety or bullying.

Also, younger students are more likely to put their hands and/or items in their mouths and may require food-free or allergen-free classrooms. This may include everyone thoroughly cleaning their hands before entering the classroom and after eating. Be aware that even the small amount of milk present as creamer in coffee may be an issue, so everyone who enters the classroom must be aware of and follow the student's individual plan.

Accidents are more likely to happen when there is an unplanned event, such as an unplanned celebration with food. It is essential that the student's EAP, IHCP and/or 504 Plan is followed exactly. If you have questions, ask before allowing any changes. This also applies to changes that 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 two to four hours of eating and usually progress rapidly.

Studies have shown that accidental food exposures do occur in the school setting. Even with the best of plans, accidental ingestions may happen. All complaints from students with food allergy are to be taken seriously and evaluated according to their EAP, IHCP and/or 504 Plan. Know your role in treating a student's symptoms and how to get help should a reaction happen. Do not delay! Delay in receiving the appropriate medication (epinephrine) for an allergic reaction has been the key contributor to food allergy fatalities.

## Overview of Laws

### Potential Legal Consequences

Schools are prohibited by federal law from discriminating against students with food allergies and are required to provide them with the same educational services and activities that other students receive. While the students are in the custody of the school, the school has the responsibility to keep them safe. Since food allergies are potentially deadly, the consequences of a school's negligence in protecting a food-allergic student could result in legal and financial liability, including personal injury lawsuits brought by harmed students or their families. For that reason, a good food allergy plan is not only in the best interest of the food-allergic students, it is in the best interest of the school district.

### An Overview of Laws Requiring Schools to Protect Food-Allergic Students

Certain federal laws govern the school district's responsibilities for meeting the needs of students with severe food allergies and other forms of anaphylaxis. These guidelines are in addition to, and not in lieu of, those federal laws. The school district has an obligation to seek suitable means of reasonably accommodating a student upon notification and confirmation of potentially life-threatening food allergies and to keep a record indicating that the school conscientiously carried out this obligation. Included in this duty is an obligation to gather sufficient information from the food-allergic student and qualified experts as needed to determine what accommodations are necessary. Each food-allergic student is different and will require a different individualized plan based on a variety of factors, including his or her food allergies, age, medical history, recommendations from doctors, and facilities in the school. Sometimes a student's individual needs will require the school to take more precautions and to make more accommodations than are required by these general guidelines.

### Section 504 of the Rehabilitation Act of 1973 (Section 504)

Section 504 prohibits all programs and activities receiving federal financial assistance, including all public schools and some private schools, from discriminating against students with disabilities, as defined in the law. A student with a disability under Section 504 is defined as one who has a physical or mental health impairment (in this case, life-threatening anaphylaxis) that "substantially limits a major life activity". (29 U.S.C. § 794; 34 C.F.R. § 104, et seq.).

Major life activities covered by this definition include, but are not limited to, caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activities also include the operation of major bodily functions, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. Food allergies may affect multiple major life activities and bodily functions. "Substantially limited" is not defined in Section 504 regulations. In order to determine eligibility criteria as outlined in the regulations, an individual assessment of the student is required.

## Overview of Laws

If qualified for a 504 Plan, the student is entitled to receive a free, appropriate public education (FAPE), including related services. These services should occur within the student's usual school setting with as little disruption as possible to the school's and the student's routines, in a way that ensures that the student with a disability is educated and able to participate in school activities to the maximum extent possible with the student's non-disabled peers. Schools must develop a plan to accommodate students who qualify under Section 504, referenced herein as a "504 Plan". The FAPE standard is generally satisfied by following The U.S. Department of Education's implementing regulations for the Individuals with Disabilities Education Act ("IDEA"), which refer to "handicapped" persons. (See IDEA discussion below.)

### **Title II of the Americans with Disabilities Act (the ADA) of 1990**

Like Section 504, the ADA also prohibits discrimination against any individual with a disability, and extends the Section 504 requirements into the private sector. The ADA contains a definition of "individual with a disability" that is almost identical to the Section 504 definition. The ADA also provides a definition of "substantially limits" (42 U.S.C. § 12101 et seq.; 29 C.F.R. § 1630 et seq.).

School personnel have a responsibility to be knowledgeable about the school board's food allergy management policy.

### **The American With Disabilities Act Amendments Act of 2008 (the ADAAA)**

The ADAAA made significant changes to the ADA's definition of disability by broadening the scope of coverage (i.e., broadening what qualifies as a "disability") and limiting consideration of the ameliorative effects of mitigating measures (i.e., medication or learned behavioral modifications). The ADAAA also overturned a series of U.S. Supreme Court decisions that interpreted the Americans With Disabilities Act of 1990 in a way that made it difficult to prove that impairments were a disability. On September 23, 2009, the Equal Employment Opportunity Commission ("EEOC") published a Notice of Proposed Rulemaking ("NPRM") to conform its current ADA regulations to include the ADAAA amendments. The public comment period for the proposed rules ended on November 23, 2009. The latest information about the NPRM to the ADA regulations is available at: [www.eeoc.gov/ada/amendments\\_notice.html](http://www.eeoc.gov/ada/amendments_notice.html). The EEOC has stated that it may immediately begin using the positions set forth in its proposed regulations for its litigation and enforcement proceedings because it views ADAAA as restorative of the original broad protection of the ADA. These amendments to the ADA make it easier for a person with severe food allergies to qualify for protection under the ADA. (Pub. L. No. 110-325).

### **Individuals With Disabilities Education Act (IDEA)**

School districts are required to provide special education and related services to students who are covered by IDEA. IDEA is different from the ADA and Section 504, because it relates to the accommodations a school must make in the individualized education and curriculum of a student with a disability, not just the ability of the student to attend school classes and activities with other students. A qualifying disability under Part B of IDEA is different than the term disability under Section 504. Under IDEA, a student with a disability means: 1) the student was evaluated

## Overview of Laws

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in accordance with IDEA, 2) has one or more of the recognized 13 disability categories, and 3) because of the qualifying disability needs special education and related services. When a student qualifies for special education and related services under IDEA, schools must develop an Individualized Education Program (“IEP”) for the student. An IEP is a written plan for a student with a disability that is developed, reviewed, and revised in accordance with the IDEA and the U.S. Department of Education’s implementing regulations. Typically, students with food allergies are accommodated through an Emergency Action Plan (EAP) (Appendix B-5), an Individual Health Care Plan (IHCP)(Appendix B-6) and/or Section 504 Plan (Appendix B-7) and not an IEP. However, food allergies may contribute to a health impairment qualifying as a disability under IDEA or some students may qualify under IDEA for services and also have a food allergy, so it is important to note that in some unique circumstances, IDEA may be applicable in addition to Section 504 and the ADA.

### **United States Department of Agriculture (USDA) Regulations:**

For schools participating in a federally-funded 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

### **IL School Code Provision on the Self-Administration on Medication, 105 ILCS 5/22-30 (2010):**

The Illinois school code allows for self-administration of medication by a student with asthma or the use of an epinephrine auto-injector by a student, provided that the parent/guardian of the student provide to the school written authorization for the self-administration of medication or use of an epinephrine auto-injector; and a written statement from the student's medical provider.

### **Office for Civil Rights Letters**

The Office for Civil Rights (“OCR”) promotes and ensures that people have equal access to and opportunity to participate in certain federally funded programs without facing unlawful discrimination. Two of OCR’s legal authorities include Section 504 and Title II of the ADA. At times, OCR provides letters, which can be used by school districts for guidance. These letters, however, are not published, but may be available where they have been submitted for publication in a private service or posted on an Internet site.

# Creating a Safer Environment for Students With Food Allergies

## Emergency Action Plans (EAP)(Appendix B-5)

The Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form must be completed by a licensed health care provider. It also requires the signature of 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) (Appendix B-6)

Regardless of whether the student meets the qualifications for a 504 Plan, a representative of the school must meet with the parent/guardian to develop an Individual Health Care Plan (IHCP) to create strategies for management of the student's food allergy.

An IHCP indicates, in writing, what the school will do to accommodate the individual needs of a student with a food allergy. Prior to entry into school (or immediately after the diagnosis of an allergic condition), the student's parent/guardian must meet with a representative of the school to develop an IHCP. Included within the IHCP is an EAP (Appendix B-5). The EAP details the specific 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 also shall 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”). Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a food-allergic condition), the school district’s 504 Coordinator must determine, in consultation with the 504 Plan team, whether the student has a qualifying disability under Section 504 by gathering the necessary information from the student, the student’s parents/guardians, and medical professionals.

