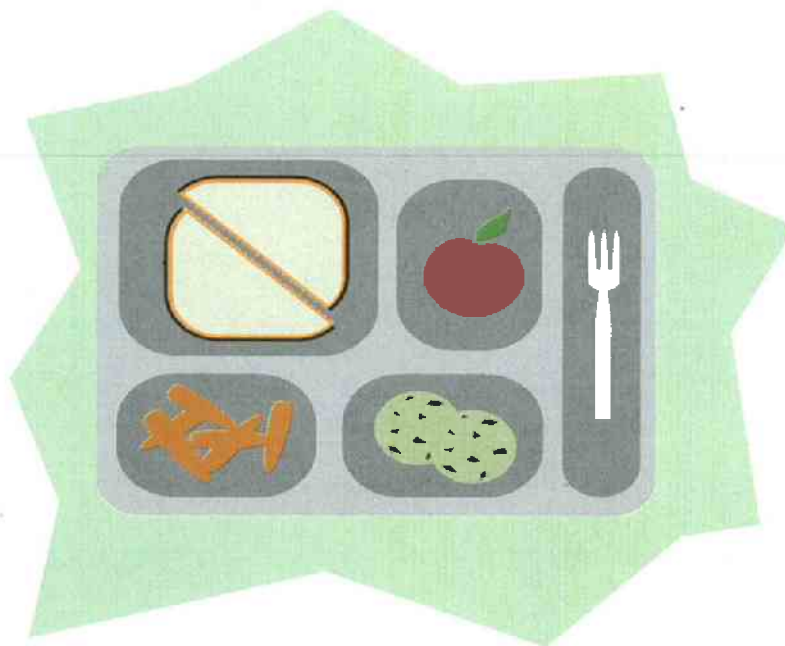


Guidelines for Managing Food Allergies and Other Life Threatening Allergies in the Chicago Public Schools



Developed by the Chicago Board of Education's Law Department
pursuant to the Illinois State Board of Education guidelines and in
collaboration with the Offices of Special Education and Supports and
Nutrition Support Services

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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, schools must be prepared to provide treatment to students with food allergies, reduce the risk of anaphylaxis, and to accommodate students diagnosed with food and non-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. The Board of Education of the City of Chicago adopted such a policy on January 26, 2011 which is attached as Appendix A.

These guidelines address and identify procedures that should be followed for students with food allergies and other life threatening allergies (bee stings, etc.).

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

(Sampson, HA, "Food Allergy", from Biology Toward Therapy, Hospital Practice.)

Food Allergies

Food Allergies on the Rise

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

The emotional, as well as the physical, needs of the child must be respected. A student's behavior may be drastically altered by their fears of a reaction. School social workers or 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 a 504 Plan which outlines the student's Individual Health Care Plan. If a student with food allergies is already on an Individualized Education Program (IEP), the Individual Health Care Plan should be incorporated into the student's IEP. The IEP/504 Plan delineates any accommodations relating to the food allergy the student may need during the school day and at school activities and the safety procedures which should be followed. The Chicago Public Schools' IEP/504 Plan Individual Health Care Plan is attached as Appendix B. Every student with food allergies must also have an Emergency Action Plan from their personal physician. The Emergency Action Plan must be attached to the student's IEP/504 Plan. An example of an Emergency Action Plan is attached as Appendix C.

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

Raising a child with life-threatening allergies is challenging. Parents must ensure strict food avoidance, understand food labeling and be on a constant alert. Parents of children with food allergies have crafted ways to keep their children safe in a world that is not presently food-allergy friendly. As their children grow and their world expands, so do the demands for parents to re-adjust their own thinking and strategies for maintaining a normal, but safe environment for their children.

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

Allergic Reaction Characteristics

Allergic reactions to foods vary and can range from mild to severe and cause life-threatening reactions. Bee/insect stings, as well as medications and latex, also have the potential of causing life-threatening reactions. (See pages 31)

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

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

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

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

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

Importance of Prevention

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

The importance of reading through an Emergency Action Plan and a student's 504 Plan or IEP cannot be stressed enough. These documents help all school personnel understand the accommodations necessary to keep that specific student safe.

Some high-risk situations for a student with food allergies include:

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

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex.

Avoidance is the key to preventing a reaction.

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 can also 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.

(Perry TT, Conover-Walker MK. Journal of Allergy and Clinical Immunology.)

Food Allergy in School

While there are many possible reactions to food, it is important to understand why a food allergy is different. Individuals with a food allergy have an immediate, immune-mediated reaction to specific foods. Although any food can cause a food allergy, the most common food allergies in childhood are milk, egg and peanut. Other common allergens include wheat, soy, fish, shellfish and tree nuts. Allergies to seeds, such as sesame and mustard, also seem to be on the rise. When a child has a food allergy, the only current management to prevent a reaction is strict avoidance. Children may have life-threatening reactions with the ingestion of even very small amounts of a food allergen. This may happen when foods are cross-contaminated, or when food labels are not accurate or available. Some foods contain unexpected ingredients, such as milk protein in low fat luncheon meats.

Adults responsible for students with food allergies must be familiar with the student's Individual Health Care Plan found in the student's 504 Plan or IEP. These plans contain the specific actions necessary to keep the student safe. All complaints from students with food allergies 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 -- it is not.
- Be aware of signs of anxiety or bullying.
- 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 504 Plan or IEP, along with the Emergency Action Plan, is followed exactly. If you have questions, ask before allowing any changes. This also applies to changes which may not directly involve eating.

School personnel should be aware of the student's specific food allergen and allergic symptoms which will be included on their Emergency Action Plan. Common symptoms of a food-allergic reaction include itchy rash or hives, throat clearing, difficulty breathing or swallowing, repetitive cough, vomiting, and swelling of the face or limbs. These symptoms are more likely to happen within 2-4 hours of eating and usually progress rapidly.

Studies have shown that accidental food exposures do occur in the school setting. Even with the best of plans, accidental ingestions may happen. All complaints from students with food allergy are to be taken seriously and evaluated according to their 504 Plan or IEP, along with the Emergency Action 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.

504 Plans/IEP (Appendix B)

Every child with a documented food allergy that may affect the student's ability to participate in school or school activities must be offered a 504 Plan to address the prevention and management of allergic reactions while in school and at school events. In the event the student has an Individualized Education Program (IEP), the IEP must address the prevention and management of allergic reactions while in school and at school events.

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 Individual Health Care Plan in the 504 Plan/IEP. Each school must designate a person responsible for developing and overseeing 504 Plans (the "Section 504 Coordinator"). The school's Section 504 Coordinator must gather, in consultation with the school nurse, the necessary information from the student, the student's parents/guardians, and medical professionals. The parent/guardian must provide the school with the information and completed forms listed below.

- Emergency Action Plan (Appendix C)
- 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.
- 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.

Additional information may be required by the school depending on the individual needs of the student.

The 504 Plan/IEP includes an Individual Health Care Plan that will identify what the school will do to accommodate the individual needs of the student with the food allergy and detail all safety procedures to be taken. The 504 Plan/IEP should include accommodations that will be needed during school, including extra-curricular activities, field trips and while on the bus. These accommodations include, but are not limited to, identifying what staff training is needed; specific food substitutions or omissions from the student's breakfast and/or lunch eaten at school; elimination of specified food types from specific locations in the school, such as the classroom, art room, etc.; adult supervision for specific activities; washing hands before eating; parent providing safe snacks; etc. Any food substitution requirements shall be coordinated with the Chicago Public Schools Department of Nutrition Support Services.

The 504 Plan/IEP's Individual Health Care Plan must also identify all safety procedures that must be followed. The safety procedures must be consistent with the student's current medical orders and can include but is not be limited to, allergen exposure risk reduction; emergency response during the school day, while traveling to and from school, during school funded events

and while on field trips; where the student's medication is stored; monitoring procedures, etc.

The student's allergy Emergency Action Plan, which has been signed by his/her personal health care provider, must be attached to the 504 Plan or IEP. If epinephrine is injected, school staff must call 911. If any of the safety procedures outlined in the 504 Plan/IEP are not effective, school staff must call 911.

For current students with food allergies who are not on a 504 Plan, a 504 Plan team meeting must be convened within 15 school days of issuance of these guidelines or within 15 school days from receipt of information regarding a newly diagnosed food allergy to develop the 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 these food allergy guidelines of the Chicago Public Schools' food allergy policy.

For students with known food allergies and who currently are on a 504 Plan or IEP, the student's 504 Plan or IEP must be revised to address the Individual Health Care Plan needs of the student if they are not already addressed in the 504 Plan/IEP. A meeting to revise the 504 Plan or IEP must be convened within 15 school days of issuance of these guidelines.

