



# **School District U-46 Allergy and Anaphylaxis Guidelines**



**2017**

# Index

Introduction.....	Page
3	
<i>What is an allergy?</i> .....	Page 3
<i>What are the symptoms?</i> .....	Page 3
<i>Anaphylaxis</i> .....	Page
3	
Severe Allergy and Anaphylaxis Symptoms.....	Pages
4-5	
Epinephrine.....	Pages
5-6	
Parental Guidelines.....	Pages
6-10	
Student Guidelines.....	Page 10
Nursing Guidelines.....	Pages
11-13	
Administrative Guidelines.....	Pages
13-14	
Teaching Staff Guidelines.....	Pages
14-15	
Food Service Guidelines.....	Pages
15-17	
Classroom Activities/Field-trip Guidelines.....	Page
17	
<i>Teacher Responsibilities</i> .....	Page
17	
<i>Parent/Guardian Responsibilities</i> .....	Page
17	
<i>Student Responsibilities</i> .....	Page
18	
<i>Coach Responsibilities</i> .....	Page
18	
Custodian Guidelines.....	Pages
18-19	
Transportation Guidelines.....	Pages
19-20	

## **Forward**

The committee creating the School District U-46 Allergy and Anaphylaxis Guidelines reviewed other available Illinois district guidelines, Illinois State and National Guidelines using the best practices found within these documents. The guidelines will include definition and identification of allergy and anaphylaxis, parental, student and staff guidelines with identified essential steps, key points and precautions, school personnel educational training on responding to life-threatening allergic reactions, protocols to prevent exposure to food allergens, process for the implementation of a Food Allergy & Anaphylaxis Emergency Action Plan , an individualized health care plan (IHCP) and/or a 504 Plan for the student with life-threatening food allergies. The following Group of Participants collaborated to develop the School District U-46 Allergy and Anaphylaxis Guidelines:

### **Administrator Representative:**

**Dr. Suzanne Johnson, PhD.**  
**Assistant Superintendent**  
**Teaching and Learning**  
**School District U-46**

### **Health Services Representatives:**

**Jeffrey Judge, RN**  
**Health Services Supervisor**  
**School District U-46**

**Deana L. Dial BSN, RN, PEL-CSN**

### **Certified School Nurse** **School District U-46**

**Cheryl Johnson RN, PEL-CSN**  
**Certified School Nurse**  
**School District U-46**

### **Principal Representative:**

**Harold Shephard**  
**Principal, Hanover Countryside Elementary**  
**School District U-46**

**Marcus LaPointe**  
**Manager of Custodial Services**

**Parental Representatives:**

**Erin Baker - Parent**  
**Elementary School**

**Asma Munir - Parent**  
**Elementary School**

**Transportation Representative:**

**Amy Cook**  
**Routing and Facility Administrator**

**Food Service Representative:**

**Claudie Phillips**  
**Director of Food and Nutrition Services**  
**School District U-46**

**Custodial Representative:**

**INTRODUCTION:**

Food allergies affect 4% of children younger than 18 with more than 15% of food related allergic reactions occurring at school. These reactions can range from mild to severe and can even be fatal. It is the goal and responsibility of all U-46 staff to protect student health, safety and promote educational growth .

*What is an allergy:*

A *food allergy* occurs when the body has a specific and reproducible immune response to certain foods. The body's immune response can be severe and life threatening, such as anaphylaxis. Although the immune system normally protects people from germs, in people with food allergies, the immune system mistakenly responds to food as if it were harmful.