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

## **Developing 504 Plan or Individual Health Care Plan (IHCP)**

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

- EAP (Appendix B-5)
- Parent or guardian's signed consent to share information with other school staff.
- A minimum of one up-to-date epinephrine auto-injector is required. However, two or more epinephrine auto-injectors are suggested based on the student's activities and movement/travel throughout the school day.
- All other necessary medications for the student during the school day, including antihistamine and asthma medications.
- Description of the student's past allergic reactions, including triggers and warning signs. (Appendix B-6)
- A description of the student's emotional response to the condition and the need for intervention.
- Age-appropriate ways to include the student in planning for care/implementing the plan.

## Creating a Safer Environment for Students With Food Allergies

### Multi-disciplinary Team Involvement

If a student has a 504 Plan and/or an Individual Health Care Plan (IHCP), a multi-disciplinary team must be assembled to manage the individual student's health needs. The 504 Coordinator and/or the school nurse/Designated School Personnel (DSP) must bring together a team that includes a variety of school staff. The team may include, but is not limited to:

- Administrative representative(s)
- Coaches and physical education teachers
- Custodial staff
- Food service director/staff
- Local EMS
- Parent/Guardian of students with food allergies
- Recess supervisors
- School counselor/Social worker/Guidance counselor(s)
- School health professional
- Student with food allergy (if age-appropriate)
- Teachers and specialists (i.e., art, music, science, computer, family and consumer sciences)
- Transportation staff
- Other learning support staff and aides, based on the student's curriculum and activities

Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in life-threatening reactions.

In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma. This delayed appropriate treatment with epinephrine.

All students, regardless of whether they are capable of epinephrine self-administration, will require the help of others. The severity of the reaction may hamper their attempt to self-inject. Adult supervision is mandatory. The American Academy of Allergy, Asthma & Immunology (AAAAI) notes that “all individuals entrusted with the care of children need to have familiarity with basic first-aid and resuscitative techniques. This should include additional formal training on how to use epinephrine devices...”

American Academy of Allergy, Asthma & Immunology (AAAAI)

## General Guidelines

This section serves as a guide for 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 services/cafeterias, classroom projects, crafts, outdoor activity areas, on school buses, during field trips, before- and after-school activities and in all instructional areas.
- Adapt curriculum, awards, rewards or prizes by substituting allergen-free food or non-food item(s) in rooms where students having an Emergency Action Plan (EAP) are or may be present. Many schools have opted to completely remove food from the curriculum due to the number of students with food allergies and the variety of food allergies present within a school or classroom. (Constructive Classroom Rewards - Appendix G)
- Limit food related to fundraising, birthday celebrations, PTA functions to cafeteria or another designated areas. Incorporate non-allergenic foods or non-food items. (Appendix G)
- Establish cleaning procedures for common areas (i.e., libraries, computer labs, music, art room and hallways, etc.). (Appendix F)
- Avoid the use of food products as displays or components of displays in hallways.
- Develop protocols for appropriate cleaning methods following events held at the school that involve food. (Appendix F)
- Determine who should be familiar with the student's 504 Plan and/or IHCP.

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

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

## General Guidelines

- 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.
- Conduct a medical emergency response drill twice a year. The recommended interval is at the beginning of school year and just after mid-year break (Appendix B-3).

A number of resources are available for in-service training. Several organizations and pharmaceutical companies offer free training materials. See Appendix I for a list of helpful organizations and companies.

### Specific Guidelines for Different School Roles

The following are recommended best practices for individual responsibilities within the school. Additional reference material by individual can be found in the appendix.

The guidelines/checklists are grouped into eight major categories:

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

When in doubt, it is important to give the epinephrine auto-injector and seek medical attention.

Fatalities occur when epinephrine is delayed or withheld.

The general population has many misconceptions about food allergies. An “appreciable food allergy knowledge gap exists, especially among physicians and the general public. The quality of life for children with food allergy and their families is significantly affected.”

The majority (54%) of people surveyed from the general public believe that food allergies can be cured (there is no cure). Almost a third (32%) believes that a daily medication can be taken to prevent a reaction.

Additional education is required to close the food allergy knowledge gap.

(Gupta et al, BMC Pediatrics)

## Nurse/Designated School Personnel (DSP) Guidelines

### Nurse/Designated School Personnel (DSP) Guidelines

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

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

	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) (Appendix B-5), 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.
	Ensure student with suspected allergic reactions is accompanied by an adult at all times.
	Establish a contingency plan in the case of a substitute nurse/DSP.
	Establish a means of communication with playground staff and physical education teacher via communication device.
	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 – Appendix B-7, Bullying – Appendix C-2, Additional Resources - Appendix I).
	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.
	Discuss emergency procedures for transportation companies or school district bus service with school personnel. Review transportation requirements/situation for student.

## Nurse/Designated School Personnel (DSP) Guidelines

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### **Return to School After an Allergic Reaction**

Students who have experienced an allergic reaction at school may need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether his/her classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parents, and re-examining the student's Emergency Action Plan (EAP)(Appendix B-5), the Individual Health Care Plan (IHCP)(Appendix B-6) and/or 504 Plan(Appendix B-7). In the event that a student has a moderate to severe reaction, implement the action items for a Return to School After an Allergic Reaction (Appendix B-2).

### **Special Consideration for the Student**

The student and parent/guardian shall meet with the nurse/DSP/staff that were involved in the allergic reaction to be reassured about the student's safety and to review and amend the EAP (Appendix B-5), the IHCP (Appendix B-6) and/or 504 Plan (Appendix B-7) as needed. If a student demonstrates anxiety about returning to school, check in with the student on a daily basis until his/her anxiety is alleviated. If a student has a prolonged emotional response to an allergic reaction, social and emotional support may be required. Collaboration with the student's medical provider is required to address any medication changes.

### **Food Allergic Students Without an EAP, IHCP or 504 Plan**

Once a school learns that a student has food allergies and does not have an EAP, IHCP or 504 Plan, school officials must discuss the student's individual needs with the student's parents/guardians and put an appropriate management plan in place according to the school district's policy.

If the student's parent/guardian refuses to cooperate with the school for an evaluation and implementation of an appropriate management plan (EAP/IHCP/504 Plan), then best practices call for the school to implement a simple EAP stating to call 911 immediately upon recognition of any symptoms along with sending written notification to the parent/guardian of the student's EAP.

## Nurse/Designated School Personnel (DSP) Guidelines

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

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

	Provide training for school personnel about how to prevent, recognize and respond to food allergy reactions.
	Identify team members for the emergency response team, including CPR/AED trained personnel.
	Create a list of volunteer delegates trained in the administration of an antihistamine and the epinephrine auto-injector. Disseminate the list appropriately. (Appendix B-5.)
	Ensure that an antihistamine and the epinephrine auto-injector are quickly and readily accessible by a member of the emergency response team in the event of an emergency. If appropriate, maintain a backup supply of the medication.
	Ensure that reliable communication devices are available in the event of an emergency.
	Ensure access to an antihistamine, the 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.
	Conduct emergency response drills as part of the school district-wide or school-wide emergency response plan twice a year. A recommended interval might be at the beginning of the school year and after mid-year break.

No child should be left alone if an allergic reaction is in progress. In order for the child to receive appropriate care, the emergency response team needs to go to the location of the child having the reaction.

#### Suggested Emergency Response Team Members

- Administrative Staff
- Custodial Staff
- CPR/AED Trained Personnel
- Nurse/DSP
- Teachers
- Security
- PE Teachers

## Parent/Guardian Guidelines

Parents/Guardians are their children’s first teachers. It is important for Parents/Guardians to age-appropriately educate, their food allergic child as well as communicate information received from the food allergic child’s doctors, etc. Preparing, role-playing and practicing procedures in advance will help everyone feel prepared in case of an emergency.

