



## **District 46 Food Allergy Management Plan**

*With important information, guidelines and resources to manage food  
allergies and other special dietary needs in District 46 schools*



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## **Foreword**

In 2014, a committee of District 46 parents and staff met. The committee's goal, as part of District 46's focus on health and wellness of students and staff, was to develop a food allergy management plan that would positively influence the learning environment in all District 46 schools so all teachers could focus on teaching and students could focus on learning, safely and healthily. This plan was designed specifically to address food allergies, but can be used as a stepping-stone for the successful management of other food-related issues (diabetes, celiac disease and gluten sensitivities, etc.)

In creating this plan, the committee reviewed the ISBE guidelines, the Center for Disease Control guidelines, as well as plans from several peer districts and reviewed input from the community. The committee did not seek to create allergen-free schools--an impossible task. They sought to develop guidelines that would allow District 46 schools to be allergy friendly, and ensure that:

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

**The key to success is open lines of communication. This plan creates formal avenues for starting those discussions, but parents of children with food allergies are encouraged to talk to teachers, administrators, nurses and other school officials about individual needs. Staff, too, is encouraged to reach out to parents of children with food allergies if they have any questions or concerns about helping students manage their allergies in school.**

## Food Allergies in Schools

In implementing this Food Allergy Management Plan, District 46 recognizes the necessity to create clear and consistent District-wide guidelines to help our administrators, teachers, students and parents protect those with food allergies. Food allergies can be life-threatening. They occur when the body's immune system reacts to the protein component in certain foods as if it were harmful. A reaction can occur within minutes or hours after exposure to an allergen. Some individuals may react to just touching or inhaling the allergen; for others, consumption of just a minuscule amount of allergenic food--be it peanuts, milk, wheat, or some other food- can cause death. **The severity of a reaction is not predictable; every allergic reaction can become a life-threatening reaction.** In many cases, based on the determination of an educational team, students with life-threatening food allergies are protected by federal laws prohibiting discrimination on the basis of disability.

The American Academy of Pediatrics issued a position statement for the treatment of anaphylaxis in schools.

## WHAT IS ANAPHYLAXIS?

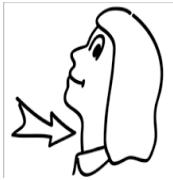
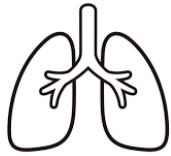
Anaphylaxis, sometimes called allergic shock, is a potentially life-threatening medical condition occurring in allergic individuals after exposure to an allergen. It occurs when the body's immune system reacts to harmless substances as though they were harmful invaders. During an anaphylactic reaction, the body releases chemical mediators, such as histamine, that trigger an inflammatory reaction in the tissues of the skin, respiratory system, gastrointestinal tract and cardiovascular system. When the inflammatory symptoms are widespread and systemic, the reaction is termed anaphylaxis. Symptoms include:

Organ	Symptoms
Lungs	Short of breath; wheezing; repetitive cough
Heart	Pale, blue or flushed skin; faint; weak pulse; irregular heartbeat; dizzy
Throat	Tightness or closing of throat; hoarseness; other voice change; trouble swallowing; feeling that something is stuck in throat; not talking
Mouth	Swelling of the tongue and/or lips
Nose	Itchy/runny nose; sneezing
Skin	Hives or rash; widespread redness; swelling of any body part
Gut	Stomach/abdominal cramps; vomiting; severe diarrhea
Brain	Feeling anxiety, confusion, that something bad is about to happen

When these symptoms appear, follow the charts on the following page for treatment. Studies (Sampson, 1992 and Bock 2001) show that fatal and near-fatal anaphylactic reactions are sometimes associated with not using epinephrine auto-injector ("EpiPen/AUVI-Q") or delaying its use.