Eight foods or food groups account for 90% of serious allergic reactions in the United States: **milk, eggs, fish, crustacean shellfish, wheat, soy, peanuts, and tree nuts.**

*What are the symptoms:*

<input type="checkbox"/> Hives, Wheezing, Itching (of any part of body)	<input type="checkbox"/> Stomach cramps
<input type="checkbox"/> Throat tightness/ closing	<input type="checkbox"/> Difficulty breathing
<input type="checkbox"/> Runny nose	<input type="checkbox"/> Change of voice/hoarseness

<input type="checkbox"/> Swelling (of any body parts)	<input type="checkbox"/> Sense of doom Coughing
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Difficulty swallowing
<input type="checkbox"/> watery eyes	<input type="checkbox"/> Diarrhea

**How a child might describe a reaction:**

<http://www.foodallergy.org/file/child-reaction.pdf>

***Anaphylaxis:***

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. When allergic reaction symptoms are rapid in onset and severe, the medical diagnosis is anaphylaxis. With anaphylaxis there is always the risk of death. During anaphylaxis, allergic symptoms can affect several areas of the body and may threaten breathing and blood circulation. Food allergy is the most common cause of anaphylaxis, although several other allergens – insect stings, medications, or latex – are other potential triggers.

**Severe allergic or Anaphylaxis symptoms can include**

<ul style="list-style-type: none"> <li>● Obstructive swelling of the lips, tongue, and/or throat</li> </ul>	<ul style="list-style-type: none"> <li>● Trouble swallowing</li> </ul>
<ul style="list-style-type: none"> <li>● Shortness of breath or wheezing</li> </ul>	<ul style="list-style-type: none"> <li>● Turning blue</li> </ul>
<ul style="list-style-type: none"> <li>● Drop in blood pressure (feeling faint, confused, weak, passing out)</li> </ul>	<ul style="list-style-type: none"> <li>● Loss of consciousness</li> </ul>
<ul style="list-style-type: none"> <li>● Chest pain</li> </ul>	<ul style="list-style-type: none"> <li>● A weak or “thready” pulse</li> </ul>
<ul style="list-style-type: none"> <li>● Sense of “impending doom”</li> </ul>	<p><b><i>*Severe symptoms, alone or in combination with milder symptoms, may be signs of anaphylaxis and require immediate treatment.</i></b></p>

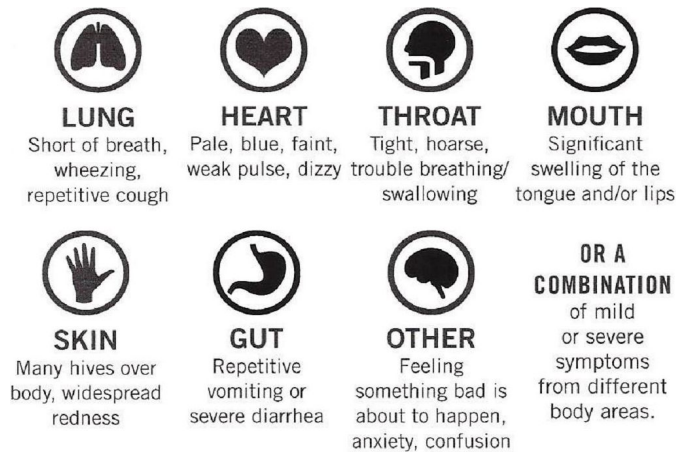
***Treating allergic reactions:***

**MILD SYMPTOMS**



<b>Essential steps:</b>
Following the Allergy & Anaphylaxis emergency care plan the Nurse may Administer Antihistamines, If ordered by Physician.
Stay with student and alert emergency contacts.
Watch the student closely for changes. IF SYMPTOMS WORSEEN-GIVE EPINEPHRINE.

**SEVERE SYMPTOMS**



<b>Emergent and essential steps:</b>
<b>INJECT EPINEPHRINE IMMEDIATELY</b>
<b>CALL 911</b>
<b>Nurse may consider administering Antihistamine or Inhaler ( If MD order)</b>

**Lay the student flat and raise legs. If breathing difficulties or vomiting sit them up  
Or lie them on their side.**

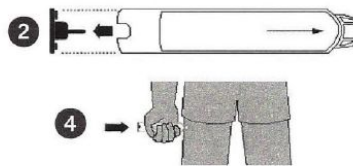
**If 5 minutes has passed with no improvement of symptoms and EMS has not  
arrived-REPEAT THE EPI.**