### Parent/Guardian of Children with Food Allergies Checklist

	Inform the nurse/Designated School Personnel (DSP) of your child's allergies prior to the beginning of the school year (or as soon as possible after a diagnosis).
	Complete and return completed the Emergency Action Plan (EAP) (Appendix B-5).
	Participate in team meetings and communicate with all staff members, including nurse/DSP, who will be in contact with the child (preferably before the beginning of the school year) to: <ul style="list-style-type: none"> <li>• Discuss development and implementation of EAP, IHCP or 504 Plan.</li> <li>• Establish prevention plan.</li> <li>• Periodically (halfway through the year) review prevention and EAP with the team.</li> </ul>
	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 shelf-stable, allergen-free snacks/lunches for your child. The snack/lunch will be available for your child for an unplanned special event or if the snack/lunch becomes cross-contaminated. Discuss location of allergen-free snack in classroom with student.
	Consider providing a medical alert bracelet for your child.
	Provide the nurse/DSP with the licensed medical provider's statement if student no longer has allergies.
	Be willing to go on your child's field trips or participate in class parties or events, if possible and if requested.
	Discuss emergency procedures for transportation companies or school district bus service with school personnel. Review transportation requirements/situation for student.

### Periodically teach your child to:

	Recognize the first symptoms of an allergic/anaphylactic reaction.
	Know where the epinephrine auto-injector is kept and who has access to the epinephrine.
	Communicate clearly as soon as he/she feels a reaction is starting.
	Carry his/her own epinephrine auto-injector when appropriate.
	Avoid sharing or trading snacks, lunches or drinks.
	Understand the importance of hand washing before and after eating.
	Report teasing, bullying and threats to an adult authority.
	Request ingredient information for any food offered. If food is not labeled or if the child is unsure of the ingredients, the child should politely decline the food being offered.

## Students With Food Allergies

The student with food allergies is the most important member of the safety team. The student having age appropriate education should be able to tell what their food allergies are. It is important to make the student aware of what accommodations they are or should be receiving so that they might assist appropriately.

### Students With Food Allergies Guidelines/Checklist

	Recognize the first symptoms of an allergic/anaphylactic reaction.
	Know where the epinephrine auto-injector is kept and who has access to the epinephrine auto-injector(s).
	Inform an adult as soon as accidental exposure occurs or symptoms appear.
	Carry your own epinephrine auto-injector when appropriate.
	Avoid sharing or trading snacks, lunches or drinks.
	Wash hands before and after eating.
	Report teasing, bullying and threats to an adult authority.
	Ask about ingredients for all food offered. If unsure that the food is allergen-free, say thank you but do NOT take or eat the food.
	Learn to become a self-advocate as you get older (refer to parent/guardian guidelines on previous page).
	Develop a relationship with the nurse/DSP and/or another trusted adult in the school, to assist in identifying issues related to the management of the allergy in school.

Every single person plays an important role in preventing food-allergic reactions, including the child with the food allergies.

# Classroom Teacher Guidelines

## Classroom Teacher Guidelines

Teachers are ultimately the student’s first line of defense. Teachers are asked to assist the school team in the care and management of students with food allergies, as well as the prevention and treatment of allergic reactions. The following guidelines should be reviewed, followed and enforced by teachers and others entering the classroom.

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

## Classroom Teacher Checklist

	Do not question or hesitate to immediately initiate an Emergency Action Plan (EAP) (Appendix B-5) if a student reports symptoms or exhibits signs of an allergic reaction.
	Keep the student's EAP (Appendix B-5), Individual Health Care Plan (IHCP) (Appendix B-6) and/or 504 Plan (Appendix B-7) 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. (Appendix F)
	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 - Appendix G).
	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

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

	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. (Sample Appendix B-7, Appendix C-2, Appendix I).
	Secure wipes from the cafeteria or from the nurse/DSP. Utilizing the "classroom supply list" to secure wipes, i.e. Wet Ones is another option.
	Do not send students with food allergies home on the bus if they report any symptoms of an allergic reaction, no matter how minor.

### Substitute Teachers Checklist

	Ensure the student's Emergency Action Plan (EAP) (Appendix B-5) with photo ID is in the substitute teacher subfolders. The folder must include instructions for the substitute teacher to immediately contact the 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.
	Encourage students to bring healthy snacks like fruits and vegetables if snacks are required. Avoid isolating or excluding a student because of allergies (i.e. using candy or other food items as part of a lesson).
	Limit food related to fundraising, birthday celebrations and PTA functions to the cafeteria or other designated areas. Substitute non-allergenic foods or nonfood items. (Constructive Classroom Rewards - Appendix G). For birthday parties, consider a once-a-month celebration.
	Pay special attention to other allergies students may have, such as allergies to animals. Allergies may also encompass the animal's food (peanuts, fish, milk). Animals must be viewed or contained in a pre-approved designated area outside the classroom.
	Wash the tables, chairs, floors and countertops if a food event, including lunch, has been held in an allergic student's classroom(s). The washing should be done by a custodian or supervising adult. (Appendix F)

## Classroom Teacher Guidelines

### 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. A designated time slot for food consumption in the classroom should be established. 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 in the designated area or bring the snack home.
	Prohibit sharing or trading food at school.
	Wash tables with school district-approved cleaning agent before and after snack, with special attention given to designated allergen-free eating areas. Use separate cloths for allergen safe tables. (Appendix F).
	Wipe down the student’s area or individual desk or adjoining desks if contamination of foods is suspected. An adult/teacher/lunchroom supervisor/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.
	Teach students proper hand washing technique. Hand washing must be required before and after the handling/consumption of food. All persons entering the classroom are encouraged to wash/wipe hands upon entering. (Appendix F)
	Hold before-/after-school event(s) that include food in the cafeteria/gym or a pre-approved designated food area. This includes not only activities run by the school but non-school activities held at the school by non-school related organizations.

More reasons for healthy snacks...

“Too many of our children – in cities, towns, urban, rural or suburban – are unhealthy...

In fact, nearly 1 in 3 American children is overweight or obese. ...They are now at huge risk for several diseases associated with obesity – diabetes, heart disease, even some types of cancer – that will be with them throughout their lives.

Childhood obesity and undernourishment are national epidemics. These are not cosmetic issues. They are health, academic and economic issues.”

Action for Healthy Kids  
<http://www.actionforhealthykids.org/addressing-the-issue/>

## 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.
	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: <ul style="list-style-type: none"> <li>● Facilitating washing of hands before snack/lunch.</li> <li>● Overseeing the cleaning of tables before eating.</li> <li>● Ensuring that student with food allergy only eat allergen-free food or food supplied by parent/guardian.</li> <li>● Carrying a communication device to be used in an emergency situation.</li> <li>● Reviewing the student's Emergency Action Plan (EAP).</li> <li>● Carrying and administering emergency medicine (antihistamine, epinephrine auto-injector) as outlined in EAP.</li> </ul> Planning should be completed one week prior to field trip.
	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.

## Classroom Teacher/Specialist Guidelines

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### Field Trip Medication Checklist

	Notify the nurse/DSP of any field trip at least one week in advance.
	Acquire medications, Emergency Action Plan (EAP) (Appendix B-5) and communication device by school personnel's the morning of the trip is the school personnel's responsibility. School district policy for dispensing medicine should be followed.
	Provide the adult who is to administer the medication with an EAP (Appendix B-5) and with instructions about the medication.
	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 adult designated by the nurse/Designated School Personnel (DSP) with all medications, including over-the-counter medications. Exceptions to this policy are those medications deemed "rescue drugs" such as epinephrine auto-injector(s) and asthma inhaler(s). Written permission shall be on file for any student to carry self-administering medications. Review EAP. (Appendix B-5)

## School Administration Guidelines

### School Administration Checklist

	Meet with parent/guardian and appropriate staff members to establish an Emergency Action Plan (EAP) (Appendix B-5), an Individual Health Care Plan (IHCP) and/or 504 Plan for allergic student.
	Supervise and implement school board's food allergy policies. Provide training and education for staff, including food service personnel, on school board policy and procedures for food allergies, including: <ul style="list-style-type: none"> <li>• How to recognize symptoms of an allergic reaction (foods, insect stings, medications, latex).</li> <li>• Review of high-risk areas.</li> <li>• Steps to take to prevent exposure to allergens.</li> <li>• How to respond to an emergency.</li> <li>• How to administer an epinephrine auto-injector.</li> <li>• How to respond to a student with a known allergy as well as a student with a previously unknown allergy.</li> <li>• Legal protection.</li> </ul>
	Conduct and track attendance of in-service training for staff at the beginning of the school year and after mid-year break. All specific training protocols will be made available by the school district and found within the school.
	Conduct and track attendance of emergency response drill for staff. A recommended interval might be at the beginning of the school year and after mid-year break. All specific training protocols are available in the school district's designated area.
	Ensure substitute teachers, nurses/Designated School Personnel (DSPs) and food service personnel understand their role and how to implement an EAP, IHCP and/or 504 Plan.
	Provide emergency communication devices (two-way radio, intercom, walkie-talkie, cell phone) for all school activities, 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.
	Obtain emergency training procedures from bus company, if bus company is a vendor. Inform parents of emergency procedures relative to food allergies. Parents then determine if/how student shall be transported to school.