If the student is already on a 504 Plan or IEP and the parent/guardian furnishes information on a newly diagnosed food allergy or new medical response instructions for known food allergens, the student's 504 Plan or IEP must be revised to address this new allergy or medical response instructions. The meeting to revise the plan must be convened within 15 schools days of receipt of the new information.

A copy of the student's 504 Plan/IEP or relevant section (the Individual Health Care Plan), including the Emergency Action Plan and emergency medication identification, must be given to all school staff who supervise the student during the school day and at school sponsored activities or are responsible for the provision of food to the student. The 504 Plan/IEP will be distributed at the beginning of each school year or upon revision or annual review.

Emergency Action Plans (Appendix C)

The Chicago Public Schools Food Allergy Emergency Action Plan and Treatment Authorization Form must be completed by a license health care provider. It also requires the signature from the parent/guardian of the student with food allergies.

This form provides a variety of information, including:

- Student's personal information and method of identifying the student (photo)
- Offending allergens
- Warning signs of reactions of offending allergens
- Treatment for a food-allergic reaction
- Emergency contact information
- Permission to/or not to self-administer epinephrine
- A license health care provider's medication authorization and dosing requirements
- Parent's consent for the school to administer medication
- A list of staff members trained on the administration of epinephrine
- Documentation recommendations
- Additional resources

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)

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. At a minimum, the student and parent/guardian should meet with the school nurse and any other staff that were involved in the allergic reaction to be reassured about the student's safety and to review and amend the student's 504 Plan/IEP Individual Health Care Plan and Emergency Action Plan as needed. A mild reaction may need little or no other intervention. In the event that a student has a moderate to severe reaction, one or more of the following additional interventions might be appropriate:

- If a student demonstrates anxiety about returning to school, designate a staff person to 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 and the 504 Plan/IEP should be amended accordingly.
- Obtain as much accurate information as possible about the allergic reaction. Helpful information might include:
 - Items ingested (food, drink, over the counter medications, prescribed medications)
 - Any insect stings or bites
 - Timing from ingestion to symptoms
 - Type of symptoms
 - Exercise involved
 - Time and response of medications that were given
- Meet with staff and/or parent/guardian to discuss what transpired and dispel any rumors.
- If the parent/guardian and student consent, provide factual information about food allergies to classmates who witnessed or were involved in the allergic reaction.

Food Allergic Students Without a 504 Plan or IEP

Once a school learns that a student has food allergies or other life-threatening allergies and does not have a 504 Plan/IEP with an Individual Health Care Plan, the Section 504 Coordinator should schedule a 504 Plan Eligibility and Development meeting with the student's parent/guardian to develop the 504 Plan, including the Individual Health Care Plan and Emergency Action Plan or if the student is already on an IEP, schedule an IEP meeting to amend the IEP to include the Individual Health Care Plan and Emergency Action Plan. If the student's parent/guardian refuses to cooperate with the school for an evaluation and implementation of an appropriate 504 Plan, the school is to implement a simple Emergency Action Plan stating to call 911 immediately upon recognition of any symptoms along with sending written notification to the parent/guardian of the student's Emergency Action Plan.

Multi-Disciplinary Team

The principal or principal designee shall assemble a multi-disciplinary team to undertake school-wide allergen risk prevention and the management of the individual health needs of the students with food allergies or other life threatening allergies. The multi-disciplinary team may include

- Teachers
- Classroom assistants
- Student paraprofessionals
- Food service staff
- Coaches
- Transportation staff
- School health professionals
- School case managers/Section 504 Coordinators
- School social workers
- Custodial staff
- Parent(s)/guardian(s) of the student with a food allergy
- Students with food allergies, if age appropriate

The multi-disciplinary team identifies measures, such as those listed below, that will promote the prevention of exposure to allergens, promote a familiarity with the signs and symptoms of an allergic reaction and a familiarity with the emergency response plan for each student with a life threatening allergy, including but not limited to emergency medications.

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.

Surface cleaning
wipes or hand
sanitizer is not a
substitute for
hand wipes.

Recommended Best Practices for Schools

The following are recommended best practices for schools:

- Address life-threatening allergic reaction prevention in all classrooms, food service/cafeteria, classroom projects, crafts, outdoor activity areas, on school buses, during field trips, before- and after-school activities and in all instructional areas.
- Adapt curriculum, awards, rewards or prizes by substituting allergen-free food or non-food item(s) in rooms where students having an Emergency Action Plan 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.

- Limit food related to fundraising, birthday celebrations, PTA functions to cafeteria or another designated areas. Incorporate non-allergenic foods or non-food items.
- Establish cleaning procedures for common areas (i.e., libraries, computer labs, music, art room and hallways, etc.).
- Avoid the use of food products as displays or components of displays in hallways.
- Develop protocols for appropriate cleaning methods following events held at the school which involve food.
- Determine who should be familiar with the student's 504 Plan/IEP.
- 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.

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.

Guidelines for Managing Outside Food Sources

1. Restaurants

The principal must decide whether any food will be ordered from a restaurant for school events, such as class parties, pizza day, ice-cream socials, etc. If staff will be allowed to order food from restaurants, the following guidelines should be followed:

- **REMINDER:** Board policy prohibits any home baked food to be brought into schools for school events.
- Prior to any event which involves ordering food from a restaurant, **staff must identify all students with food allergies who will be participating** and all staff involved in the event must be given copies of each student's 504 Plan/IEP or the relevant sections (Individual Health Care Plan) so that all necessary accommodations and safety procedures can be followed during the event.
- **Parents should be notified of the event.** The notification should include the types of food which will be served and the name of the restaurant which will be used. The notification should also ask parents to notify the school if they do not want their child participating in the event. When the school receives the written ingredient list from the restaurant, this should also be sent to the parents of students with food allergies to confirm that their child can participate in the event.
- **Menus for the event should avoid all known food allergens for every student participating.**
- When ordering the food from the restaurant, **staff should ask the restaurant for a written** ingredient list of all menu items ordered.
 - Specifically advise the restaurant of the known food allergens to confirm that none are ingredients.
 - If a **written** ingredient list cannot be provided, do NOT order food from this restaurant.
 - If a known allergen for any participating student appears as an ingredient, do NOT order that food item.
 - Ask the restaurant whether all chosen items are prepared on site. If an item is prepared by an outside provider for the restaurant, do NOT order the food item unless the restaurant can provide a **written** ingredient list for that item in order to confirm that no known food allergen is involved.
- **Beware of sauces.** When asking restaurants for the written ingredient list, staff should ask that the list includes all ingredients used in any sauce for an ordered item.
- **Beware of cross-contamination.** Cross-contamination happens when different foods are prepared, cooked or served using the same utensils and surfaces. When ordering food from a restaurant, staff should ask about food preparation practices to make sure that food preparation and serving utensils are not exposed to allergens and then used for another food. For example, the written ingredients for the ice cream social, which only will serve vanilla and chocolate

ice cream, do not contain any of the food allergens of the participating students. However, when asked about food preparation, staff learns the vat in which the ice cream was made was also used for the praline ice cream which is a life threatening allergy for one of the participating students. Ice cream from this restaurant cannot be ordered for the ice cream social.

- **Do not assume pizza is safe.** The sauces on pizza may contain forbidden ingredients and cross-contamination may also occur.
- If a participating student is allergic to latex, **staff should ask the restaurant whether the person who prepared the ordered item wore latex gloves.** If the food preparer wore latex gloves, do NOT order this item.

2. Store-Bought Food

The principal must decide whether staff and/or parents will be allowed to bring into the school food purchased at a store. If staff and/or parents will be allowed to bring into the school food purchased at a store, the following guidelines should be followed:

- Prior to any event which involves store bought food, **staff must identify all students with food allergies who will be participating** and all staff involved in the event must be given copies of each student's 504 Plan/IEP or the relevant sections (Individual Health Care Plan) so that all necessary accommodations and safety procedures can be followed during the event.
- **Parents should be notified of the event.** The notification should include the types of store bought food which will be served. The notification should also ask parents to notify the school if they do not want their child participating in the event.
- **All store bought food for the event should avoid all known food allergens for every student participating.**
- **All store bought food must be brought to school in the original container.** If the food is not in the original container, the food item CANNOT be served at the event.
- **All store bought food must have a written ingredient label.** If the food does not have a **written** ingredient label, it CANNOT be served at the event. Attached as Appendix B is information from the Food Allergy & Anaphylaxis Network (FAAN) on how to read food labels.
- If any known allergen appears on the ingredient label, that food item CANNOT be served at the event.

3. Participation

No student can be denied participation in a school event because of a food allergy or any other life threatening allergy. If the school cannot follow a student's 504 Plan/IEP regarding the necessary accommodations and safety procedures for a known food allergen at a school event as planned, the school must alter the event in such a manner so that the student's 504 Plan/IEP can be implemented and the student can safely participate.