**Alert student emergency contacts**

**Epinephrine** is a medication that can reverse the severe symptoms of anaphylaxis. It is given as a “shot” and is available as a self-injector, also known as an epinephrine auto-injector, that can be carried and used if needed. Epinephrine is a highly effective medication, but it must be administered promptly during anaphylaxis to be most effective. Delays can result in death in as little as 30 minutes. It is imperative that all School District U-46 staff be familiar with the symptoms of an allergic reaction, Anaphylaxis and use of an EpiPen. *Allergy Management/Food Allergies & Anaphylaxis and Anaphylactic shock are mandatory annual trainings. GCN training modules are required for all U-46 employees and completed yearly.*

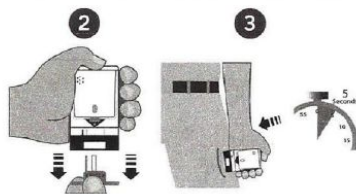
**EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS**

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



**AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS**

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



**ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS**

1. Remove the outer case.
2. Remove grey caps labeled “1” and “2”.
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



**Parental Guidelines:**

**Inform the School Nurse/Designated School Personnel (DSP) of your child's allergies.**

Notify the school prior to the beginning of the school year (or as soon as possible after a diagnosis). If there are changes to your child's allergies, provide the school nurse/DSP with the licensed medical provider's statement as soon as a diagnosis is made, including no longer having an allergy. You may want to consider providing a medical alert bracelet for your child.

<b><i>Parent Essential Steps</i></b>	<b><i>Key Points and Precautions</i></b>
As the parent of a child with food allergies it is critical that you be well versed on your child's food allergy	<ul style="list-style-type: none"> <li>-Foods he/she must avoid</li> <li>-Signs and symptoms of allergic reaction</li> <li>-The way your child might describe an allergic reaction</li> <li>-Role of epinephrine and other rescue medications in treatment</li> <li>-Correct way to use an epinephrine auto-injectable device.</li> </ul>
Develop a Food Allergy & Anaphylaxis Emergency Action Plan	-Complete and return the Emergency Action Plan to the School Nurse
Discuss development and implementation of the: <ul style="list-style-type: none"> <li>-Emergency Action Plan</li> <li>-Individual Care Plan or</li> <li>- 504 Plan</li> </ul>	Within these plans you will establish a prevention plan. Team members will include the parent, school nurse, administrator, teacher, lunchroom helpers, and all appropriate staff as identified.
Periodically, or immediately when changes are diagnosed, review prevention and Emergency Action Plan with the team.	Maintains current and accurate information on your student's allergy status
Participate in team meetings and communicate with all staff members who will be in contact with your child.	As an active participant in your child's care you are the best advocate in meeting your child's health care needs.
The Emergency Action Plan form should include the following: <ul style="list-style-type: none"> <li>- Complete list of foods your child is allergic to</li> <li>- Possible symptoms of your child's allergic reaction</li> <li>- Treatment to be administered to your child for specific circumstances</li> <li>- Contact information for emergency medical services, your child's allergist/medical professional and you.</li> <li>- Signature of your child's allergist (or</li> </ul>	Completed form should be turned in and on file in the Health office.



other licensed health care provider).	
Epinephrine Auto-Injectors and Emergency Medications must be provided to the school. At least one up-to date epinephrine auto injector, if prescribed, with label clearly identifying your child's name, name of medication, dose, frequency, indication for use and time to administer.	Many parents do provided two auto-injectors in case a second dose is needed. Epinephrine auto injectors have a shelf life of 1 year, so be sure to check the expiration date before giving it to the school.
Provide the school with additional medications, as needed, such as antihistamines, steroids and/or asthma inhalers. Completion of the Medication Permission Form is necessary for the use of medications in the U-46 District.	Be sure to check the expiration date(s) of all medications.
Discussion of additional antihistamine, emergency/rescue medications and epinephrine auto-injectors are needed in addition to where will the medication be kept in the school, aside from the one in the health office or designated area	Promotes quick access to medication to prevent and treat anaphylaxis
Talk with your nurse about sending a letter home to classroom parents, informing them that there is a child in the class with a food allergy	Such a letter can help promote parental support of the food allergy management
Provide shelf-stable, allergen-free snacks/lunches for your child. Location of allergen free snack/lunch in classroom should be discussed with teacher, student and nurse.	The snack/lunch will be available for your child for an unplanned special event or if the snack/lunch becomes cross contaminated.
Preparing for Field Trips, Extracurricular Activities and after school programs. Teacher or administrative staff should give you advanced notice about these events two weeks is recommended.	Your child's food allergy should not prevent him/her from attending field trips or participating in extracurricular activities.
Discuss emergency procedures for transportation companies or school district bus service with appropriate school personnel.	Review of transportation requirement/situation for your student if important for their safety
As a parent consider the following: - Be willing to go on field trips or	Your child's food allergy should not prevent him/her from attending field trips or