***When in doubt, medical advice indicates that it is better to give the student's prescribed epinephrine auto-injector and then call 911. Fatalities occur when epinephrine is withheld. In addition, never send a student to the nurse's office alone.***

FOR ANY OF THE FOLLOWING  
**SEVERE SYMPTOMS**



**LUNG**

Short of breath,  
 wheezing,  
 repetitive cough

**HEART**

Pale, blue  
 faint, weak pulse,  
 dizzy

**THROAT**

Tight, hoarse,  
 trouble breathing/  
 swallowing

**MOUTH**

Significant  
 swelling of the  
 tongue/lips



**SKIN**

Many hives over  
 Body, widespread  
 redness

**GUT**

Repetitive  
 vomiting, severe  
 diarrhea

**OTHER**

feeling  
 Something bad  
 is about to happen,  
 anxiety, confusion

**OR A  
 COMBINATION**

of symptoms  
 from different  
 body areas

**1. INJECT EPINEPHRINE IMMEDIATELY.**

2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
- Consider giving additional medications following epinephrine:
  - Antihistamine
  - Inhaler (bronchodilator if wheezing)
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to the ER even if symptoms resolve. Person should remain in ER for

at least 4 hours because symptoms may return.

## MILD SYMPTOMS



### NOSE

Itchy/runny nose

### MOUTH

Itchy mouth

### SKIN

A few hives and mild itch

### GUT

Mild nausea/discomfort

### FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person, alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

This plan strives to address and respect the emotional as well as the physical needs of students. Fear of allergic reactions can drastically alter a student's behavior or academic performance. School nurses are available to work with families with food-allergic or food-sensitive students.

The District 46 Food Allergy Management Plan strikes a balance between the right and convenience of all students to eat what they like and the food-allergic student's right to health, safety and social normalcy in the school setting. **These guidelines also foster developmentally appropriate increased independence so that students will reach the long-term goal of self-management of their allergic conditions.**

## ALLERGY STATISTICS

The following statistics were compiled by *Food Allergy Research & Education, Inc. (FARE)*:

- Up to 15 million Americans have food allergies, including 1 in every 13 children under age 18 or **roughly two students in every classroom**
- Food allergies among children increased approximately 50% between 1997 & 2011
- The annual economic cost of children's food allergies is nearly \$25 billion
- The U.S. Centers for Disease Control reported that food allergies result in more than 300,000 ambulatory-care visits a year among children under the age of 18
- Eight foods account for 90 percent of all reactions: milk, eggs, peanuts, tree nuts, soy, wheat, fish and shellfish
- **Peanuts and tree nuts account for about 90% of fatal and near-fatal reactions, but other foods can cause fatal or very serious reactions as well**

## Best Practices in District 46:

The following practices will be followed in District 46 schools:

- Address life-threatening allergic reaction prevention in all classrooms and

other instructional areas, lunchrooms, outdoor activity areas, school buses; during field trips; and with all classroom projects and crafts.

- The D46 goal is to adapt curriculum by substituting non-food items, and replace food rewards in the classroom with non-food items. If food is being considered for curriculum related events, parents of students with allergies will be given ample notice.
- Whenever possible, especially in allergy classrooms, hold classroom celebrations that are food-free. If there will be food, notify parents of students with allergies.
- Create signage for areas designated for food to be eaten or sold.
- Communicate with PTOs, the Grayslake Park District, and any organizations renting space to ensure they are aware of food allergy issues and the policies and procedures in place for food use in District 46 facilities.
- Determine who should be familiar with an individual student's 504 Plan, Individual Health Care Plan, and Emergency Care Plan.
- Teach **all staff** about signs and symptoms of anaphylaxis. Which will include: how to recognize symptoms of an allergic reaction; review of high-risk areas; steps to prevent allergen exposure; 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.

## Individual Health Care Plans

When District staff receive notice that a child has a life-threatening food allergy, they will work with parents/guardians to gather documents, information, and medications to develop and implement an appropriate safety plan. There are three different plans applicable for students with allergies. Parents begin the process for developing a plan by following the steps below:

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

- *When entering the District for the first time*, indicate the presence of an allergy or other food related medical condition on the Health History page of the registration packet.
- *When a student already enrolled in the District is diagnosed for the first time*, contact the school to schedule a health meeting.

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

- Allergy History Form
- Emergency Care Plan
- Medication Forms:
  - Permission to administer Over-the-Counter Medication (covers all other necessary medications for the student during the school day, including antihistamine medications)
  - Permission to Self Administer Asthma Medication and Epinephrine Auto-injector (if parents would like child to carry medication)

- Permission to Administer of Prescribed Medication
- At least one up-to-date epinephrine auto injector (it is recommended that you provide two or more, based on your child's activities and travel throughout the school day)
- Other medications required by the student
- Other information as requested by the District staff

**EACH YEAR, TAKE ACTION**

Every year, before the first day of student attendance, parents should provide the following updated information to the school nurse, including:

- Allergy History Form
- Emergency Care Plan
- Permission to Administer Medication forms

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

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

***Food Allergy & Anaphylaxis Emergency Care Plan***

**All students with allergies must have an emergency care plan on file.** For some children this information is the only plan necessary. The FARE Food Allergy and Anaphylaxis Emergency Care Plan form must be completed by a licensed health care provider. This plan (which sometimes is referred to as an Emergency Action Plan) also requires the signature of the child's parent or guardian.