4. Non-Food Incentives

Whenever possible, staff should develop rewards for students which are non-food items, such as:

- Recognition such as trophies, award bulletin boards with student photos, positive notes home, etc.
- Privileges such as earning extra time on "fun" activities, no homework pass, classroom helper, etc.
- Rewards for entire class such as holding class outdoors, watching movie, extra art, music, PE, computer time, etc.
- Earning school supplies
- Earning sports equipment or athletic gear

Additionally, if possible, school fund-raisers should involve non-food items. If the fund-raiser includes food and the food involves a known food allergen for a student, precautions must be taken and accommodations made for the affected student.

Specific Guidelines for Different School Roles

The following are recommended best practices for individuals responsible for dealing with students with food allergies or other life-threatening allergies in the school. The checklists are grouped into thirteen major categories:

- Nurse
- Designated School Personnel
- Parent/Guardian
- Student
- Principal
- Section 504 Coordinator
- Teacher
- Paraprofessional
- Nutrition Support Services and School Dining Manager
- Custodians and Building Engineers
- Extra-Curricular Staff
- Chaperones for School Sponsored Activities
- Bureau of Student Transportation, Bus Drivers and Bus Aides

When in doubt, it is important to give the epinephrine auto-injector (epi-pen) and seek medical attention

Nurse Checklist

When it comes to the school care of students with food allergies, nurses carry the largest responsibility. Nurses are asked to assist the school team in both prevention and emergency care of students with food allergies or other life threatening allergies. Nurses are expected to:

- ✓ Review the Chicago Board's *Food Management Policy*
- ✓ Annually send the Chicago Public Schools *Student Medical Information* form home to parents
- ✓ Upon return of medical forms and a food allergen or other life-threatening allergy is identified, if an *Emergency Action Plan* signed by the student's physician was not attached, send necessary form to parent and child's physician
- ✓ Enter the food allergy/non-food allergy information into SIM
- ✓ Notify the school's Section 504 Coordinator of the food allergen or other life-threatening allergy and request a 504 Plan/IEP meeting be scheduled in order to develop an Individual Health Care Plan
- ✓ Track medications for expiration dates and arrange for medications to be current
- ✓ Collaborate with the student's medical provider to address any medication changes
- ✓ Ensure epinephrine auto-injectors (epi-pen) and antihistamines are stored in a secure, unlocked designated area
- ✓ Ensure that appropriate school personnel know the location of the medication
- ✓ Provide training for school personnel about how to prevent, recognize and respond to food allergy reactions
- ✓ Provide training for school personnel on emergency response and epi-pen administration
- ✓ As needed, provide training for school personnel on a student specific basis to familiarize staff on how to implement the student's Individual Health Care Plan and Emergency Action Plan
- ✓ Work with the classroom teacher at least one week in advance of a field trip so that he/she can assist in acquiring the medication that will be needed for the field trip and ensure it is in a labeled container with the date and time that it is to be given

Designated School Personnel Checklist

If the nurse is not in the school at the time a student has an allergic reaction, the staff person(s) designated by the school's principal to administer medication is expected to follow the student's Individual Health Care Plan and administer the necessary medication(s) and follow the safety plan.

- ✓ Review the Chicago Board's *Food Management Policy*
- ✓ Review and be familiar with all students' 504 Plan/IEP Individual Health Care Plans and Emergency Action Plans
- ✓ Know where epinephrine auto-injectors (epi-pens) and antihistamines are stored
- ✓ Administer epi-pen and/or antihistamines as required
- ✓ Follow all emergency response procedures

Parent/Guardian Checklist

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 to the school nurse, principal, 504 Coordinator and other relevant school personnel.

- ✓ Annually inform the school nurse of your child's allergies prior to the first day of school or as soon as possible after a diagnosis
- ✓ Complete and return the Chicago Public Schools *Student Medical Information* form and included the physician signed Emergency Action Plan
- ✓ Participate in your child's 504 Plan/IEP meeting and provide information to assist in the development of the Individual Health Care Plan
- ✓ Provide the school with the necessary medication (antihistamine and epinephrine) and up-to-date epinephrine auto-injectors (epi-pens)
- ✓ Provide a list of foods and ingredients to avoid
- ✓ Provide shelf-stable, allergen-free snacks/lunches for your child when necessary
- ✓ Consider providing a medical alert bracelet for your child
- ✓ Provide the nurse with the licensed medical provider's statement if your child 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 with school personnel
- ✓ Periodically teach your child to:
 - Recognize the first symptoms of an allergic/anaphylactic reaction
 - Know where the epipen 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 epipen 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 the food is not labeled or if the child is unsure of the ingredients, the child should politely decline the food being offered

Student Checklist

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.

- ✓ Be familiar with your 504 Plan/IEP Individual Health Care Plan
- ✓ Recognize the first symptoms of an allergic/anaphylactic reaction
- ✓ Know where the epi-pen is kept and who has access to the epi-pen(s)
- ✓ Inform your teacher or another adult as soon as an accidental exposure occurs or symptoms appear
- ✓ Carry your own epi-pen when appropriate
- ✓ Avoid sharing or trading snacks, lunches, or drinks
- ✓ Wash hands before and after eating
- ✓ Report teasing, bullying and threats to your teacher or the principal
- ✓ 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
- ✓ Develop a relationship with the nurse, Designated School Personnel and/or another trusted adult in school to assist in identifying issues related to the management of the allergy in school

Section 504 Coordinator Checklist

- ✓ Review the Chicago Board's *Food Management Policy*
- ✓ Ensure all students with a known food allergy or other life threatening allergy have a 504 Plan or IEP with an up-to-date Individual Health Care Plan
- ✓ Collaborate with school nurse to ensure all medical documentation is received prior to scheduling the 504 Plan meeting
- ✓ Schedule all 504 Plan meetings and ensure the appropriate school staff, including the nurse, are in attendance and parental notice of meeting has been sent
- ✓ Coordinate the 504 Plan development, including the Individual Health Care Plan and Emergency Action Plan
- ✓ Ensure all school staff responsible for a student with a food allergy or other life threatening allergy has a copy of the student's Individual Health Care Plan and Emergency Action Plan

Principal Checklist

- ✓ Identify the Designated School Personnel who will be responsible for administering medication, including antihistamine and epinephrine, when the school nurse is not in the building
- ✓ Supervise and implement the Chicago Board's *Food Management Policy*
- ✓ Provide training to all school staff on the Chicago Board's *Food Management Policy* and procedures to follow for food allergies and other life-threatening allergies, including:
 - How to respond to a student with a known allergy as well as students with a previously unknown allergy
 - How to recognize symptoms of an allergic reaction
 - Steps to take to prevent exposure to allergens
 - How to administer an epipen and respond to an emergency
 - Legal Protection
- ✓ Ensure all students with a known food allergy or other life-threatening allergy have a 504 Plan or IEP with an up-to-date Individual Health Care Plan
- ✓ Ensure all school staff responsible for a student with a food allergy or other life-threatening allergy has a copy of the student's Individual Health Care Plan and Emergency Action Plan
- ✓ Ensure all staff responsible for a student with a food allergy or other life-threatening allergy have training regarding the student's Individual Health Care Plan and Emergency Action Plan, how to administer epinephrine and emergency procedures
- ✓ Communicate menu information to parents, students and staff and inform them menu changes may occur
- ✓ Establish a contingency plan in the case of a substitute nurse or Designated School Personnel
- ✓ Ensure protocols are in place for training any substitute staff that may have responsibility for a student with a life-threatening allergy including teachers, school nurse, nutrition services, paraprofessionals, bus drivers and any other adult responsible for implementing the Individual Health Care Plan and Emergency Action Plan
- ✓ Provide emergency equipment and communication devices for all school activities involving students with food allergies and other life-threatening allergies
- ✓ Assemble a multi-disciplinary team to undertake school-wide allergen risk prevention and the management of the individual health needs of the students with food allergies or other life-threatening allergies
- ✓ Ensure staff is cleaning surfaces and areas per Chicago Public School policies and procedures for allergen-safe zones
- ✓ Ensure trained staff are on the bus to assist students in the event of an anaphylactic emergency and to implement the Emergency Action Plan
 - ✓ NOTE: Do not send students with food allergies home on the bus if they report any symptoms of an allergic reaction, no matter how "minor"
- ✓ Ensure after-hours users of the school building are informed of and following all restrictions and rules impacting the use of common spaces and individual classrooms

- ✓ Ensure school has emergency procedures in place which include:
 - Identifying school staff for the emergency response team, including CPR/AED trained personnel
 - Ensuring that reliable communication devices, such as walkie-talkie/cell phone/similar communication devices, are available in the event of an emergency
 - Ensuring that an antihistamine and the epinephrine auto-injector (epi-pen) are quickly and readily accessible in the event of an emergency by a member of the emergency response team
 - Ensuring access to an antihistamine, the epipen and allergy-free foods when developing plans for fire drills, lockdowns, etc.
 - Coordinating with the Chicago Fire Department on emergency response in the event of food-allergic reaction
 - Adhering to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epipen after use
 - Conducting emergency response drills

Classroom Teacher Checklist

Teachers are the student's first line of defense. Teachers are asked to assist in the care and management of students with food allergies and other life-threatening allergies, as well as the prevention and treatment of allergic reactions.