<p>participate in class parties/events.</p> <ul style="list-style-type: none"> <li>- If not identify who will be responsible for carrying your child's Food Allergy &amp; Anaphylaxis Emergency Care Plan and medications.</li> <li>- Also identify who will be responsible for recognizing the symptoms of an allergic reaction, administering medications and calling for emergency medical services in the absence of the nurse.</li> </ul>	<p>participating in extracurricular activities.</p>
--	---

**Assist your child with understanding allergy management**

For children with food allergies, prevention of allergic reactions involves making good choices, **advocating for themselves**, and recognizing potentially dangerous situations. Teach your child how to manage his or her food allergy and to avoid allergens.

Parent/Child Essential Steps	Key Points and Precautions
<p>If permitted to self carry make sure your child has his or her prescribed epinephrine at all times.</p>	<p>Promotes self care</p>
<p>Teach your child to know where his/her prescribed epinephrine is located at school and who can access the medication</p>	<p>Promoting self care</p>
<p>Encourage your child to promote awareness of food allergy among others (classmates, friends, etc)</p>	<p>Promotes self awareness, self care and self advocacy.</p>
<p>Instruct your child to</p> <ul style="list-style-type: none"> <li>- Avoid eating any food whose ingredients are unknown, and decline foods such as home-baked goods.</li> <li>- Avoid sharing or trading foods with</li> </ul>	<p>Promotes avoidance of possible allergen exposure.</p>

classmates.	
Encouraged your child to wash hands regularly.	Promotes the prevention of exposure to food allergies.
Teach your child to read food labels to identify potential food allergens. Have your child read ingredients and locate allergen warnings of products to develop familiarity with food labeling	Promotes prevention of exposure to food allergens and self advocacy.
Teach your child how to recognize the symptoms of a reaction and to tell an adult immediately if he/she suspects an allergic reaction	Promotes self advocacy and self care
Instruct your child to report any bullying or teasing to an adult authority immediately.	Promotes student safety

**Parents/Legal Documents:**

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 a the Individual Health Care Plan (IHCP) and/or a Section 504 Plan.

Section 504 Plans prohibit all programs and activities receiving federal financial assistance, including all public schools and some private schools, from discriminating against students with disabilities, as defined in the law. A student with a disability under Section 504 is defined as one who has a physical or mental health impairment (in this case, life-threatening anaphylaxis) that "substantially limits a major life activity."

An IHCP indicates, in writing, what the school will do to accommodate the individual needs of a student with a food allergy.

**See Sample Letter to Parent About 504 Plans/IHCP**

[http://www.isbe.state.il.us/nutrition/pdf/food\\_allergy\\_guidelines.pdf](http://www.isbe.state.il.us/nutrition/pdf/food_allergy_guidelines.pdf)

***Student Guidelines:***

Every single person plays an important role in preventing food-allergic reactions, including the child with food allergies. The student should be an active participant in his/her care and management of his/her food allergies.