***Individual Health Care Plan (IHCP)***

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

The IHCP includes an ***Emergency Care Plan*** (See pg. 7), which details the specific steps staff must take in the event of an allergic reaction. The IHCP should include (but not be limited to) steps for risk reduction and emergency response during the school day, during school-funded events and while on field trips. It will identify where the epinephrine auto-injector (and any backup devices) should be stored and how devices will be monitored for expiration. It will be signed by the parent/guardian, teacher and nurse/health aide.

***504 Plan***

The District and parents meet to determine if the child qualifies as a person with a disability under Section 504 of the *Rehabilitation Act of 1973*. The District assembles a multidisciplinary team which will include a variety of school staff and the parents to determine this eligibility. If the child is found eligible, the team works to develop a plan which will include the necessary accommodations, aids, and services. Usually one person is responsible for coordinating the 504 Plan to make the process easier. This process takes

place prior to entry into school, or immediately after diagnosis. The 504 Plan is updated regularly or as needed.

Like the IHCP, the 504 Plan also includes an ***Emergency Care Plan*** (see above), which details the specific steps staff must take in the event of an allergic reaction. The 504 Plan should include (but not be limited to) steps for risk reduction and emergency response during the school day, and when on field trips. It will identify where the epinephrine auto-injector (and any backup devices) should be stored and how devices will be monitored for expiration. It will be signed by the parent/guardian and nurse/health aide/Designated School Personnel.

#### **QUICK LOOK: WHICH PLAN SHOULD A STUDENT HAVE?**

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

#### **First Allergic Reactions- Responding to Students with Undiagnosed Allergies**

Identification of students at risk of anaphylaxis cannot be predicted, and it is possible that a student who has not been identified could have his or her first reaction at school. That is why all staff are trained to recognize the symptoms of an allergic reaction (see page 4), and on the use of epinephrine auto-injectors. Students with any symptoms should be escorted to the nurse's office with an adult, and there should be no hesitation to administer epinephrine.

All buildings have stocked epinephrine for cases that are undocumented-students and staff who may have their first reaction at school.

#### **General Guidelines and Role Responsibilities**

In District 46, staff have a range of responsibilities concerning students with life-threatening food allergies. Each student's team (parent, child where appropriate, health clerk, nurse, teacher) ultimately determines the responsibilities of individual staff members. This guide will help teams determine which accommodations are necessary and options that are beneficial for a given student, based on factors including the student's age, allergens involved, and the facilities at the school.

#### **WE'RE ALL INVOLVED**

All students, regardless of whether they are capable of epinephrine self-administration, need help from others when they have an allergic reaction. We all play a role in preventing reactions from occurring. The severity of the reaction may hamper their attempt to self-inject. Adult supervision is mandatory. The American Academy of Allergy, Asthma & Immunology (AAAAI) says, "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..." All District 46 nurses/health aides and office Administration staff have first aid and CPR training that is routinely updated and current.

#### Checklists: Specific Guidelines for Different Roles

The District has established best practices for individuals who interact with or are involved in caring for students who have food allergies. These guidelines include specific checklists that will help all stakeholders understand their roles and responsibilities:

1. Parent/Guardian
2. Student with Food Allergies
3. Nurse/Health Aide
4. Classroom Teacher
5. Substitute Teacher
6. School Administrator
7. Custodial Staff
8. Lunchroom Supervisor
9. Coach/Activity Sponsor

#### **Parent of Children with Allergies Guidelines**

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

#### **Parent General Checklist**

	Inform the nurse/health aide of your child's allergies prior to the first day of student attendance (or as soon as possible after a diagnosis).
	Complete and return all necessary forms: Allergy History Form, the Emergency Care Plan (ECP) and medication forms.
	Provide the school with up-to-date epinephrine auto-injectors; give them to the school nurse/health aide before the first day of student attendance, noting their expiration dates to replace when necessary.