- ✓ Review the Chicago Board's *Food Management Policy*
- ✓ Have an accessible, but confidentially placed, copy of each student's Individual Health Care Plan and Emergency Action Plan
- ✓ Implement the student's Individual Health Care Plan and Emergency Action Plan as written
- ✓ Attend 504 Plan or IEP meetings and participate in the development of the student's Individual Health Care Plan and Emergency Action Plan
- ✓ Do not question or hesitate to immediately initiate an Emergency Action Plan if a student reports symptoms or exhibits signs of an allergic reaction
- ✓ Seek immediate assistance if a student has ingested, or is suspected to have ingested, a known allergen
- ✓ Do NOT send a student with an allergic reaction to the nurse's office or school office alone
 - NOTE: It is NOT appropriate to send another student to the office with the student experiencing symptoms of a life threatening allergic reaction so assistance from staff outside of the classroom may be needed
- ✓ Establish a means of communication with the school office, nurse and Chicago Fire Department to ensure swift response in case of emergency
- ✓ Attend trainings regarding food allergies and life-threatening allergies
- ✓ For substitute teachers, keep each student's Individual Health Care Plan and Emergency Action Plan in a confidential place accessible to the substitute and readily identifiable
- ✓ Ensure that classroom volunteers, student teachers, and classroom paraprofessionals are informed, with parent/guardian permission, of the student's allergies, educated about life threatening allergic reactions and necessary safeguards on a need to know basis
- ✓ With parent/guardian and student permission and in collaboration with school nurse, provide age appropriate classroom instruction about life-threatening allergies
- ✓ Educate all classroom students about anti-bullying policies and monitor students appropriately
- ✓ Allow student with food allergy or other life-threatening allergy to keep the same locker and desk all year to help prevent accidental contamination because food is often stored in lockers and desks or provide student with food storage container
- ✓ Ensure tables, chairs, floors and countertops are washed if a food event, including lunch, has been held in an allergic student's classroom
- ✓ Wipe computer keyboards, musical instruments and other equipment used with a Chicago Public Schools approved cleaner for student or provide separate item as required in the Individual Health Care Plan
- ✓ Inform parent/guardian of the allergic student of any in-class events where food will be served or used at least two weeks in advance
- ✓ Provide parent/guardian with a written ingredient list for any food products and classroom products to which the student will be exposed

- ✓ Communicate menu information to parents, students and staff and inform them menu changes may occur
- ✓ Do not send students with food allergies home on the bus if they report any symptoms of an allergic reaction, no matter how "minor".
- ✓ Snacks/Lunch Time
 - Prohibit trading or sharing food in the classroom or cafeteria
 - Reinforce hand washing before and after eating
 - NOTE: Antibacterial hand sanitizers have not been shown to be sufficient at removing food allergens
 - Avoid cross-contamination of food by cleaning surfaces with a Chicago Public Schools approved cleaner before and after eating
 - NOTE: Clean surfaces thoroughly with separate or disposable cloth which is not placed in a solution with other cloths to avoid cross-contamination
 - Ensure tables and desks were washed down in the morning before students enter the classroom if an after-school event had been held in the classroom
 - Encourage parent/guardian to send shelf-stable, allergen-free snacks/lunches for their child
- ✓ Classroom Activities
 - 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
 - For classroom rewards, incentives or prizes use non-food items whenever possible
 - Encourage parents of allergic student to assist in planning parties and special events
- ✓ Field Trips
 - ✓ Choose field trips carefully to ensure that students with allergies have little to no allergen exposure
 - ✓ Review the number of adults/chaperones required for the field trip when a student with food allergies is present because additional chaperones may be required
 - ✓ Identify the adult/chaperone who will be assigned the responsibility for watching out for the student's welfare and handling any emergency and ensure this person has a copy of the student's Individual Health Care Plan and Emergency Action Plan. This adult/chaperone will be responsible for:
 - Facilitating washing of hands before snack/lunch
 - Overseeing the cleaning of tables before eating
 - Ensuring that student with food allergy only eats allergen-free food or food supplied by parent/guardian
 - Carrying a communication device to be used in an emergency situation
 - Reviewing the student's Emergency Action Plan

- Carrying and administering emergency medicine (antihistamine, epinephrine auto-injector) as outlined in the Emergency Action Plan
- ✓ A student experiencing an allergic reaction must be accompanied by an adult at all times and the designated adult is strongly encouraged to remain with the student being transported by EMS when the parent/guardian is not present
- ✓ Discuss the field trip in advance, at least one week, with parent/guardian of the allergic student and invite the parent to accompany their child on school trips, in addition to the chaperone(s)
 - NOTE: The parent's/guardian's presence at a field trip is NOT required for the student to attend
- ✓ If parent/guardian chooses not to attend the field trip, inform parent/guardian that a copy of his/her child's Individual Health Care Plan and Emergency Action Plan will be shared with the adult assigned to supervise his/her child
- ✓ Consider how snack/lunch will be stored/transported and where food will be eaten while on field trip
- ✓ Plan for emergency situation (contacting 911 if needed and location of closest hospital)
- ✓ Notify the nurse of any field trip at least one week in advance so that he/she can assist in acquiring the medication that will be needed for the field trip and ensure it is in a labeled container with the date and time that it is to be given

Paraprofessional Checklist

Paraprofessionals who are providing support to a student with food allergies and other life-threatening allergies pursuant to his/her 504 Plan or IEP is part of the school team which assists in the care and management of the as well as the prevention and treatment of allergic reactions.

- ✓ Have an accessible, but confidentially placed, copy of the student's Individual Health Care Plan and Emergency Action Plan
- ✓ Implement the student's Individual Health Care Plan and Emergency Action Plan as written
- ✓ When appropriate, attend the 504 Plan or IEP meetings and participate in the development of the student's Individual Health Care Plan and Emergency Action Plan
- ✓ Do not question or hesitate to immediately initiate an Emergency Action Plan if a student reports symptoms or exhibits signs of an allergic reaction
- ✓ Seek immediate assistance if a student has ingested, or is suspected to have ingested, a known allergen
- ✓ If the allergic student needs to go to the nurse's office or school office, accompany the student and never leave him/her alone

Nutrition Support Services

Schools must provide a meal substitution if (a) it is required by the student's Individual Health Care Plan or (b) the school participates in a federally-funded child nutrition program and the student has a disability that restricts their diet as documented by a licensed health care provider. 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.

Nutrition Support Services and School Dining Managers are expected to:

- ✓ Review the Chicago Board's *Food Management Policy* and direct any questions to the Department of Nutrition Support Services
- ✓ Ensure all appropriate school dining staff have access to the student's Individual Health Care Plan and Emergency Action Plan
- ✓ When appropriate, participate in the 504 Plan/IEP meeting to assist in the development of the student's Individual Health Care Plan and Emergency Action Plan
- ✓ Ensure all nutrition services staff and substitutes receive allergy awareness training in order to recognize and respond to signs and symptoms of an allergic reaction; how to prevent cross-contamination; and how to accommodate specific physician's medical statement regarding food substitutions
- ✓ Make appropriate substitutions or modifications for meals served to students with food allergies after receiving a physician's medical statement
- ✓ Set up procedures for the cafeteria regarding food-allergic students, including food handling practices, cleaning/sanitation practices and responsibilities of various staff members to prevent cross-contamination
- ✓ Work with the school nurse and administration, along with the parent/guardian and student to review potential food allergen exposure risks:
 - Communicate menu information to parents, students and staff and inform them menu changes may occur
 - Make food labels available for parents as requested
 - Keep a file of food labels and recipes
 - Designate and train specific and appropriate staff to read food labels and to answer food ingredient questions
 - Maintain current contact information with food vendors and other industry resources
 - Train production workers and servers on the prevention of cross-contamination of allergenic food products during production and in the cafeteria line
 - If possible, identify areas in the kitchen to be allergen-safe for food preparation
 - If unable to identify specific allergen free preparation areas, ensure thorough cleansing of surfaces or use surface protection barriers to provide an allergen-safe preparation area
 - Plan ahead for safe allergen free meals for field trips when requested
- ✓ Collaborate with custodial staff to arrange for the cleaning of all tables, chairs, and floors after each meal
- ✓ Avoid using latex gloves at all times
- ✓ Avoid open doors and windows around food areas during times of high insect activity
- ✓ Sign up for notification of recalls from the Food Allergy and Anaphylaxis Network and the FDA
- ✓ Take all complaints seriously from any student with a food allergy or other life threatening allergy