<b><i>Student Essential Steps</i></b>	<b><i>Key Points and Precautions</i></b>
Student should learn and be able to recognize the first symptoms of an allergic/anaphylactic reaction	Self care and self advocacy is the ultimate goal.
Know where the epinephrine auto-injector is kept and who has access to the medication	Helps you to know process of accessing medication to decrease anxiety
Inform an adult as soon as accidental exposure occurs or symptoms appear.	Promotes prompt treatment.
IF comfortable and you have demonstrated appropriate medication administration skills YOU will be responsible for your own emergency medications	Self care and self advocacy is the ultimate goal.
Avoid sharing or trading snacks, lunches or drinks. Ask about ingredients for all food offered. Wash hands before and after eating	Avoids accidental food allergen exposure.
Report teasing, bullying and threats to an adult authority immediately	Promotes a safe school environment
If unsure that the food is allergen free, say "Thank You but do NOT take or eat the food"	Promotes self advocacy.
Develop a relationship with the nurse and/or another trusted adult in school to assist in identifying issues related to the management of your allergy	Promotes self care and self advocacy.

### ***Nursing Staff Guidelines***

In School District U-46 a Nurse/Parent/Staff Conference is scheduled by the **Building Nurse** early in the school year to determine the student's current status and develop/support a current individualized Allergy & Anaphylaxis Emergency Care Plan. Staff are in-serviced yearly by School District U-46 on the signs and symptoms of Anaphylactic reactions and the use of auto-injectable epinephrine. The Allergy & Anaphylaxis Emergency Care Plan, updated Allergy

Assessment form and medication permission form is submitted yearly and is part of the student's health record.

**Purpose:**

- A. Early recognition of allergic responses results in timely and appropriate care
- B. Promote student safety and attendance
- C. Enhance student's ability to function in the school setting
- D. Prevent complications by effective use of environmental controls and prevention strategies.

**Equipment:**

- A. Student Health Record/Electronic Health Record
- B. Elementary School Allergy Guideline for Treats Letter-on Intranet
- C. Staff Allergy Guideline for Treats/Food Letter-on Intranet
- D. Allergy Assessment Form

[http://www.edline.net/pages/SDU46/Departments\\_Programs/Health\\_Services/Health\\_Forms](http://www.edline.net/pages/SDU46/Departments_Programs/Health_Services/Health_Forms)

- E. Allergy and Anaphylaxis Emergency Care Plan Form

[http://www.edline.net/pages/SDU46/Departments\\_Programs/Health\\_Services/Health\\_Forms](http://www.edline.net/pages/SDU46/Departments_Programs/Health_Services/Health_Forms)

- F. Individual Health Care Plan
- G. Medication Permission Form

[http://www.edline.net/pages/SDU46/Departments\\_Programs/Health\\_Services/Health\\_Forms](http://www.edline.net/pages/SDU46/Departments_Programs/Health_Services/Health_Forms)

- H. Non-expired auto-injectable epinephrine in the correct dosage for age and weight as prescribed by the student's physician with a copy of the medication label that clearly identifies the student, name of medication, dose, frequency, indication for use and time to administer.
- I. Auto-injectable epinephrine should be self-carried by student or stored in an UNlocked easily accessible location.
- J. Auto-injectable trainer for in-service purposes (Available through the Health Services Office).

<b>Nursing Essential Steps</b>	<b>Key Points and Precautions</b>
1. The Nurse reviews health records for students with allergies and or Anaphylactic Shock reactions	Information may be found on physical examination forms, emergency cards, preadmission health information and student health record/electronic health record.
2. Will obtain/review/update the allergy assessment letter and Allergy & Anaphylaxis Emergency care plan from/with the parent	Classroom implications on pertinent allergies will be updated and shared with all relevant staff via the electronic health record.
3. Conference with the student and	Home and school communication promotes