	Consider scheduling a 504 Plan or Individual Health Care Plan (IHCP) meeting and then reviewing the plan with the classroom teacher prior to the first day of student attendance in the fall. Plan meetings may include nurse/health aide and other staff who will be in contact with the child. At the meeting, you will discuss development and implementation of ECP and IHCP. You may be referred to the 504 team.
	Decide if additional antihistamine and epinephrine auto-injectors will be kept in the school, aside from the one in the nurse's office or designated area, and if so, where. In the event of a field trip, coordinate with the classroom teacher to ensure coverage of epinephrine (e.g., you may send an additional "field trip" epinephrine auto-injector). Provide clear, complete information on the Field Trip Permission Form.
	Periodically (perhaps halfway through the year) review prevention and ECP with the nurse/health aide, teacher and other staff.
	Consider providing a medical alert bracelet for your child.
	Be willing to go on your child's field trips, if possible and if requested.
	Parents may choose to go to their child's classroom to discuss allergies. Parents may "write a letter" from their child's perspective, explaining allergies. Parents may provide a box for their child's own materials to reduce cross-contamination.
	Provide the nurse/health aide with the licensed medical provider's statement if the student no longer has allergies.
	Discuss emergency procedures for transportation with the building principal. Review requirements/situation for students.
	After an allergic reaction, inform the health clerk and or nurse, and if needed participate in a return to school review. If the reaction occurs outside of school, inform the school nurse to initiate this review if needed (which includes a meeting with the nurse, school administrator, and any teachers involved, as well as an update of the Allergy History Form and, if necessary, replacement of epinephrine auto-injector or other rescue medications).
	If you have questions or concerns about food at any event, including PTO-sponsored events, contact your building principal.

#### **Parent Checklist: Working With Your Child**

Help your child be able to become self advocates and accomplish the following tasks:

	Recognize the first symptoms of an allergic/anaphylactic reaction.
	Know where the epinephrine auto-injector is kept and who has access to the epinephrine.
	Communicate clearly as soon as he/she feels a reaction is starting.
	Carry his/her own epinephrine auto-injector as directed by physician and approved by parent.
	Avoid sharing or trading snacks, lunches or drinks.
	Understand the importance of washing hands before and after eating.
	Report teasing, bullying and threats to an adult authority.
	If food is offered to students, a label has to be present so any allergy child or teacher has the ability to read the labels of the food being offered.

### **Student with Food Allergies Guidelines**

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.

### **Student Checklist**

	Recognize the first symptoms of an allergic/anaphylactic reaction.
	Know where epinephrine auto-injectors are kept and who has access to the epinephrine auto-injector(s).
	Inform an adult as soon as exposure occurs or symptoms appear.

	Carry your own rescue medications when appropriate and approved.
	Do not share or trade snacks, lunches or drinks.
	Do not eat food on the school bus.
	Wash hands before and after eating.
	Report teasing, bullying and threats to classroom teacher, principal or other adult authority.
	Do <b>NOT</b> take or eat food offered to you.
	Learn to become a self-advocate as you get older (refer to parent guidelines).
	Develop a relationship with the nurse/health aide and/or another trusted adult in the school, to assist in identifying issues related to the management of the allergy in school.
	During instrument "try-outs," make sure mouthpieces are cleaned prior to using.

### **Nurse/Health Aide Guidelines**

When it comes to the school care of students with food allergies in District 46, our nurses/health aides may carry the largest responsibility. They assist the school team in both prevention and emergency care of students with food allergies and reactions. They are encouraged to foster student independence, based on their development level. To achieve this goal, nurses/health aides consider these guidelines when developing an Individual Health Care Plan or 504 Plan for a student with a food allergy.

### **Nurse/Health Aide General Checklist**

	Make sure you are familiar with all areas of the Food Allergy Management Plan and implement the plan with fidelity.
	Attend meetings to review, update and/or develop a 504 Plan or Individual Health Care Plan for students with food allergies.