Custodial Staff and Building Engineers Checklist

- ✓ Review the Chicago Board's *Food Management Policy* and direct any questions to the school nurse, Office of Special Education and Supports or Department of Nutrition & Support Services
- ✓ Clean all cafeteria tables, chairs, and floors after each meal with Chicago Public Schools approved cleaner
- ✓ Clean surfaces thoroughly with separate or disposable cloth which is not placed in a solution with other cloths to avoid cross-contamination
- ✓ Avoid cross-contamination of food by cleaning surfaces with a Chicago Public Schools approved cleaner before and after eating
- ✓ Ensure tables and desks are washed down in the morning before students enter the classroom if an after-school event had been held in a classroom
- ✓ Clean classrooms, desks, computer keyboards, doorknobs and lockers routinely with Chicago Public School cleaning agents, with special attention to classrooms attended by students with food allergies.
 - NOTE: A student's Individual Health Care Plan may direct the frequency of cleaning
- ✓ Avoid using latex gloves at all times
- ✓ Ensure school dumpsters are not in areas close to student activity
- ✓ Ensure food and food waste are covered when possible
- ✓ Participate in all trainings on food allergies and other life threatening allergies
- ✓ Take all complaints seriously from any student with a food allergy or other life threatening allergy

Extra-Curricular Staff Checklist

- ✓ Review the Chicago Board's *Food Management Policy*
- ✓ Have an accessible, but confidentially placed, copy of each student's Individual Health Care Plan and Emergency Action Plan
- ✓ Implement the student's Individual Health Care Plan and Emergency Action Plan as written for extra-curricular activities
- ✓ Do not question or hesitate to immediately initiate an Emergency Action Plan if a student reports symptoms or exhibits signs of an allergic reaction
- ✓ Seek immediate assistance if a student has ingested, or is suspected to have ingested, a known allergen
- ✓ Do NOT send a student with an allergic reaction to the nurse's office or school office alone
 - NOTE: It is NOT appropriate to send another student to the office with the student experiencing symptoms of a life threatening allergic reaction so an adult must accompany the student
- ✓ Identify staff who is trained and responsible for keeping and administering epi-pen
- ✓ Establish a means of communication with the school office and Chicago Fire Department to ensure swift response in case of emergency
- ✓ Attend trainings regarding food allergies and life threatening allergies
- ✓ Avoid the presence of allergenic foods at activity sites
- ✓ For rewards, incentives or prizes use non-food items whenever possible

Chaperones for School Sponsored Events Checklist

- ✓ Review the Chicago Board's *Food Management Policy*
- ✓ Review, keep confidential and implement the student's Individual Health Care Plan and Emergency Action Plan as written for field trips activities
- ✓ Do not question or hesitate to immediately initiate an Emergency Action Plan if a student reports symptoms or exhibits signs of an allergic reaction
- ✓ Seek immediate assistance if a student has ingested, or is suspected to have ingested, a known allergen
- ✓ If you have been identified as the chaperone who has been assigned the responsibility for supervising the allergic student, you are responsible for:
 - Facilitating washing of hands before snack/lunch
 - Overseeing the cleaning of tables before eating
 - Ensuring that student with food allergy only eats allergen-free food or food supplied by parent/guardian
 - Carrying a communication device to be used in an emergency situation
 - Reviewing the student's Emergency Action Plan
 - Carrying and administering emergency medicine (antihistamine, epinephrine auto-injector) as outlined in the Emergency Action Plan
- ✓ A student experiencing an allergic reaction must be accompanied by an adult at all times and the designated chaperone is strongly encouraged to remain with the student being transported by EMS when the parent/guardian is not present

Transportation

A student with food allergies or other life-threatening allergies may be provided transportation pursuant to his/her 504 Plan or IEP if he/she cannot transport him/herself in the same manner as his/her non-disable peers. A student with food allergies needs a safe environment while being transported to and from school.

Bureau of Student Transportation (BST), Bus Drivers and Bus Aide Checklist

- ✓ Provide training for all school bus drivers and aides on managing life-threatening food allergies and emergency procedures
- ✓ Review the Chicago Board's *Food Management Policy*
- ✓ Review, keep confidential and implement the student's Individual Health Care Plan and Emergency Action Plan as written for the school bus
- ✓ Do not question or hesitate to immediately initiate an Emergency Action Plan if a student reports symptoms or exhibits signs of an allergic reaction
- ✓ Do not leave a student having a suspected allergic reaction alone and call 911 if needed
- ✓ Ensure careful attention to cleaning bus surfaces, including seats and handrails
- ✓ Maintain policy of no food consumption allowed on school buses, unless medically necessary

State law allows a student to carry their prescribed epinephrine auto-injector (epi-pen) on the school bus.

Non-Food Types of Allergic Reactions

Other Types of Allergic Reactions: Venom, Latex and Medication

Information and awareness procedures apply fully for students with other types of anaphylactic allergies. These include the development and implementation of a 504 Plan/IEP Individual Health Care Plan (Appendix B) and an Emergency Action Plan (Appendix C). Every student with a documented life threatening non-food allergy that may affect the student's ability to participate in school or school activities must be offered a 504 Plan to address the prevention and management of allergic reactions while in school and at school events. If the student is already on an IEP, the IEP must address the life threatening non-food allergy. The procedures for developing the 504 Plan/IEP outlined above for food allergies is the same for non-food allergies.

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.

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.

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

Certain federal laws govern the Chicago Public Schools' 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 Chicago Public Schools 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 (1) has a physical or mental health impairment that substantially limits a major life activity; or (2) has a record of such impairment; or (3) is regarded as having such impairment. 29 U.S.C. §794; 34 C.F.R. § 104, *et seq.*

A physical or mental impairment is defined as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities are defined to include, but 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. Every student with a food allergy in the Chicago Public Schools must be offered a 504 Plan, unless the student is already on an IEP.

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. (42 U.S.C. § 12101 et seq.; 29 C.F.R. § 1630 et seq.).

Individuals with Disabilities Education Act (“IDEA”)

School districts are required to provide special education and related services to students with disabilities who are covered by IDEA. IDEA differs from Section 504 in that it identifies thirteen specific disabling conditions which are covered by the Act for students from the ages of 3 through 21. Additionally, to qualify for services under IDEA, the student's disability must adversely affect learning and the student requires the services of a special education teacher. Thus, IDEA is not as broad as Section 504. When a student qualifies for special education and related services under IDEA, schools must develop an Individualized Education Program (IEP) for the student. If a student has food allergies and already has an IEP, the student's IEP should include the student's Individual Health Care Plan for accommodating the food allergy during school and school events and outline all safety procedures to be followed. The student's Emergency Action Plan should be attached to the IEP.

United States Department of Agriculture (“USDA”) Regulations:

For schools participating in a federally-funded student 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 health care provider. (See Appendix C, Emergency Action Plan) The physician's statement must identify:

- The student's food allergy
- An explanation of why the food allergy restricts the student's diet at school
- 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.

Appendix A: Chicago Public Schools Food Allergy Management Policy

Chicago Public Schools Policy Manual

Title: FOOD ALLERGY MANAGEMENT
Section: 704.8
Board Report: 11-0126-PO2

Date Adopted: January 26, 2011

Policy:

THE CHIEF EXECUTIVE OFFICER RECOMMENDS:

That the Board adopt a food allergy management policy.

PURPOSE: The purpose of this policy is to promote the prevention and management of life-threatening allergic reactions during school and related activities. This policy also establishes training requirements for school personnel on how to identify signs of food allergic reaction and undertake emergency response measures.

POLICY TEXT:

I. SCOPE

This policy covers all life threatening food allergies as well as life threatening allergies to insect venom/stings, medications, latex. For purposes of this policy, references to food allergies herein shall also include food intolerances that may affect a student's ability to participate in school or school activities. Identification of students at risk of anaphylaxis cannot be predicted as it is possible that a student could have his or her first allergic reaction at school. Therefore, this policy applies to all schools regardless of whether the school has any current students identified with food allergies or other life threatening allergy. Further, this policy applies where a student is receiving special education services only at the Chicago Public School and who is otherwise enrolled in a non-public school.