# School Administration Guidelines

## School Administration Checklist (cont.)

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

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

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

## Food Service Guidelines

### Food Service Guidelines

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

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

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.
	Attend the team meeting with appropriate members prior to the student's entry into school.
	Implement all recommendations and requirements for students with an Emergency Action Plan (EAP) (Appendix B-5), 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 (Appendix B-4)
	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 and sanitation practices, and responsibility of 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. (Appendix F)
	Read all food labels and re-check routinely for potential food allergens. (Appendix D). Labels need to be checked each time a food order is received since ingredients can change without notice.
	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 (Appendix I).
	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.

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

Peanuts are the most common allergen associated with accidental exposure in part due to the stickiness of peanut butter.

All allergens must be completely and physically removed from surfaces. (See Appendix F)

## Outside-of-Classroom Activities Guidelines

### 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

	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).
	Accompany students with suspected allergic reactions. An adult must be with the student at all times. Students experiencing an allergic reaction must not be left alone.
	Carry an epinephrine auto-injector for a student.
	Ensure current antihistamine and epinephrine auto-injector is readily accessible to food-allergic students. An adult staff member, trained in its use, must be onsite.
	Establish a means of emergency communication (walkie-talkie/cell phone/similar communication device) by staff in the gym, on the playground and other recess sites.
	Reinforce that only students with allergen-free lunches or snacks eat at the allergen-free table.
	Encourage hand washing or use of hand wipes for students after eating. (Appendix F).
	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.
	<p>Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities.</p> <ul style="list-style-type: none"> <li>• Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry.</li> <li>• Medical alert bracelet should be taped to the body (wherever it is usually worn), but parts of it should remain visible for medical personnel to view in case of emergency.</li> </ul>

## Outside-of-Classroom Activities Guidelines

### Coaches/Activity Leaders/Athletic Trainers Checklist

	Provide school coaches or other program adults with specific information pertaining to all students with life-threatening allergies, if parent/guardian agrees. Review the Emergency Action Plan (EAP) (Appendix B-5), Individual Health Care Plan (IHCP) and/or 504 Plan with nurse/Designated School Personnel (DSP).
	Identify who is responsible for keeping epinephrine auto-injector(s) during sporting events or activities. Ensure a current epinephrine auto-injector is readily accessible for food-allergic students. An adult staff member, trained in its use, must be onsite.
	Make certain that an emergency communication device (i.e. walkie-talkie, intercom, cell phone, etc.) is always available.
	Ensure that before- and after-school activities sponsored by the school comply with school policies and procedures regarding life-threatening allergies. Follow the field trip checklist (Appendix E-3) and transportation checklist (Appendix E-2).
	Avoid the presence of allergenic foods at activity sites and consider the use of allergenic foods in activities. Modify plan to remove student's allergens from activity. This may involve advance communications to parent/guardian when snacks or food is involved.
	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.
	Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities. <ul style="list-style-type: none"> <li>● Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry.</li> <li>● Medical alert bracelet should be taped to the body (wherever it is usually worn), but parts of it should remain visible for medical personnel to view in case of emergency.</li> </ul>

Students with asthma and food allergies are at higher risk for a severe life-threatening allergic reaction.

# Transportation Guidelines

## Transportation Guidelines

A student with food allergies needs a safe environment while being transported to and from school. School districts must provide free transportation for any student in the school district as required by law (see, 105 ILCS 5/29-3 and 23 Ill.Admin. Code § 1.510 (a)). Therefore, school district transportation directors should determine the best process for their individual school districts to provide training for all school bus drivers on managing life-threatening food allergies. How this training is accomplished will depend upon whether the school district owns its own school buses and employs its own school bus drivers. For school districts that do not own buses and use a private sector bus company for their transportation needs, the school district’s transportation director may wish to consider inviting the private sector bus company to provide a representative for any school district-wide team meetings to assist with the school district’s implementation of its guidelines for managing life-threatening food allergies. In either situation, the school district transportation directors should examine their respective school district’s transportation administrative procedures with an eye toward implementing the considerations within the following Transportation Checklist.

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

### Transportation Checklist (School District-owned Transportation)

	Provide school bus driver training in risk reduction procedures, recognition of allergic reactions, and specific implementation of Emergency Action Plan (EAP) (Appendix B-5) for students on their specific routes.
	Provide each school bus driver with the EAP (Appendix B-5) for every student with food allergies on his/her assigned route.
	Initiate company or school guidelines for students having an allergic reaction. A student with a suspected allergic reaction, already in progress, must not board the bus.
	Maintain policy of no food consumption allowed on school buses, unless medically necessary.
	Do not leave a student having a suspected allergic reaction alone. Call 911 if needed.
	Provide functioning emergency communication device (i.e., cell phone, two-way radio, walkie-talkie or similar).
	Ensure careful attention to cleaning bus surfaces, including seats and handrails. (Appendix F)

## Transportation Guidelines

### Transportation Checklist (Private Sector Bus Company)

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

## Appendix A: Other Types of Allergic Reactions

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### Other Types of Allergic Reactions: Venom, Latex and Medication

Information and awareness procedures apply fully for students with other types of anaphylactic allergies. These include the development and implementation of an Emergency Action Plan (EAP) (Appendix B-5), Individual Health Care Plan (IHCP) and/or 504 Plan. Both an IHCP and a 504 Plan includes an Emergency Action Plan (EAP). Specific avoidance measures will depend on the allergic condition, such as:

#### Avoidance Measures for Insect Venom/Stings Allergic Reactions

- Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing, fragrances.
- Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal.
- Ensure garbage is properly covered and away from play areas.
- Caution students not to throw sticks or stones at insect nests.
- If required by an EAP, IHCP and/or 504 Plan, allow students with life-threatening insect allergies to remain indoors for recess during bee/wasp season.
- Immediately remove a student with allergy to insect venom from the room if a bee or wasp gets in.
- In case of insect stings, never slap or brush the insect off, and never pinch the stinger if the student is stung. Instead, flick the stinger out with a fingernail or credit card.

#### Avoidance Measures for Latex Allergic Reactions

- Inform school administrators and teachers of the presence of students with latex allergies.
- Identify areas of potential exposure and determine student risk.
- Screen instructional, cafeteria and maintenance department purchases to avoid latex products. Eating food that has been handled by latex gloves presents a high risk of a reaction.
- Do not use latex gloves or other latex products in nurse's/Designated School Personnel's (DSP) office or designated school area.
- Do not allow the use of latex balloons for celebrations in schools where a student has a latex allergy.
- When medically indicated, consider posting signs at school entry ways "Latex precautions in place here."

#### Suggestions for Medication Allergic Reactions

- Inform school administrators and teachers of the presence of students with medication allergies.
- Maintain current health records.
- Do not administer a medication to a student unless there is an order/request. This includes over-the-counter medications (OTC) like ibuprofen or aspirin.
- Refer to school district medication policy.

## Appendix B-1: Nurse/DSP Checklist

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

	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) (Appendix B-5), 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.
	Ensure student with suspected allergic reactions is accompanied by an adult at all times.
	Establish a contingency plan in the case of a substitute nurse/DSP.
	Establish a means of communication with playground staff and physical education teacher via communication device.
	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 – Appendix B-7, Bullying – Appendix C-2, Additional Resources - Appendix I).
	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.
	Discuss emergency procedures for transportation companies or school district bus service with school personnel. Review transportation requirements/situation for student.

Checklist cross-referenced with Checklist found on page 22.