	Review Allergy History Form, Food Allergy Emergency Care Plan (ECP), IHCP and/or 504 Plan for every student with allergies. Distribute final copies of these forms to classroom teachers, other teachers, and other staff as needed.
	Contact teachers who have students with food allergies/sensitivities/issues and ensure they are educated about the needs of those students.
	If required and desired by parents, facilitate conversations between parents and teachers.
	Ensure that appropriate personnel know the locations of medication and ECPs. School must designate an area of the building to house medication. Provide training one time per year to staff.
	Ensure epinephrine auto-injectors and antihistamines are stored in a secure, unlocked designated area. Monitor medications for expiration dates and arrange them to be current.
	Establish a contingency plan in case of a substitute nurse/health aide.
	Establish a means of communication with playground staff and physical education teachers via communication device.
	Provide emergency communication devices (e.g., two-way radio, intercom, cell phone) for all school activities that involve a student with food allergies.
	Avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated by peers.
	Establish procedures to ensure that medical information, including the ECP, for student having a reaction is sent with the Emergency Medical Service (EMS).
	Assist in the identification of designated areas in the building where potentially allergenic food can be eaten, sold for fundraisers, and provided for events/activities.
	Assist in educating families regarding allergic issues.

### **Classroom Teacher Guidelines**

Teachers are the student's first line of defense. You assist the school team in the care and management of students with food allergies, and prevention and treatment of allergic reactions. ***See Appendix A: Food in the classroom for information about food allowed in your classroom.***

### **Classroom Teacher General Checklist**

	Do not question or hesitate to immediately initiate an Emergency Care Plan (ECP) if a student reports symptoms or exhibits signs of an allergic reaction. See page 4 of the Food Allergy Management Plan for symptoms of a reaction.
	Keep the student's ECP, Individual Health Care Plan (IHCP) and/or 504 Plan accessible in the classroom. Carefully review and follow all plans.
	All staff will be provided training on (1) food allergy management; and (2) Anaphylaxis. Allergens should not be brought into classrooms. All staff should wash hands after eating, prior to returning to class.
	Seek assistance if a student has ingested, or is suspected to have ingested, a known allergen.
	Participate in any team meetings for the student with food allergies, in-service training or a meeting for a student's re-entry after a reaction.
	Leave information for substitute teachers in an organized, prominent, and accessible format. Follow District guidelines for substitute teacher folders.
	Avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with a food allergy is being treated and enforce school rules about bullying and threats.
	Do not dismiss students with food allergies if they report any symptoms of an allergic reaction, no matter how minor.
	Students with allergies may need their own supplies. Please check with the parents. Art teachers should have separate supplies for children with allergies. If students are changing classes, all teachers should be made aware of allergy issues.

### **Substitute Teacher Guidelines**

Teachers are the student's first line of defense – even if you are only leading the classroom on a substitute basis! It's important that substitutes familiarize themselves with information about students with food allergies who are in their classrooms, and learn the proper

procedures for preventing allergic reactions and taking appropriate action when those reactions occur. See appendix A: Food in the Classroom for information about food allowed in your classrooms.

#### **Substitute Teacher General Checklist**

	Review the substitute folder for information about any student's Emergency Care Plan (ECP), Individual Health Care Plan (IHCP) and/or 504 Plan. Carefully review and follow all plans.
	Take the District training for substitutes provided on (1) food allergy management; and (2) Anaphylaxis. Allergens should not be brought into classrooms. All staff should wash hands after eating, prior to returning to class.
	Do not provide food rewards. Seek assistance if student has ingested, or is suspected to have ingested, a known allergen.
	Ensure students with suspected allergic reactions are accompanied to the nurse's office by an adult.
	Take all complaints seriously from any student with a life-threatening allergy. Contact the principal, other school administrator or school nurse/health aide immediately if you receive a complaint or hear a concern from a student.
	Avoid endangering, isolating, stigmatizing, or harassing students with food allergies. Be aware of how the student with a food allergy is being treated and enforce school rules about bullying and threats.
	Do not dismiss students with food allergies if they report any symptoms of an allergic reaction, no matter how minor.

#### **CLASSROOM AND SUBSTITUTE TEACHERS: COORDINATE EFFORTS**

**Lunch should not be allowed in classrooms where allergy students are present.**

**Substitute Teachers:** In addition to understanding the checklist items for classroom teachers, substitute teachers make sure to review any ECPs in the substitute teacher subfolders.

**Classroom Teachers:** Make sure ECPs are in the folders for your subs. The folder must include instructions for the substitute teacher to immediately contact the nurse/health aide for education and instruction.

## **School Administrator Guidelines**

As leaders in your building, school administrators play an important role in creating a safe and healthy learning environment for all students, and in supporting other staff with their responsibilities in working with students who have food allergies.