II. IDENTIFYING STUDENTS WITH FOOD ALLERGIES

A. Request for Allergy Information: In order to effectively plan for and manage student allergy risks at school, parents/guardians are asked to promptly notify the school upon their child being diagnosed with a food allergy or of their suspicions of a food allergy or other life threatening allergy. At least annually at the beginning of each school year, Principals shall request parents/guardians to report information about their child's known or suspected food allergies. The Office of Special Education and Supports (OSES) shall make food allergy disclosure forms available to schools for this purpose.

B. Parent Submissions: When a parent/guardian reports that their child has a diagnosed food allergy or other life threatening allergy, the school shall request the parent/guardian to provide the following:

- (1) Written authorization to obtain detailed medical information on the child's condition from the physician;
 - (2) Written consent to share diagnosis and other information with school personnel;
 - (3) Written consent to administer or self administer medications during the school day, as applicable in accordance with in the Board's Administration of Medication Policy;
 - (4) An Emergency Action Plan and Treatment Authorization ("Emergency Action Plan") completed and signed by their child's licensed health care provider and signed by the parent;
 - (5) Any medications necessary to prevent or treat allergic reactions along with relevant prescription and dosage information. Replace medications after use or expiration;
 - (6) A description of the student's past allergic reactions, including triggers and warning signs;
 - (7) Current emergency contact information and prompt notice of any updates;
 - (8) A description of the student's emotional response to the condition and the need for intervention;
- and

- (9) Recommendations on age-appropriate ways to include the student in planning or care and implementing their 504 Plan.

C. Suspected Allergies: In the event the School Nurse or other principal-designated school personnel suspect that a student has a food allergy or other life threatening allergy, the school shall provide the parent with written notification and request for the student to be evaluated by a physician.

D. Non-Cooperation: If the parent/guardian of a student with a known or suspected food allergy or other life threatening allergy fails or refuses to cooperate with the school for an evaluation or implementation of an appropriate 504 Plan or any documentation required to offer a 504 Plan, the school shall implement a simple Emergency Action Plan (EAP) stating to call 911 immediately upon recognition of symptoms along with sending written notification to the parent/guardian of the student's EAP.

III. 504 PLAN/IEP

A. Plan Establishment: Every child with a documented allergy that may effect the student's ability to participate in school or school activities must be offered a 504 Plan to address the prevention and management of allergic reactions while in school and at school events. In the event the student has an Individualized Education Program (IEP), the IEP shall address the prevention and management of allergic reactions while in school and at school events. The 504 Plan, or IEP (collectively referred to herein as the "plan"), shall include an Individual Health Care Plan that will identify what the school will do to accommodate the individual needs of the student with the food allergy or other life threatening allergy. The plan should include, but not be limited to, allergen exposure risk reduction, emergency response during the school day, while traveling to and from school, during school funded events and while on field trips. Any meal substitution requirements shall be coordinated with the CPS Department of Nutrition Support Services. The child's allergy Emergency Action Plan must be attached to the 504 Plan or IEP. An identification of which school personnel are trained in administering the epinephrine auto-injector or other emergency medication, where the emergency medication is stored who is monitoring medications for expiration shall be attached to the 504 Plan or IEP.

B. Plan Updates: 504 Plans and IEP's are updated annually in accordance with Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Improvement Act of 2004. Notwithstanding the annual update requirement, in the event the parent/guardian furnishes information on a newly diagnosed allergen or new medical response instructions for known allergens, the 504 Plan or IEP will be promptly updated to address the new information in accordance with the CPS Food Allergy Guidelines.

C. Plan Dissemination: Those portions of the student's plan relevant to allergy management, including the Individual Health Care Plan, Emergency Action Plan and emergency medication identification, shall be disseminated to all school staff who supervise the student during the school day and at school sponsored activities (e.g. extra-curricular activities, field trips, sports, after school programs) or are responsible for the provision of food to the student. Plan distribution includes, but is not limited to, the student's teachers, classroom assistants, food service staff, coaches, transportation staff, school health professionals, school case managers, custodial staff, student aides and the parent(s)/guardian(s) of the student with a food allergy. The plan will be distributed at the beginning of each school year for continuing students or upon enrollment for new students.

IV. PREVENTING EXPOSURE TO KNOWN ALLERGENS

A. School-Wide Evaluation: Based on food allergy information provided by parents/guardians, the school shall annually, at the beginning of each school year, identify the common food allergens (i.e. peanut, milk, egg, etc.) that require school-wide management and risk reduction. The school shall report school-wide food allergy information to the Office of Special Education and Supports and the Department of Nutrition Support Services in accordance with the CPS Food Allergy Guidelines.

B. Multi-Disciplinary Team: The principal or principal designee shall assemble a multi-disciplinary team to undertake school-wide allergen risk prevention and the management of the individual health needs of the students with food allergies or other life threatening allergies. The multi-disciplinary team may include teachers, classroom assistants, food service staff, coaches, transportation staff, school health professionals, school case managers or social workers, custodial staff, student aides and the parent(s)/guardian(s) of the student with a food allergy. The team shall utilize best practices outlined in the CPS Food Allergy Guidelines to identify measures that will promote the prevention of exposure to allergens, promote a familiarity with the signs and symptoms of an allergic reaction and a familiarity with the emergency response plan for each student with a life threatening allergy, including but not limited to emergency medications.

C. School-Wide Exposure Prevention Measures: The multi-disciplinary team shall identify schools areas, events, programs, activities, student travel, art projects, parties and holiday celebrations, student rewards, hidden food ingredients, substitute teacher situations, etc. where there is a high or higher risk of exposure to allergens and develop a plan and procedures to reduce these risks. Plans to reduce instances of allergen exposure may include issuing parent notices that certain food items are restricted from a classroom or the school building. The principal shall ensure that protocols to prevent exposure do not result in the exclusion of students from school activities solely based on their food allergies. The principal shall ensure that protocols and measures are updated during the school year to reflect newly enrolled students with food allergies or new food allergy diagnoses or medical response for current students.

D. Food Services: The principal shall consult with the Office of Special Education and Supports and the Department of Nutrition Support Services to determine what school-wide food service accommodations, if any, are recommended.

E. School Emergency Response Plan: Beginning with the 2011-2012 school year, the principal shall ensure that the school's annual School Emergency Management Plan includes provisions for students with food allergies including a response plan for incidents involving mass allergen exposure. The School Emergency Management Plan shall incorporate provisions to annually practice food/allergy emergency protocols and procedures as part of the school-wide drill program.

V. EMERGENCY RESPONSE

In the event emergency response measures outlined in a student's plan are undertaken but not effective, 911 will be called. If epinephrine is injected in response to an allergic reaction, 911 will be called.

VI. TRAINING

At a minimum, at least every two (2) years school personnel who work with pupils shall complete an in-service training program on the management and prevention of allergic reactions by students including training related to the administration of medication with an auto-injector. This training will be conducted by persons with expertise in anaphylactic reactions and management. The Office of Special Education and Supports will establish an in-service training program that complies with the Illinois School Code, sections 2-3.148 and 10-22.39(e).

VII. BULLYING

Bullying, intimidation or harassment of students with food allergies or other life threatening allergy is not acceptable in any form and will not be tolerated at school or any school-related activity. Schools shall discipline students who engage in this behavior to the fullest extent permitted under the Board's Student Code of Conduct.

VIII. GUIDELINES

The Office of Special Education and Supports is authorized to develop and implement food allergy management guidelines, standards and procedures for the effective implementation of this policy (CPS Food Allergy Guidelines"). The CPS Food Allergy Guidelines shall conform to the requirements of the Illinois School Code, sections 2-3.148 and 10-22.39(e) as well as the State's Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools.

IX. VIOLATIONS

Failure to abide by this policy or guidelines will subject employees to discipline up to and including dismissal in accordance with the Board's Employee Discipline and Due Process Policy.

Amends/Rescinds:

Cross References:

Legal References:

105 ILCS 5/2-3.148; 105 ILCS 5/10-22.39(e); Individuals with Disabilities Education Act, 20 U.S.C. §1400 et. seq.; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §706 et. seq. and 34 C.F.R. 100 et. seq; the food allergy and anaphylaxis management provisions of the FDA Food Safety Modernization Act; the Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools.