parent to review knowledge of allergies, treatments and Allergy & Anaphylaxis Emergency Care Plan, and Individual Health Care Plan	student safety and timely care in the school setting. Goal of the care plan is for students to ultimately recognize symptoms and initiate treatment in any setting.
4. Help adapt student's environment to minimize exposure to known allergens. Refer to student's specific allergens as related to food/insect/environmental/latex allergies.	Provide a safe learning environment
5. Establish anaphylactic reaction potential with parent and student's physician	Anaphylaxis is a potentially life threatening severe reaction to an allergen.
6. Develop an Allergy Emergency Care Plan dependent on the student's knowledge, development and maturity levels.	Plan should be progressive toward the ultimate goal of self-care.  Emergency plan for allergy students should be placed in a red folder and placed in student backpack.
7. Use the Allergy & Anaphylaxis Emergency Care Plan to develop the emergency procedure and individualize it to the student's specific needs with the Doctor/Nurse/Parent/Student/Staff	The Allergy & Anaphylaxis Emergency Care Plan should be signed and dated on both sides of plan by doctor and parent. Plan should include medication administration for exposure to allergen and emergency response (ie when to call 911 and/or call parent).
8. Inform all involved staff of student's potential need for: a. Restrictions- what student should avoid b. Precautions advised c. Symptoms of allergic response d. Location of accessible medication	Staff involved (but not limited to): a. Classroom teacher b. Lunchroom staff c. Office Administration d. Transportation staff  Depending on Allergen student may be restricted from certain environmental products, outdoor activities or certain foods.
9. Practice the individualized Allergy & Anaphylaxis Emergency Care Plan with each identified student.	For bee sting allergies, a fall and spring practice may be appropriate. For food and latex allergies, 1-2 times per year may be appropriate.
10. Document on the student's health card and electronic health record: a. Date of conference	Documentation is to be completed to support the Allergy & Anaphylaxis Emergency Care Plan.

b. Student's individualized care plan c. Student instructional dates	
11. Document ALL episodes of anaphylactic shock or use of Auto-injectable epinephrine on student's health card and electronic health record.	Documentation supports the actions taken and continued need for student's individual Allergy & Anaphylaxis Emergency Care Plan.
12. Upon student return to school, following an allergic/anaphylaxis reaction, a review and update of student's current Emergency Care Plan, 504 Plan and any need for updates to the Allergy Assessment Form should be completed.	Review for effectiveness of Emergency Care Plan and or 504 Plan with parent, administration, teacher, nurse, Certified School Nurse and other school personnel as appropriate is completed to assure plans of action are effective .

[http://www.edline.net/pages/SDU46/Departments\\_Programs/Health\\_Services/Health\\_Forms](http://www.edline.net/pages/SDU46/Departments_Programs/Health_Services/Health_Forms)

Above is the Link to the Health Services Forms (Allergy Assessment Form, Allergy and Anaphylaxis Emergency Care Plan Form, and Medication Permission Form) that parents have access to.

**Certified School Nursing** support is obtained when a student is in need of further support and accommodations within the classroom and educational setting in addition to the Allergy & Anaphylaxis Emergency Care Plan. The Certified School Nurse will review the student's health file and Allergy & Anaphylaxis Emergency Care Plan and help facilitate a 504 Plan to address the unique needs of the student with Severe Allergy and Anaphylaxis concerns. **Section 504 of the Rehabilitation Act of 1973** identifies a student with a disability under Section 504 as one who has a physical or mental health impairment, in this case life threatening anaphylaxis, that substantially limits a major life activity. All components that are included within the Allergy & Anaphylaxis Emergency Care Plan are incorporated into the 504 Plan with additional supports and accommodations that are necessary for the student to receive a usual school experience with as little disruption as possible to the school's and the student's routines, in a way that ensures that the student with a disability is educated and able to participate in school activities to the maximum extent possible with the student's non-disabled peers.

***Administration Guidelines:***

Essential Steps for Administration	Key Points and Precautions
Meet with Parent/guardian and appropriate staff members to establish plan for all students with food allergies	Plans include Emergency Action Plan, Individual Health Care Plan or 504 Plan
Implement the Food Allergy Guidelines that require training and education for staff	<ul style="list-style-type: none"> <li>-Recognizing symptoms</li> <li>-Reviewing high risk areas</li> <li>-Preventing exposure to allergens</li> <li>-Responding to emergencies</li> <li>-Administering epinephrine</li> <li>-Understanding of legal protection</li> </ul>
Ensure all staff members are familiar with food allergy responses	Annual in-servicing is required by all staff in School District U-46.
Encourage parents to identify student with food allergies via contacting the School Nurse directly and Student Information System	Identification of the student with Food Allergy is a must in preventing allergic reactions within the school environment.