## Appendix B-2: Return to School After a Reaction Checklist

### Return to School After an Allergic Reaction Checklist

	<p>Obtain as much accurate information as possible about the allergic reaction. Helpful information might include:</p> <ul style="list-style-type: none"> <li>• Items ingested (food drink, OTC medications or Rx medications)</li> <li>• Any insect stings or bite</li> <li>• Timing from ingestion to symptoms</li> <li>• Type of symptoms</li> <li>• Exercise involved</li> <li>• Time and response of medications that were given</li> </ul>
	Identify those who were involved in the medical intervention and those who witnessed the event.
	Meet with the staff or parent/guardian to discuss what was seen and dispel any rumors.
	Provide factual information. Although the school may want to discuss this with the parents, factual information that does not identify the individual student can be provided to the school community without parental permission (i.e., a letter from the principal to parents/guardians and teachers that doesn't disclose identity but reassures them the crisis is over, if appropriate.)
	If an allergic reaction is thought to be from a food provided by the school food service, request assistance of the Food Service Director to ascertain what potential food item was served/consumed. Review food labels from Food Service Director and staff.
	Agree on a plan to disseminate factual information to and review knowledge about food allergies with schoolmates who witnessed, or were involved in the allergic reaction, after both the parent/guardian and the student consent.
	Explanations shall be age appropriate.
	Review the Emergency Action Plan (EAP) (Appendix B-5), Individual Health Care Plan (IHCP) and/or 504 Plan. Amend the student's EAP, IHCP and/or 504 Plan to address any changes that need to be made. If a student does not have an EAP, IHCP and/or 504 Plan, then consider initiating one.
	Review what changes need to be made to prevent another reaction; do not assign blame.

## Appendix B-3: Periodic Emergency Response Drill

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

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

	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 volunteer delegates trained in the administration of antihistamine and an epinephrine auto-injector. Disseminate the list appropriately. (Appendix B-5.)
	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 that reliable communication devices are available in the event of an emergency.
	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.
	Conduct emergency response drills as part of the school district-wide or school-wide emergency response plan twice a year. A recommended interval might be at the beginning of the school year and after mid-year break.

Checklist cross-referenced with Checklist found on page 24.

## Appendix B-4: Sample 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

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

The direct link to this form is currently [http://www.isbe.net/nutrition/pdf/67-48\\_physician.pdf](http://www.isbe.net/nutrition/pdf/67-48_physician.pdf), or may be copied from the next page.

## Appendix B-4: Sample Form for Modifying Meal

**SAMPLE FORMAT:** Format may be modified and/or copied to meet specific School-Based Child Nutrition Programs record keeping needs. Do not return to Illinois State Board of Education.

### School-Based Child Nutrition Programs PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION

CHILD'S 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. Reasonable food accommodations may be made for children without disabilities who may still have special dietary needs; a medical statement may be required. If you are requesting a meal accommodation or substitution, please ask your physician to complete and sign this form. If you have any questions, please contact me at

\_\_\_\_\_  
School Phone Number

Sincerely,

\_\_\_\_\_  
Food Service Director/Contact

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
Address (City, State, Zip Code)

#### PHYSICIAN STATEMENT

1. Does child have a disability according to 7 CFR Part 15b that requires food accommodation? *(Does he/she have a "physical or mental impairment which substantially limits one or more major life activities"?)*
  - No      **If no, go to item 2 below.**
  - Yes      **If yes, provide the following information and complete items 3, 4, and 5 below.**
    - a. What is the disability? \_\_\_\_\_
    - b. What major life activity is affected? \_\_\_\_\_
    - c. How does the disability restrict the diet? \_\_\_\_\_
2. Child has no disability but requires a special diet. Identify medical problem which restricts the child's diet and complete items 3, 4, and 5 below. \_\_\_\_\_
3. List food/type of food to be omitted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached. \_\_\_\_\_
4. List food/type of food to be substituted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached. \_\_\_\_\_
5. \_\_\_\_\_  

Date
Signature of Physician

#### FOR SCHOOL USE ONLY:

Form received on \_\_\_\_\_

Form complete and accommodations will begin on \_\_\_\_\_

Form complete, but accommodation will not be made.     Child does not have a disability     Request not reasonable

Form incomplete. Parent contacted on \_\_\_\_\_

\_\_\_\_\_ Date
\_\_\_\_\_ Signature of Food Service Director/Contact

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## Appendix B-5: 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 sample form may be found on Illinois State Board of Education Web site (<http://www.isbe.net>).

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

# Appendix B-5: Emergency Action Plan

## ILLINOIS FOOD ALLERGY EMERGENCY ACTION PLAN AND TREATMENT AUTHORIZATION

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

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

Weight: \_\_\_\_\_ lbs

Child's  
Photograph

**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): \_\_\_\_\_

ANTI-HISTAMINE (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: \_\_\_\_\_

# Appendix B-5: Emergency Action Plan

## DOCUMENTATION

- Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
- Save food eaten before the reaction, place in a plastic zipper bag (e.g., Ziploc bag) and freeze for analysis.
- If food was provided by school cafeteria, review food labels with head cook.
- Follow-up:
  - Review facts about the reaction with the student and parents and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations will be age-appropriate.
  - Amend the Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan as needed.
  - Specify any changes to prevent another reaction.

## TRAINED STAFF MEMBERS

Name: \_\_\_\_\_ Room: \_\_\_\_\_  
Name: \_\_\_\_\_ Room: \_\_\_\_\_  
Name: \_\_\_\_\_ Room: \_\_\_\_\_

## LOCATION OF MEDICATION

- Student to carry
- Health Office/Designated Area for Medication
- Other: \_\_\_\_\_

## ADDITIONAL RESOURCES

**American Academy of Allergy, Asthma and Immunology (AAAAI)**  
414-272-6071  
<http://www.aaaai.org>  
[http://www.aaaai.org/patients/resources/fact\\_sheets/food\\_allergy.pdf](http://www.aaaai.org/patients/resources/fact_sheets/food_allergy.pdf)  
[http://www.aaaai.org/members/allied\\_health/tool\\_kit/ppt/](http://www.aaaai.org/members/allied_health/tool_kit/ppt/)

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

**Food Allergy Initiative (FAI)**  
212-207-1974  
<http://www.faiusa.org>

**Food Allergy and Anaphylaxis Network (FAAN)**  
800-929-4040  
<http://www.foodallergy.org>

This document is based on input from medical professionals including Physicians, APNs, RNs and certified school nurses. It is meant to be useful for anyone with any level of training in dealing with a food allergy reaction.

# Appendix B-6: Sample Individual Health Care Plan (IHCP)

## Individual Health Care Plan (IHCP)

**CONFIDENTIAL**

Individual Health Care Plan (IHCP) for \_\_\_\_\_ Allergens \_\_\_\_\_

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

Parent (please answer the questions below):	Teacher Responsibilities
<p>1. I would like my child's emergency medication kept in:  <input type="checkbox"/> The nurse's office   <input type="checkbox"/> The classroom   <input type="checkbox"/> Nurses' office and classroom</p> <p>2. If the emergency medication is kept in the classroom, the medication should be transported by school personnel wherever my child travels to within the school:  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>3. Does your child require an allergen free eating area?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>4. I would like to accompany my child on field trips.  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>5. My child <u>must</u> wash his/her hands with soap and water or use a cleansing wipe before eating.  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>6. Students in the classroom should be encouraged to wash their hands upon arrival to school and after eating lunch.  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>7. I will provide a shelf-stable allergen free snack that will be available in the classroom if needed.  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Please list other accommodations needed at school:            _____</p>	<p>→Ensure a student with a suspected allergic reaction is accompanied by an adult at all times.</p> <p>→Keep a copy of the student's Emergency Action Plan and IHCP in the classroom sub folder.</p> <p>→Inform parents of the allergic student in advance of any in-class events where food will be served.</p> <p>→Ensure that food or products containing the student's allergens are not used for class projects, science experiments, or celebrations.</p> <p>→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.</p> <p>→Plan for the following on field trips: oversee cleaning the table of the student with food allergies before eating, ensure the student with the food allergy washes his/her hands before eating, ensure the student with the food allergy eats only allergen free food or food supplied by the parent, carry a cell phone to call 911 if needed, and review the Emergency Action Plan before the field trip.</p> <p>→Implement accommodations that parent indicated, "yes" in parent section.</p>