Appendix B: 504 Plan/IEP Individual Health Care Plan

Chicago Public Schools 504 Plan

1. Identification Information

Student Name: Smart Sammy			Date of Conference: 06/15/2011		
Student ID: 11111111 Gender: Male			Current CPS School: Arthur E Canty Elementary School		
			Phone: (773) 534-1238 Area: 01 School ID: 609836		
			Non-Attending: (Check, if non-attending <input type="checkbox"/>)		
Birth Date: 07/27/2006	Grade: K	Homeroom/Division: A109			
Parent/Guardian: Smart Sammy SR (Father)			504 Coordinator:		
Address: 2222 SW. Smart Chicago, IL 606Smart			Date of Doctor's Report: 03/30/2011		
Parent's Phone Numbers Primary Resident Voice: 773-Smart					
Work Voice: 773-Smart					

2. Purpose of the Conference

Purpose of the Conference: Initial 504 Eligibility/504 Plan Development

3. 504 Team (participants as appropriate)

Obtain signature. Check the box to indicate who attended. Note that some participants may serve in multiple roles. [Click here to download "Explanation of Procedural Safeguards for Section 504".](#)

Title	Name	Signature	Title	Name	Signature
<input checked="" type="checkbox"/> 504 Coordinator:			<input checked="" type="checkbox"/> Nurse: School		
<input type="checkbox"/> Special Education Teacher:			<input type="checkbox"/> Interpreter/Translator:		
<input type="checkbox"/> General Education Teacher:			<input checked="" type="checkbox"/> Occupational Therapist:		
<input checked="" type="checkbox"/> Parent/Guardian:	Smart Sammy SR		<input type="checkbox"/> Physical Therapist:		
<input type="checkbox"/> Attending by phone			<input checked="" type="checkbox"/> Psychologist:		
<input checked="" type="checkbox"/> Parent/Guardian:			<input checked="" type="checkbox"/> Social Worker:		
<input type="checkbox"/> Attending by phone			<input type="checkbox"/> Speech-Language Pathologist:		
<input type="checkbox"/> Student:	Smart Sammy		<input type="checkbox"/> Audiologist:		
<input type="checkbox"/> Attending by phone			<input type="checkbox"/> Other:		
<input type="checkbox"/> Surrogate Parent:					
<input type="checkbox"/> Other:					
<input type="checkbox"/> Other:					

4. 504 Eligibility

1. Does the student have a mental or physical impairment? ☒ Yes ☐ No

Indicate the mental or physical impairment, and in a brief narrative, describe the sources and/or factors supporting the identification of the impairment including the date the impairment was identified:

-

Date impairment was identified: 03/30/2011

2. Does impairment substantially limit one or more major life activities? ☒ Yes ☐ No

Indicate one or more major life activities substantially limited by impairment:

.

Smart has a mental or physical impairment that substantially limits one or more major life activities and is therefore eligible for 504 services.

5. Accommodations and Modifications: Classroom/Testing for Section 504

Description of modifications and accommodations for each area of need:

1. Does the student need academic support? ☐ Yes ☒ No
2. Does the student need testing accommodations? ☐ Yes ☒ No
3. Does the student need direct support from a related service provider? ☐ Yes ☒ No
4. Does the student need Health/Medical support? ☒ Yes ☐ No

<input type="checkbox"/> Place student in an accessible building.	<input type="checkbox"/> Allow for the use of adaptive seating as follows:* (<i>Describe setting and equipment:</i>)	<input type="checkbox"/> Allow for rest periods in accordance with following conditions:	<input type="checkbox"/> Allow access to elevator when necessary.
<input type="checkbox"/> Allow to carry water bottle	<input type="checkbox"/> Allow for frequent washroom breaks.	<input type="checkbox"/> Monitor asthma log in accordance with following conditions:	
<input type="checkbox"/> Allow student to leave classroom for medication administration.	<input type="checkbox"/> Blood sugar check in accordance with following conditions:	<input type="checkbox"/> Catheterization in accordance with following conditions:	<input type="checkbox"/> G-tube feeding in accordance with following conditions:
Other Accommodations			
<input type="checkbox"/> Other Accommodations:			
<input type="checkbox"/> Other Accommodations:			

Individual Health Care Plan - Pending Physician Emergency Action Plan**Student Name:** Smart Sammy**Student ID:** 11111111**Food Allergy:** Wheat**Medication Name:**

Accommodations (such as staff training; specific food preparation instructions; physician ordered substitution of food items for students breakfast or lunch; elimination of specified food types from specific locations in school such as class room, art room; adult supervision for specific activities, washing hands before eating, parent providing safe snacks, etc.). If the student does not require accommodations for any area, "None" must be indicated in the text box.

School day: -**Extracurricular:** -**Field Trips:** --**Bus:** -

Safety procedures consistent with current medical orders (such as use of epinephrine or antihistamine or bronchodilator; monitoring procedures, etc.). If the student does not require safety procedures for any area, "None" must be indicated in the textbox.

School day: Call 911**Extracurricular:** Call 911**Field Trips:** Call 911**Bus:** Call 911

If epinephrine is injected, 911 will be called. If any of the above safety procedures are not effective, 911 will be called.

Is the Physician's Emergency Action Plan attached to the hard copy of this Individual Health Care Plan? ☐ Yes ☒ No

5. Transportation ☐

6. Procedural Safeguards
When Can The Conference Proceed?
<i>If a parent is in attendance (which you indicated by checking off the box next to "Parent/Guardian" or "Surrogate Parent" in the 504 Team section) you may proceed as long as you have given the parent 10 days notice (which you indicate in the Event Log) or if the parent has waived the 10 day waiting period (which you indicate below).</i>
<i>If the parent is not in attendance you may proceed after the second notice of conference.</i>
The Explanation of Procedural Safeguards for Section 504 were provided to the parent on 06/15/2011
Conference Recommendations
Smart Sammy is eligible and will be receiving services per the 504 plan.
Were the parents given the 504 Plan paperwork at the 504 Conference? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Who gave the parent the 504 Plan paperwork?

Appendix C: Emergency Action Plan



Emergency Action Plan

Student's Name: _____ Date of Birth: _____
Student's ID#: _____ Grade: _____ Room/Teacher: _____

Allergic to: _____

Asthmatic: Yes*☐ No ☐ * Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:

NONE: If a food allergen has been ingested, but *no symptoms*
LUNG†: shortness of breath, wheezing, or hacking cough
HEART†: pale, blue, faint, weak pulse, dizzy, confused
THROAT†: tightening of throat, hoarseness, or trouble swallowing
MOUTH: itching, tickling, or swelling of lips, tongue and mouth
SKIN: hives, itchy rash, swelling of the face or extremities
ABDOMEN: nausea/ vomiting, abdominal cramps, or diarrhea
OTHER†: _____

If reaction is progressing (several of the above areas affected), give:

The severity of symptoms can quickly change. †Potentially life-threatening.

Give Checked Medication:

(To be determined by physician authorizing treatment)

<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

Dosage:

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™0.3mg Twinject™0.15mg

Antihistamine: give (medication/dose/route) _____

Other: give (medication/dose/route) _____

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911: State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call Dr. _____ at _____
3. Emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1. _____ 2. _____
b. _____	1. _____ 2. _____
c. _____	1. _____ 2. _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

Doctor's Name (Printed) _____ Phone # _____

Doctor's Signature _____ Date _____

(Required)

Appendix D: Glossary

Acute: Something that happens suddenly. For example, an acute reaction happens suddenly.

Adrenaline: Synonymous with epinephrine.

Allergic reaction: An immune-mediated reaction to a protein that is not normally harmful. These reactions are usually mediated by immunoglobulin E (IgE). (See food allergy)

Anaphylactic reaction: Synonymous with anaphylaxis.

Anaphylaxis: The medical diagnosis for a severe allergic reaction. Anaphylaxis usually occurs rapidly and causes life-threatening responses involving many body systems. Common symptoms include hives, swelling, difficulty breathing or swallowing, and loss or sudden change in consciousness due to decrease in blood pressure. Anaphylaxis can be fatal, even if treated appropriately. Prompt recognition of symptoms, intramuscular treatment of epinephrine and emergency transportation to a medical facility is the current, recommended emergency treatment for anaphylaxis. Full clinical criteria for the diagnosis of anaphylaxis has been published, but is beyond the scope of this document. (Sampson HA, Munoz-Furlong A, Campbell RL, Adkinson NF Jr, Bock SA, Branum A et al. Second symposium on the definition and management of anaphylaxis: summary report- Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network symposium. J Allergy Clin Immunol 2006;117:391-7.)

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

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

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

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

Cross-contamination: Syn. for cross-contact. In the context of food allergy, the often inadvertent transfer of food protein from one food to another. This can cause a food to

contain an allergen. An example is using the same gloves while making a peanut butter sandwich and then, without changing them, making a ham sandwich. The gloves may have carried some peanut butter over to the ham sandwich. It can also happen with surfaces or utensils. If the same spatula is used for peanut and non-peanut cookies, for instance, all of the cookies must be identified as containing peanut.

Emergency Action Plan (EAP): A written form that contains the student's food allergens and specific treatment steps to be taken should the student have an accidental ingestion of a food allergen. This plan is to be signed by a licensed health care provider. This form is the template for all other planning done for the student including an Individual Health Care Plan (IHCP) and, if appropriate, a 504 Plan.