**Teaching and Staff Guidelines:**

All Teachers, Staff and Related Service Staff (Social Workers, Psychologists, OT/PT Therapists, etc.) **MUST** have filled out the following letter **before** they use treats or food during instruction, celebrations, parties or food rewards for students.

A. Staff Allergy Guideline for Treats/Food Letter-on Intranet

Essential Steps for Teachers and Staff	Key Points and Precautions
Be familiar with all Plans for students with food allergies	Emergency Action Plan, Individual Health Care Plan or 504 Plan
Participate in all team meetings for student	Trainings for food allergy reaction, and student re-entry meetings post reaction



Adapt curriculum by substituting allergen-free food or nonfood items	All awards, rewards or prizes should be allergen free *Store bought treats only with easily read labels.
Document information for student teachers and substitutes in a prominent and accessible format	Making sure all who come in contact with student is aware of students with food allergies.
Educate and inform students, their parents, teachers, aides, substitutes and volunteers.	All who may have contact with students with food allergies should be informed as requested by the student or family
Prohibit sharing or trading of food at school	Decreases the chance of cross contamination and anaphylaxis
Wash tables with school district-approved cleaning agents before and after meals and snacks	Decreases the chance of cross contamination and anaphylaxis
Encourage students to use proper hand washing techniques before and after handling and consuming food.	Decreases the chance of cross contamination and anaphylaxis
Provide timely notification of field trips to nurse, parent and site administrator	For preparation of student needs prior to trip
Plan and Practice for the potential of an emergency situation	Plans and Practice support the implementation of Emergency Action Plans.

***Food Service Guidelines:***

<b>Food Service Essential Steps</b>	<b>Key Points and Precautions</b>
Encourage parent/guardian to meet and discuss student's allergy with food service personnel.	Food Service should be a part of the Child's Educational Team and attend meeting with staff prior to the beginning of the school year.
Review menus (breakfast, lunch and after-school snack), al la cart items, vending machines, recipes, food products and ingredients to identify potential allergens	Promotes prevention of exposure to allergen
Make available advanced copies of menu or menu changes to parent guardian	Parent will have access to School District U-46 Menus at:

	<a href="http://www.u-46.org/pages/SDU46/Departments_Programs/FoodNutrition_Services/U-46_Food">http://www.u-46.org/pages/SDU46/Departments_Programs/FoodNutrition_Services/U-46_Food</a>
Make appropriate substitutions or modifications for meals served to students with food allergies after receiving a physician's medical statement	Supports student's need for meals to be allergen free.
Do not deviate from school district-approved recipes	Maintains consistency and easily identifies food allergens within recipes on record.
Have allergen-free meals for field trips, if requested	Your child's food allergy should not prevent him/her from attending field trips..
Food service staff and their substitutes to read product food labels and recognize food allergens	Promotes food allergen awareness.
Create specific kitchen areas that will be allergen safe (ile. Allergen-free prep tables, fryers)	Promotes prevention of cross contamination of potential food allergens.
Create specific areas in cafeteria that will be allergen safe to include an allergen safe table	Provides an allergen safe location if student/parent requests restrictive prevention measures <b>Food allergy table</b>
Clean tables and chairs routinely after each sitting with approved cleaning agents.	Approved agents such as Formula 409 or Lysol Sanitizing wipes. For additional approved cleaning products contact custodial services.
Use separate cloths for allergen safe tables and USE ONLY non-latex gloves	Prevents cross contamination.
Follow school district guidelines regarding the dissemination of information relative to food allergies	Promote prevention of allergy and anaphylaxis reactions
Implement all recommendations and requirements for students with an Emergency Action Plan, Individual Health Care Plan and or 504 Plan	Promotes continuity of care for students with Allergy and Anaphylaxis
Take ALL complaints seriously from ANY student with a life-threatening allergy	Promotes quick response to potential allergy or anaphylaxis reaction.