# Appendix B-6: Sample Individual Health Care Plan (IHCP)

## Individual Health Care Plan (IHCP)

**CONFIDENTIAL**

Individual Health Care Plan (IHCP) for \_\_\_\_\_ Allergens \_\_\_\_\_

Principal Responsibilities	School Nurse Responsibilities
<ul style="list-style-type: none"> <li>→Ensure there are walkie-talkies available to playground and P.E. staff.</li> <li>→Conduct emergency response drills for allergic reactions to food at the beginning of the school year.</li> <li>→Delegate proper cleaning of the allergen free area in the lunchroom and classroom (when the classroom is used as a lunchroom).</li> <li>→Prohibit sharing or trading food at school.</li> <li>→Encourage students to bring healthy snacks to school and avoid bringing snack made with peanuts or nuts.</li> <li>→Ensure student has an allergen free area available in the lunchroom if parent indicated an allergen free area is needed (see parent section).</li> </ul>	<ul style="list-style-type: none"> <li>→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.</li> <li>→Assist principals with emergency response drills for allergic reactions to food.</li> <li>→Ensure access to emergency medication when developing plans for fire drills, lockdowns, etc.</li> <li>→If student rides the bus, provide a copy of the Emergency Action Plan to the bus driver.</li> <li>→A copy of the student's Emergency Action Plan and IHCP will be distributed on a need to know basis.</li> </ul>

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.*

Page 2

# Appendix B-7: Sample 504 Plan

## Community Consolidated School District XXX SAMPLE - Section 504 Plan

Student Name:	School/Grade:	Allergic to:
---------------	---------------	--------------

### I. Referral Documentation

#### 1. General Information

Student Name:	Birthdate:	Date:
Address:	City:	ZIP:
Parent (s) Name (s):	Home Phone:	
504 Coordinator:	Phone:	

#### 2. Referral

- A. Is there a mental/physical impairment present that **substantially** limits one or more major life activities?  
 Yes  No

If yes, which major life activity is substantially limited? (check one or more as appropriate)

- |   |                                   |                                  |                                   |                                   |  |
|---|-----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> caring for self  | <input type="checkbox"/> walking  | <input type="checkbox"/> seeing  | <input type="checkbox"/> hearing  | <input type="checkbox"/> speaking | <input type="checkbox"/> breathing     |
| <input type="checkbox"/> learning   | <input type="checkbox"/> working  | <input type="checkbox"/> eating  | <input type="checkbox"/> lifting  | <input type="checkbox"/> sleeping | <input type="checkbox"/> concentrating |
| <input type="checkbox"/> bending  | <input type="checkbox"/> thinking | <input type="checkbox"/> working | <input type="checkbox"/> standing | <input type="checkbox"/> reading  | <input type="checkbox"/> communicating |
| <input type="checkbox"/> major bodily function (i.e. immune system, normal cell growth, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions) |                                   |                                  |                                   |                                   |  |
| <input type="checkbox"/> other _____  |                                   |                                  |                                   |                                   |  |

- B. Describe the nature of the concern. Life-threatening food allergy to (LIST ALLERGEN)

- C. Describe how the disability/handicap affects a major life activity. Exposure to identified allergens may cause anaphylaxis.

- D. Does the disability impact the student's ability to receive equal access and benefit from school programs and services?  Yes  No

If the eligibility team answered "Yes" to question 1 and 4 and the team identified a major life activity that is substantially limited by this condition, the student is eligible for a 504 Accommodation Plan. The eligibility team is to proceed to Section 504 Accommodation Plan and complete pages 2, 3, and 4.

If the eligibility team answered "No", complete this eligibility meeting by documenting the team's rationale in the space below and complete page 4.

### II. Evaluation and Eligibility Documentation

#### 1. Review of Available Information (include test scores when appropriate)

- A. Summarize present levels of performance in areas evaluated. N/A

## Appendix B-7: Sample 504 Plan

### Community Consolidated School District XXX SAMPLE - Section 504 Plan

<b>Student Name:</b>	<b>School/Grade:</b>	<b>Allergic to:</b>
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B. Teacher reports/comments: N/A

C. Areas of concerns: Providing a safe school environment for CHILD.

D. Health and development:  
Medical diagnosis of severe allergy to (LIST FOODS). CHILD developed (SYMPTOMS) after eating allergens.

E. Further information needed?  Yes  No  
 1) If yes, what information is needed?  
 2) Person responsible for obtaining information:  
 3) Date, time and place to reconvene meeting:

F. Evaluation was conducted by: (list names)

Principal	Parent
Classroom teacher	Parent
District Nurse	
School Nurse	

### III. Specific Accommodations Needed

Describe the specific accommodations planned for this student, including the responsible party. These are just a few sample accommodations that might be made. These requirements would not be applicable to every student.

Accommodation Needed	Responsible Party	Date
A. Develop an emergency action plan for food allergies that is reviewed and signed by the physician and parent yearly.	School Nurse	
B. Follow guidelines created by Illinois public policy act 96-0349.		
C. Teachers and staff members must attend immediately to any complaint by CHILD regarding her health.	All Staff	
D. Be prepared to handle an allergic reaction and ensure that there is a staff member available who is properly trained to administer emergency medication(s) during the school day regardless of time or location.	School Nurse	
E. Keep an individualized emergency kit in an easily accessible, secure location in the nurse's office. An additional epi-pen will be kept in the classroom. The epi-pen will be carried by the supervising teacher to all locations CHILD travels to within the school and on the playground ( <b>walkie talkie must be utilized for all activities outdoors</b> ).	School Nurse	
F. Assure that all staff that interacts with the student on a regular basis understands food allergies, can recognize symptoms of an allergic reaction, and knows what to do in an emergency.	School Nurse	
G. Eliminate the use of food in all educational tools, art projects, or incentives. Incentives will take the form of a nonfood item.	Classroom Teacher Specialists	

2

## Appendix B-7: Sample 504 Plan

### Community Consolidated School District XXX SAMPLE - Section 504 Plan

<b>Student Name:</b>	<b>School/Grade:</b>	<b>Allergic to:</b>
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<p><b>I. CHILD will not be given any food at school that is not provided by her parents. No other food is to be consumed by CHILD under any circumstances.</b> Students, staff, and parents entering the classroom must wash their hands or use a disposable wipe to remove any potential food residue (upon arrival to school and after returning from lunch). Students should also wipe /wash their hands after eating a snack.</p>	Classroom Teacher Specialists	
<p><b>J. Soaps, cosmetics, and other products used in classrooms where CHILD attends will be examined for LIST. Parent may check labels of products CHILD will be exposed to at school.</b></p>	Classroom Teacher Specialists	
<p><b>K. NO FOOD in classroom for projects containing any of CHILD'S allergens. Items that contain disclaimers such as "may contain" or "manufactured in a facility with" will not be used in the assigned classroom..</b></p>	Classroom Teacher Specialists	
<p><b>L. CHILD will not be asked to assume classroom tasks involving foods, waste products, or washing tables except in her immediate area.</b></p>	Classroom Teacher Specialists	
<p><b>M. If CHILD'S classroom is used as a lunchroom, all desks will be wiped down after lunch. CHILD'S desk will be wiped down before and after lunch. She will also use a disposable placemat.</b></p>	504 Coordinator	
<p><b>N. The table and stool CHILD sits at while in art will be wiped down with a cleansing wipe prior to her arrival in art. The art teacher or sub art teacher should closely observe CHILD during art class because she uses community art supplies.</b></p>	Art Teacher	
<p><b>O. A keyboard cover will be provided for CHILD for classroom computers and computers in the computer lab.</b></p>	504 Coordinator	
<p><b>P. CHILD will sit at the end of the lunch table. Students next to CHILD will have lunches that do not contain identified allergens. Parent will communicate with the parents of students sitting next to CHILD regarding allergen-free foods that can be sent in their child's lunch.</b></p>	Parent Lunch Supervisor 504 Coordinator	
<p><b>Q. Designated person will wipe the table where CHILD sits before lunch with soap and water using a clean wipe.</b></p>	Designated Lunch Supervisor	
<p><b>R. Designated person will actively supervise the lunch area where CHILD sits.</b></p>	Designated Lunch Supervisor	
<p><b>Other Individual Requirements should be listed here.</b></p>		

# Appendix B-7: Sample 504 Plan

## Community Consolidated School District XXX SAMPLE - Section 504 Plan

Student Name:	School/Grade:	Allergic to:
---------------	---------------	--------------

### IV. Procedural Assurances

1. Participants- (the persons whose signatures appears below) developed or reviewed the accommodation plan:

Name	Title	Date

2. Date for accommodation plan review/reassessment: August 201X

3. Person(s) responsible for accommodation plan review/reassessment:  
(NAME), (TITLE) and (504 Coordinator of NAME School)

4. Parent statement:

- I received a written notice of my rights under Section 504.
- I received a notice of the Section 504 evaluation/accommodation meeting.
- I agree with the Section 504 plan as it is written.
- I give permission for the 504 coordinator to distribute copies of the 504 accommodations to staff on a need to know basis.
- I understand that, if I disagree with the content of this plan, I have the right to ask for a Section 504 review meeting or impartial hearing by filing a written request with the district Section 504 hearing officer.