### **School Administrator Checklist**

	Supervise and implement the District's Food Allergy Management Plan.
	Meet with parent/guardian and appropriate staff members to establish/review Allergy History form, Emergency Care Plan (ECP), and Individual Health Care Plan (IHCP). May refer to 504 teams.
	Ensure substitute teachers, nurses/health aides, lunchroom supervisors and custodians understand their role and how to implement an ECP, IHCP and/or 504 Plan.
	Ensure that relevant health concerns, ECP, IHCP and/or 504 Plans and Allergy History Form are disseminated to appropriate staff prior to the first day of student attendance, or upon receipt of new information.
	Make sure appropriate personnel contact the parent/guardian If the student experiences an allergic reaction.
	After an allergic reaction, participate in a Return to School Review, initiated by the school nurse, which includes a meeting with the student (if appropriate), parent/guardian, nurse, and any teachers involved, as well as an update of the Allergy History Form and, if necessary, replacement of epinephrine auto-injector or other rescue medications.
	Communicate to families the procedures for medication and form drop-off.
	Communicate with PTO, Park Districts and after school programs regarding allergy management plan and designated food areas.

## **Custodial Staff Guidelines**

District 46 values our custodial staff as important contributors to the learning environment. That role can be life-saving when dealing with students who have food allergies.

### **Custodial Staff Checklist**

	Review the District 46 Food Allergy Management Plan and direct any questions to the principal or school nurse/health aide.
	As requested, participate in the in-service training on the identification of food-allergic reactions, risk-reduction and emergency response procedures.
	Take all complaints seriously from any student with a life-threatening allergy. Immediately advise school staff members of any situations.
	Use separate cleaning supplies designated specifically for allergen-free eating areas. In addition, separate gloves should be worn when cleaning the tables. Cleaning supplies for allergy free tables should be clearly identified.
	Clean classrooms, desks, doorknobs and lockers routinely with District-approved cleaning agents. A 504 Plan or Individual Health Care Plan (IHCP) may direct the frequency of cleaning of any given area or classroom.

### **Lunchroom Supervisor Checklist**

	Review the District 46 Food Allergy Management Plan and direct any questions to the principal or school nurse/health aide.
	Implement all recommendations and requirements for students with an Emergency Care Plan (ECP), Individual Health Care Plan (IHCP) and/or 504 Plan.
	Be aware of where antihistamine and epinephrine auto-injectors are located so that they are accessible to food allergic students.

	Never offer food to students. (School office staff must get approval directly with parents for any food change/unplanned purchases of lunches).
	Ensure that you receive the required training on epinephrine auto-injector use and anaphylaxis.
	Take all complaints seriously from any student with a life-threatening allergy. Contact the health clerk, nurse or school administrator immediately if you receive a complaint or hear a concern from a student.
	When in doubt about a reaction, administer epinephrine auto-injector and call 911.
	Accompany students with suspected allergic reaction to the nurse/health aide from the playground or lunchroom or call for help from the school nurse or administrator. An adult must be with the student at all times. Students experiencing an allergic reaction must not be left alone.
	Recognize specific tables and trays or areas of the lunchroom that have been designated as allergen safe. Note that not all schools have these tables/trays.
	Encourage hand washing for students after eating.
	Use separate gloves and scissors when working with allergy free students.

### **Coach/Activity Sponsor Guidelines**

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

### Coaches/Activity Leaders Checklist

	Ask an administrator or school nurse/health aide to provide you with specific information pertaining to all students with life-threatening allergies, if parent/guardian agrees. Review the Emergency Care Plan (ECP), Individual Health Care Plan (IHCP) and/or 504 Plan with nurse/health aide.
	Identify who is responsible for keeping epinephrine auto-injector(s) during sporting events or activities. Ensure a current epinephrine auto-injector is readily accessible for food-allergic students. An adult staff member, trained in its use, must be onsite.
	Make certain that an emergency communication device (e.g., intercom, cell phone) is always available.
	Get emergency forms IHCP of participating students with food allergies or other food-related medical conditions from the school nurse/health aide.
	Ensure that before – and after- school activities sponsored by the school comply with school policies and procedures regarding life-threatening allergies. Follow the field trip checklist.
	Cover or tape medical alert identification of student athletes. Medical alert identification is not required to be removed for activities. Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry. Medical alert bracelet should be taped to the body (wherever it is usually worn), but parts of it should remain visible for medical personnel to view in case of emergency.