Epinephrine auto-injector: A prescription-only medication and delivery device used to administer epinephrine via intramuscular injection. The device allows the medication to be delivered by an automatic injector following a few simple steps. Several different dose amounts are available, so it is important to check the dose for an individual. Please refer to the manufacturers' instructions for specific devices. The prescription may be made for either one 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>

504 Plan: The Rehabilitation Act of 1973 Section 504 prohibits discrimination against a qualified, individual with a disability by any program that receives federal funds. When a 504 Plan is being developed to address a student's food allergy in school, it is based on the student's Food Allergy Emergency Action Plan and any other documents the parents/guardians and school deem relevant and outlines the student's Individual Health Care Plan which identifies necessary accommodations and safety procedures. The 504 Plan is a legal document and confers the right of establishing a grievance procedure for alleged violations of the plan.

Food allergy: An adverse reaction to a food protein mediated by the immune system. With ingestion of the allergen, immune cells react immediately to the food protein causing the release of histamine and other inflammatory chemicals and mediators. Contact with the allergen can also cause a localized reaction (e.g., hives) in some food-allergic individuals. One of the hallmarks of a food-allergic reaction is the sudden onset of symptoms within 2 hours of food ingestion. The reaction may contain any or all of the classic allergy symptoms such as hives, swelling, difficulty breathing, vomiting or change in level of consciousness. Prompt recognition of symptoms and treatment are essential. A student with a food allergy can have different reactions to different food allergens, but any food-allergic reaction can be fatal. Strictly avoiding the ingestion of the food allergen is the only current treatment for food allergy.

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

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

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.

Life-threatening food allergy: Term used for food allergy throughout the Illinois School Guidelines for Managing Life-Threatening Food Allergies. This term underscores the risk of a life-threatening reaction in any student who has a food allergy. Currently, there are no tests available which would accurately indicate the risk for any food allergic individual for a life-threatening reaction. Due to this lack of testing and the life-saving nature of prompt recognition and treatment, all students should be treated as if their food allergy is life-threatening.

Medical alert jewelry: A necklace, bracelet or other form of readily-seen identification which can be worn by an allergic student. This will often display the universal emergency medic alert symbol designed by the American Medical Association in 1963. The information on the jewelry varies, but typically includes the diagnosis of food allergy and emergency contact information. Individual allergens may be listed.

Periodic emergency response drill: Procedural practice for a life-threatening food-allergic reaction/emergency. The drill may include, but is not limited to, who helps the student, who retrieves the epinephrine, who administers the epinephrine, who calls 911 and who directs the EMS personnel to the student. It should also include the review of important principles, such as never leaving a student experiencing any an allergic reaction alone and having the individuals designated to help in this situation come to the student. This drill should be carried out and not simply reviewed from the School Board's written policy. It is essential that each member of the team review and rehearse his/her role annually.

Appendix E: References

Action for Kids Health, "Addressing the Issue", Jan 2009

(<<http://www.actionforhealthykids.org/addressing-the-issue/>>).

American Academy of Asthma, Allergy and Immunology Position Statement.

"Anaphylaxis in Schools and Other Childcare Settings". *Journal of Allergy and Clinical Immunology*. 1998;102:173-6.

American Academy of Asthma, Allergy and Immunology Position Statement. "The Use of Epinephrine in the Treatment of Anaphylaxis". *Journal of Allergy and Clinical Immunology*.

1994;94:666-8.

Asthma and Allergy Foundation of America. "What is a Food Allergy", *Asthma and Allergy Answers*. 1999: December.

Arizona Department of Health Services. (2007). *Arizona Resource Guide for Supporting Children with Life-Threatening Food Allergies*. Arizona Department of Health Services.

Bock SA, Munoz-Furlong A, Sampson HA. "Fatalities due to Anaphylaxis Reactions to Foods". *Journal of Allergy and Clinical Immunology*. 2001;Jan:107(1):191-3.

Branum, AM, Lukacs SL. Food allergy among US children: trends in prevalence and hospitalizations. NCHS data brief No. 10 Available at www.cdc.gov/nchs/data/databriefs/db10.pdf Accessed April 28, 2010

Connecticut State Department of Education. (2006). *Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools*. Connecticut State Department of Education.

Gupta Ruchi, et al. "Food allergy knowledge, attitudes and beliefs: Focus groups of parent, physicians and the general public" *BMC Pediatrics* 2008, 8:36 doi: 10.1186/1471-2431/8/36.

Healthy Schools Campaign. "Constructive Classroom Rewards". May 2009

(<<http://www.healthyschoolscampaign.org>>).

Hefle,SL et al. Consumer attitudes and risks associated with packaged foods having advisory labeling regarding the presence of peanuts *J Allergy Clin Immunol*;120:171-176).

Lake Forest School District 67. (2007). *Procedures on the Management of Food Allergies and Anaphylaxis*. Lake Forest School District 67.

Marklun Brigitta et al. "Food hypersensitivity and quality of life". *Current Opinion Allergy and Clinical Immunology* 7:279-287 (2007).

Massachusetts Department of Education. (2008, September). *Guidelines for the Management of Life-Threatening Food Allergies in Schools*. Massachusetts Department

of Education.

Mississippi Department of Education/Office of Healthy Schools. (2008, February). *Managing Food Allergies In Mississippi Schools*. Mississippi Department of Education/Office of Healthy Schools.

Munoz-Furlong A. ed. "Food Allergy Network." *The School Food Allergy Program: Special Edition*. 1995, rev 2000.

Munoz-Furlong A. "Impact of Food Allergy on Quality of Life." *Annals of Allergy, Asthma, and Immunology*. 2001:Dec.

New Jersey Department of Education. (2008, September). *Guidelines for the Management of Life-Threatening Food Allergies in Schools*. New Jersey Department of Education.

New York State Department of Health, New York State Education Department, New York Statewide School Health Services Center. (2008, June). *Caring for Students with Life-Threatening Allergies*. New York State Department of Health, New York State Education Department, New York Statewide School Health Services Center.

Nowak-Wegrzyn A, Conover-Walker M, Wood R. "Food-Allergic Reactions in Schools and Preschools." *Archives of Pediatrics and Adolescent Medicine* 2001:July 155:790-795.

Office of Superintendent of Public Instruction, Washington State. (2008, March). *Guidelines for the Management of Students with Life-Threatening Food Allergies*. Conner, Thomson.

Perry TT, Conover-Walker MK. "Distribution of peanut allergen in the environment", *Journal of Allergy and Clinical Immunology*. 2003;112(1):183-9.

Sampson HA. "Fatal and Near Fatal Anaphylactic Reactions to Food In Children and Adolescents." *The New England Journal of Medicine*. 1992:Aug; 380-384.

Sampson HA. "Food Allergy." *Biology Toward Therapy, Hospital Practice*. 2000:May.

Sampson, HA. "What should we be doing for children with peanut allergy?" *The Journal of Pediatrics*. December 2000 Vol 137:No.6.

Sampson HA, "Peanut Allergy", *New England Journal of Medicine* 2002:April; 346: 1294-1299.

Sicherer SH, Burks, AW, Sampson, HA. "Clinical Features of Acute Allergic Reaction to Peanut and Tree Nuts in Children." *Pediatrics*. Vol 102 No 1 July 1998.

Sicherer SH, Furlong TJ, DeSimone J, Sampson HA. "The US Peanut and Tree Nut Registry: characteristics of reactions in schools and day care." *Journal of Pediatrics*. 2001:Apr:138:560-5.

Sicherer SH, "Clinical Update on Peanut Allergy", *Annals of Allergy, Asthma & Immunology* 2002: April;88:350-361.

Tan BM, Sher MR, Goo RA, Bahna SL. "Severe Food Allergies by Skin Contact".

Annals of Allergy, Asthma, and Immunology 2001. May;86(5):583-6.

Tennessee Department of Education and Tennessee Department of Health. (2007). *Guidelines for Managing Food Allergies in Tennessee Schools*. Tennessee Department of Education and Tennessee Department of Health.

United States Department of Agriculture Food and Nutrition Service, "Accommodating Children with Special Dietary Needs in the School Nutrition Programs", Fall 2001, 25-26.

Vermont Department of Education. (2008). *Managing Life-Threatening Allergic Conditions In Schools*. Vermont Department of Education.

Wilmette School District 39. (2005, March). *District 39 Resource Guide For Supporting Children with Life-Threatening Allergies*. Wilmette School District 39.

Weiss, C "Impact of Food Allergies on School Nursing Practice". *The Journal of School Nursing*, Vol. 20, No. 5, 268-278 (2004).

Wensing, M. "The distribution of individual threshold doses eliciting allergic reactions in a population with peanut allergy". *Journal of Allergy and Clinical Immunology*. 2002:Dec: Vol 110, Issue 6: 915-920.