5. Additional Notes:

## Appendix B-8: Sample Allergy History Form

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

Dear Parent/Guardian of:

Date:

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

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

- 1) When and how did you first become aware of the allergy?
  
- 2) When was the last time your child had a reaction?
  
- 3) Please describe the signs and symptoms of the reaction.
  
- 4) What medical treatment was provided and by whom?
  
- 5) If medication is required while your child is at school, the enclosed Emergency Action Plan (EAP) form must be completed by a licensed medical provider and parent/guardian.
  
- 6) Please describe the steps you would like us to take if your child is exposed to this allergen while at school.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Appendix B-9: Sample Classroom Letter to Parents

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Date:

Dear Parent/Guardian:

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

It is our goal to ensure that every student in our school is safe. Our District has adopted a policy for managing students with food allergies. Our policy is in compliance with Public Act 96-0349 and meets the guidelines created by the Illinois State Board of Education and the Illinois Department of Public Health.

Because these students cannot be in contact with foods containing this/these allergen(s), we are requesting that you not send these foods to school for snacks or treats. Even trace amounts of these allergens could result in a severe allergic reaction. Sometimes these elements may be hidden in processed foods.

Please discuss the following with your child:

- Do not offer, share, or exchange any foods with other students at school.
- Hand washing with soap and water, after eating, is necessary to decrease the chance of cross-contamination on surfaces at school.
- If your child rides the bus, remind them that there is a "no eating on the bus" policy.

Thank you for your consideration and help in this matter. Please call if you have any questions or concerns.

Sincerely,

Nurse/Designated School Personnel (DSP)/Teacher

## Appendix C-1: Sample Letter to Parent About 504 Plans/IHCP

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(School Letter Head)

(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 \_\_\_\_\_, nurse/DSP, at (000) 000-0000 or \_\_\_\_\_, the Section 504 coordinator, at (000) 000-0000. 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. Under Section 504, a student with a physical or mental impairment which substantially limits a major life activity, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning, may meet the definition of a student with a disability. If the student has a qualifying disability, the 504 team will look at how the disability limits access to school programs and whether the student is eligible for protection from discrimination under Section 504. 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 also may 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 students may not only be protected by Section 504, but may also be eligible for special education. The Section 504 coordinator or the nurse/DSP may help with referrals to the special education administrator for the school district.

Thank you.

Sincerely,  
(School Administrator)

## Appendix C-2: Sensitivity and Bullying

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

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

## Appendix C-3: Older Students With Food Allergies

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

## Appendix D: Reading Food Labels

In 2006, a new federal law, the Food Allergy Labeling Consumer Protection Act (FALCPA), took effect that requires manufacturers to clearly identify on the food label any ingredients that contain proteins from the eight major allergenic foods and food groups: milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat and soybeans. The label must clearly identify in plain English the source of any ingredient that is, or contains protein from, one of the eight foods or food groups. The law also requires that the label identify the type of tree nut (i.e. almonds, pecans, walnuts); the type of fish (i.e. bass, flounder, cod); and the type of crustacean shellfish (i.e. crab, lobster, shrimp). The law applies to all foods, both domestic and imported, except meat, poultry and egg products regulated by USDA's Food Safety and Inspection Service (FSIS), 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 or spelt. Contact the Food Allergy and Anaphylaxis Network ([www.foodallergy.org](http://www.foodallergy.org)) or Food Allergy Initiative ([www.faiusa.org](http://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 percent of products with advisory labeling contained detectable peanut protein.

(Hefle, S.L. et al., *Journal of Allergy and Clinical Immunology*)

## Appendix E-1: Coaches/Activity Leaders/Athletic Trainers

### Coaches/Activity Leaders/Athletic Trainers Checklist

	Provide school coaches or other program adults with specific information pertaining to all students with life-threatening allergies, if parent/guardian agrees. Review the Emergency Action Plan (EAP) (Appendix B-5), Individual Health Care Plan (IHCP) and/or 504 Plan with nurse/Designated School Personnel (DSP).
	Identify who is responsible for keeping epinephrine auto-injector(s) during sporting events or activities. Ensure a current epinephrine auto-injector is readily accessible for food-allergic students. An adult staff member, trained in its use, must be onsite.
	Make certain that an emergency communication device (i.e. walkie-talkie, intercom, cell phone, etc.) is always available.
	Ensure that before- and after- school activities sponsored by the school comply with school policies and procedures regarding life-threatening allergies. Follow the field trip checklist (Appendix E-3) and transportation checklist (Appendix E-2).
	Avoid the presence of allergenic foods at activity sites and consider the use of allergenic foods in activities. Modify plan to remove student's allergens from activity. This may involve advance communications to parent/guardian when snacks or food is involved.
	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.
	Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities. <ul style="list-style-type: none"> <li>• Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry.</li> <li>• Medical alert bracelet should be taped to the body (wherever it is usually worn), but parts of it should remain visible for medical personnel to view in case of emergency.</li> </ul>

Checklist cross-referenced with checklist found on Page 38.

## Appendix E-2: Transportation Checklist

### Transportation Checklist (School District-owned Transportation)

	Provide school bus driver training in risk reduction procedures, recognition of allergic reactions, and specific implementation of Emergency Action Plan (EAP) (Appendix B-5) for students on their specific routes.
	Provide each school bus driver with the EAP (Appendix B-5) for every student with food allergies on his/her assigned route.
	Initiate company or school guidelines for students having an allergic reaction. A student with a suspected allergic reaction, already in progress, must not board the bus.
	Maintain policy of no food consumption allowed on school buses, unless medically necessary.
	Do not leave a student having a suspected allergic reaction alone. Call 911 if needed.
	Provide functioning emergency communication device (i.e., cell phone, two-way radio, walkie-talkie or similar).
	Ensure careful attention to cleaning bus surfaces, including seats and handrails. (Appendix F)

### Transportation Checklist (Private Sector Bus Company)

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

Checklist cross-referenced with checklist found on pages 39-40.

## Appendix E-3: Field Trip Checklist

### 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.
	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: <ul style="list-style-type: none"> <li>● Facilitating washing of hands before snack/lunch.</li> <li>● Overseeing the cleaning of tables before eating.</li> <li>● Ensuring that student with food allergy only eat allergen-free food or food supplied by parent/guardian.</li> <li>● Carrying a communication device to be used in an emergency situation.</li> <li>● Reviewing the student's Emergency Action Plan (EAP).</li> <li>● Carrying and administering emergency medicine (antihistamine, epinephrine auto-injector) as outlined in EAP.</li> </ul> Planning should be completed one week prior to field trip.
	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.

Checklist cross-referenced with checklist found on Page 30.

## Appendix E-3: Field Trip Checklist

### Field Trip Medication Checklist

	Notify the nurse/DSP of any field trip at least one week in advance.
	Acquire medications, Emergency Action Plan (EAP) (Appendix B-5) and communication device the morning of the trip is the school personnel's responsibility. School district policy for dispensing medicine should be followed.
	Provide the adult who is to administer the medication with an EAP (Appendix B-5) and with instructions about the medication.
	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 adult designated by the nurse/Designated School Personnel (DSP) with all medications, including over-the-counter medications. Exceptions to this policy are those medications deemed "rescue drugs" such as epinephrine auto-injector(s) and asthma inhaler(s). Written permission shall be on file for any student to carry self-administering medications. Review EAP. (Appendix B-5)

Checklist cross-referenced with checklist found on Page 31.

## Appendix F: Cleaning Research

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

### Surfaces

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

### Hands

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

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

### Summary

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

(Perry, T.T., Conover-Walker, M.K. Journal of Allergy and Clinical Immunology)

# Appendix G: Constructive Classroom Rewards



## The Quick & Easy Guide to School Wellness



### Constructive Classroom Rewards

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

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

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

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

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

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

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

*Physical activity  
and food should  
not be linked to  
punishment*

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

<sup>1</sup> U.S. Department of Agriculture (USDA). *Prohibition against Denying Meals and Milk to Children as a Disciplinary Action*. Alexandria, VA: USDA, 1988.

This bonus tip sheet accompanies *The Quick & Easy Guide to School Wellness*. For details or to order additional copies of the guide, please visit [www.healthyschoolscampaign.org](http://www.healthyschoolscampaign.org) or call 800-HSC-1810.