## **Appendix A: Food in Classrooms**

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

### **Classroom Parties:**

All celebrations, including birthday parties, Holiday parties will be food free. No outside food will be allowed. Curriculum based food projects and PBIS food reinforcers must have prior approval from your building administrator and parents must be notified.

[Link to Approval for "Food Based" Curriculum](#)

 Approval for "Food Based" Curriculum

[Link to Approval for "Food Based" PBIS Reinforcer](#)

 Approval for "Food Based" PBIS Reinforcers

### **Other Events Held in District 46 Facilities:**

When PTO's or other organizations hold events in District 46 facilities, the following shall apply:

- Allergy free tables may not be used accept for supporting students w/ food allergies
- Create designated areas for food to be eaten or sold.

### **Daily Snacks:**

In classrooms that have students with allergies, the food ingredient label must be read every time before eating to ensure the snack is safe to eat.

### **Lunch:**

Lunch should not be allowed in classrooms where allergy students are present.

## Appendix B: Resources

District 46 relied on many great resources in developing this plan. We encourage parents of children with allergies to access these networks for information and support:

- **Mothers of Children Having Allergies (MOCHA):** A support group for parents in northern Illinois.

- **Food Allergy Research and Education (FARE):** A national organization dedicated to advocacy and education.

- **Illinois State Board of Education Guidelines**

- **Centers for Disease Control Guidelines**

- **Recommended Practices for Reducing the Risk of Exposure to Food Allergens:** A resource included in the CDC guidelines, this document outlines recommended practices and accommodations for the classroom, cafeteria, school events, and physical education and recess to reduce the risk of exposure to food allergens and keep children with food allergies safe and included.

- **Food Allergy Awareness:** A presentation for elementary school students.

- **Discovery Channel Documentary "An Emerging Epidemic: Food Allergies in America":** FARE partnered with the Discovery Channel to produce this one-hour documentary, which explores what it is like to live with life-threatening food allergies, how families and individuals managing food allergies are working to raise awareness in their communities, and the research underway to find effective treatments and a cure.

- **How to C.A.R.E.™ for Students with Food Allergies:** What Educators Should Know: This free online interactive course teaches educators how to prepare for food allergy and anaphylaxis. It is specifically designed for school personnel – administrators, nurses, teachers, and other staff – in the United States.

- **food Allergy Bullying (Video)**

- **Thank You for Keeping Us Safe and Included (Video)**

- **Other Food Allergy Videos**

- **Medic Alert**

Links to additional food-related health issues:

- **Autism**

- **Celiac Disease**

- **Diabetes**

- **Eosinophilic Esophagitis**

Links to general healthy-living/healthy child resources:

- **Let's Move!** The First Lady's initiative to combat childhood obesity.

- **Fruits & Veggies: More Matters**

- **Healthy Schools Campaign**

- **Action for Healthy Kids**

**99<sup>TH</sup> GENERAL ASSEMBLY  
STATE OF ILLINOIS  
2015 and 2016  
SB0062**

Introduced 1/15/2015, by Sen. Chris Nybo

**SYNOPSIS AS INTRODUCED:**

**New Act  
745 ILCS 49/13 new**

**Creates the Epinephrine Auto-Injector Act. Provides that a health care practitioner may prescribe epinephrine auto-injectors in the name of an authorized entity where allergens capable of causing anaphylaxis may be present. Requires each employee, agent, or other individual of the authorized entity to complete a training program before using an epinephrine auto-injector. Provides that a trained employee, agent, or other individual of the authorized entity may either provide or administer an epinephrine auto-injector to a person who the employee, agent, or other individual believes in good faith is experiencing anaphylaxis. Allows an entity or organization to keep on its premises an Emergency Public Access Station containing epinephrine auto-injectors under the general oversight of a health care practitioner that is capable of communicating with a health care practitioner in real time before it may be unlocked to dispense epinephrine auto-injectors. Defines required terms. Amends the Good Samaritan Act. Exempts from civil liability any person authorized under the Epinephrine Auto-Injector Act who**

**administers an epinephrine auto-injector to a person he or she believes in good faith to be experiencing anaphylaxis.**

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- The district will stockpile Epi-Pens as of 4/1/15, in all 7 buildings, located in the health offices.*