# Appendix G: Constructive Classroom Rewards

*Constructive Classroom Rewards, page 2*

Examples of beneficial (and inexpensive) rewards for children <sup>2</sup>

## *Social rewards*

"Social rewards," which involve attention, praise, or thanks, are often more highly valued by children than a toy or food. Simple gestures like pats on the shoulder, verbal praise (including in front of others), nods, or smiles can mean a lot. These types of social rewards affirm a child's worth as a person.

## *Recognition*

- Trophy, plaque, ribbon, or certificate or a sticker with an affirming message (e.g., "Great job")
- Recognizing a child's achievement on the morning announcements or the school's website
- A photo recognition board in a prominent location in the school
- A phone call, email, or letter sent home to family commending a child's accomplishment
- A note from the teacher to the student commending his or her achievement

## *Privileges*

- Going first
- Choosing a class activity
- Helping the teacher
- Having an extra few minutes of recess with a friend
- Sitting by friends or in a special seat next to or at the teacher's desk
- "No homework" pass
- Teaching the class
- Playing an educational computer or other game
- Reading to a younger class
- Making deliveries to the office
- Reading the school-wide morning announcements
- Helping in another classroom

## *Rewards for a class*

- Extra recess
- Eating lunch outdoors
- Going to the lunchroom first
- Reading outdoors
- Holding class outdoors
- Extra art, music, PE, or reading time
- Listening to music while working
- Dancing to music

## *School supplies*

- Pencils, pens
- Erasers
- Notepads/notebooks
- Boxes of crayons
- Stencils
- Stamps
- Rulers
- Glitter
- Plastic scissors
- Bookmarks
- Highlighters
- Chalk (e.g., sidewalk chalk)
- Markers
- Coloring books
- Pencil sharpeners, grips, or boxes
- Gift certificate to the school store

## *Sports equipment and athletic gear*

- Paddleballs
- Frisbees
- Water bottles
- NERF balls
- Hula hoop
- Head and wrist sweat bands
- Jump rope

<sup>2</sup> Some examples adapted from "Alternatives to Using Food as a Reward," Michigan Team Nutrition (a partnership between the Michigan Department of Education and Michigan State University Extension), 2004. Accessed at <http://www.tn.fcs.msue.msu.edu/foodrewards.pdf> on November 6, 2004.

This bonus tip sheet accompanies *The Quick & Easy Guide to School Wellness*. For details or to order additional copies of the guide, please visit [www.healthyschoolscampaign.org](http://www.healthyschoolscampaign.org) or call 800-HSC-1810.

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## Appendix G: Constructive Classroom Rewards

*Constructive Classroom Rewards, page 3*

### *Toys/trinkets*

- Stickers
- Yo-yos
- Rubber balls
- Finger puppets
- Stuffed animals
- Plastic or rubber figurines
- Toy cars, trucks, or airplanes
- Puzzle games
- Slinkies
- Gliders
- Magnifying glasses
- Spinning tops
- Marbles
- Jacks
- Playing cards
- Stretchy animals
- Silly putty
- Bubble fluid with wand
- Balloons
- Capsules that become figures when placed in water
- Inflatable toys (balls, animals)
- Small dolls or action figures

### *Fashion wear*

- Temporary tattoos
- Hair accessories
- Bracelets, rings, necklaces
- Sunglasses
- Shoe laces
- Eyeglasses with nose disguise
- Hat or cap
- T-shirt
- Sneaker bumper stickers

### *Miscellaneous*

- Key chains
- Flashlights
- Cups
- Magnets
- Backscratchers
- A plant, or seeds and pot for growing a plant
- Books
- Crazy straws

*A token or point system, whereby children earn points that accumulate toward a bigger prize.*

Possible prizes include those listed above and:

- Gift certificate to a bookstore or sporting goods store
- Movie pass or rental gift certificate
- Ticket to sporting event
- Puzzle
- Book
- Step counter (pedometer)
- Sports equipment, such as tennis racket, baseball glove, soccer ball, or basketball
- Stuffed animal
- Magazine subscription
- Board game

Children can be given fake money, tokens, stars, or a chart can be used to keep track of the points they have earned. Points can be exchanged for privileges or prizes when enough are accumulated. A point system also may be used for an entire class to earn a reward. Whenever individual children have done well, points can be added to the entire class's "account." When the class has earned a target number of points, then they receive a group reward.

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## Appendix H: Emotional Wellness

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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 also can help by showing children, through books and music examples of people with food allergies 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 celebration, 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 Web site ([www.faiusa.org](http://www.faiusa.org)) or the Food Allergy and Anaphylaxis Network Web site ([www.foodallergy.org](http://www.foodallergy.org)).

## Appendix I: Additional Resources

### **American Academy of Allergy, Asthma and Immunology (AAAAI)**

555 East Wells Street  
Suite 1100  
Milwaukee, WI 53202-3823  
414-272-6071

<http://www.aaaai.org>

[http://www.aaaai.org/patients/resources/fact\\_sheets/food\\_allergy.pdf](http://www.aaaai.org/patients/resources/fact_sheets/food_allergy.pdf)

[http://www.aaaai.org/members/allied\\_health/tool\\_kit/ppt/](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](http://www.twinject.com)

[www.twinjecttraining.com](http://www.twinjecttraining.com)

#### **MedicAlert Foundation**

2323 Colorado Avenue  
Turlock, CA 95382  
(888) 633-4298

[www.MedicAlert.org](http://www.MedicAlert.org)

## Appendix J: Glossary

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**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, H.A., Munoz-Furlong, A., Campbell, R.L., Adkinson, N.F. Jr., Bock, S.A., Branum, A. et al. Second symposium on the definition and management of anaphylaxis: summary report- Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network symposium. J Allergy Clin Immunol 2006;117:391-7.)

**Antihistamine:** A class of medications that block the action of histamine. Histamine is one of the inflammatory chemicals released during an allergic reaction. Commonly used, non-prescription antihistamines include Benadryl® and Zyrtec®

**Asthma:** A chronic disease involving the lungs. Asthma causes narrowing of the breathing tubes and, if untreated, can be fatal. This narrowing/constriction is caused by swelling of the lining of the breathing tubes, excess mucus production and tightening of the muscles in the walls of the breathing tubes. Asthma has been identified as a predictor of fatal outcomes in a food-allergic reaction. Asthma medication is not to be used initially for food-allergic reactions. While epinephrine will treat both asthma and a food-allergic reaction, asthma medications will not adequately treat a food-allergic reaction.

**Chronic:** A condition or symptom that is long-lasting or recurrent.

**Consumer Hot Line:** Food distributors' and manufacturers' toll-free numbers, which can usually be found on product packaging. This allows for clarification of ingredients or manufacturing processes, when necessary.

## Appendix J: Glossary

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**Cross-contamination:** Synonym 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 also can 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 dose 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>

## Appendix J: Glossary

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**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 also may 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 also can cause a localized reaction (e.g., hives) in some food-allergic individuals. One of the hallmarks of a food-allergic reaction is the sudden onset of symptoms within 2 hours of food ingestion. The reaction may contain any or all of the classic allergy symptoms such as hives, swelling, difficulty breathing, vomiting or change in level of consciousness. Prompt recognition of symptoms and treatment are essential. A student with a food allergy can have different reactions to different food allergens, but any food-allergic reaction can be fatal. Strictly avoiding the ingestion of the food allergen is the only current treatment for food allergy.

**Histamine:** One of the many inflammatory chemicals released by allergy cells during an allergic reaction.

**Hives:** Raised, welt-like, reddened skin lesions that are intensely itchy. Hives can be a symptom of an allergic reaction or due to physical triggers, such as heat or pressure, in some individuals.

**Individual Health Care Plan (IHCP):** A plan which addresses the food allergic student's needs and, at minimum, includes the precautions necessary for food allergen avoidance and emergency procedures and treatments. The template for this plan is the student's Food Allergy Emergency Action Plan.

**Latex:** The component in rubber that provides tensile strength (stretch). Latex can be an allergen and can be found in some gloves used by food service personnel and in items such as balloons.

## Appendix J: Glossary

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**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 that 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 that 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 also should include the review of important principles, such as never leaving a student experiencing any allergic reaction alone and having the individuals designated to help in this situation come to the student. This drill should be carried out and not simply reviewed from the school board's written policy. It is essential that each member of the team review and rehearse his/her role annually.

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