Identify food handling practices, Cleaning and sanitation practices And responsibility of staff members to prevent cross-contamination	Prevents cross-contamination
Training for all food service personnel about cross-contamination	Part of School District U-46 federally required food safety plan
Read all food labels and re-check routinely for potential food allergens	Labels need to be checked each time a food order is received since ingredients can change without notice.
Maintain contact information for manufacturers of food products.	For reference of food product contents in event of reaction.
Maintain food labels from each food served to a student with allergies for at least 24 hours following service in case the student has a reaction from a food eaten in the cafeteria	For reference of food product contents in event of reaction.
Sign up for notification of recalls from the Food Allergy and Anaphylaxis Network and the FDA	<a href="http://www.u-46.org/pages/SDU46/Departments_Programs/FoodNutrition_Services/U-46_Food">http://www.u-46.org/pages/SDU46/Departments_Programs/FoodNutrition_Services/U-46_Food</a>
Establish training about how to recognize, prevent and respond to food allergy reactions for all school food service staff and related personnel at the student's school	School District U-46 has annual training on Anaphylaxis signs and symptoms and how to treat with auto injectable epinephrine..

### ***Classroom Activities/Field trips Guidelines***

All Teachers, Staff, and Related Service Staff (Social Workers, Psychologists, OT/PT Therapists, etc.) **MUST** have filled out the following letter **before** they use treats or food during instruction celebrations, parties or food rewards for students.

#### A. Staff Allergy Guideline for Treats/Food Letter-on Intranet

Teacher/Staff Responsibilities:

<b>Teacher/Staff Essential Steps</b>	<b>Key Points and Precautions</b>
Notify parent/guardian and Nurse of any inclass events where food will be served or	Providing sufficient time in advance is important to address any need for alternative

used at least 2 weeks in advance	curriculum planning
Ensure that food or products containing allergens are not used. Check with Nurse if have any questions	This includes class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking snacks, incentives or other purposes
If parent does not accompany student on outside classroom activity then teacher/coach will be designated responsible for student's allergy emergency medications and emergency plan.	Maintaining student safety is the responsibility of the teacher during all field trips

Parent/Guardian Responsibilities:

<b><i>Parent Essential Steps</i></b>	<b><i>Key Points and Precautions</i></b>
Parents/Guardians willing to go on their child's field trips or participate in class parties or events if possible.	Enhances student's experience during these activities and promotes an added level of student confidence
Parent/Guardian to provide allergen free snacks for student with allergies consumption for parties, classroom activities and field trips.	So student may participate in school activities and field trips without sustaining an allergic reaction or anaphylaxis. Please click on the link below for a list of Nut allergy safe food. <a href="http://www.u-46.org/pages/SDU46/Departments_Programs/Health_Services">http://www.u-46.org/pages/SDU46/Departments_Programs/Health_Services</a>

Student's Responsibilities:

<b>Student Essential Steps</b>	<b>Key Points and Precautions</b>
Student should ask about ingredients for all food offered	IF unsure that the food is allergen free, say "Thank You" but do NOT take or eat food.
Student should not share or trade food items.	Prevent unknown allergen exposure.

Coach Responsibilities

<b>Coaches Essential Steps</b>	<b>Key Points and Precautions</b>
Coach to identify who is responsible for keeping epinephrine during sporting events, games and practices	May be coach or designated school personnel.
Provide coaches with specific information pertaining to all students with life-threatening	Review of the Emergency Action Plan, Individual Health Care Plan and or the 504

allergies, if parent/guardian agrees	Plan with the Nurse.
IF student wears a medical alert bracelet or necklace, IHSA permits the student/athlete to wear as long as it is taped to body	Important item for identification of student Allergen.

### Custodian Guidelines:

<b>Custodian Essential Steps</b>	<b>Key Points and Precautions</b>
Approved common household cleaning agents that remove allergens from tables are Formula 409 and Lysol sanitizing wipes	Use of approved allergen removal products helps to reduce exposure and cross contamination.
Cleaning procedures for common areas (i.e., libraries, computer labs, music, art room and hallways)	To address the needs of students with allergies.
Develop building plans for appropriate cleaning methods following events held at the school that involve food	To avoid cross contamination of food allergens, tables and surfaces with potential food contamination must be cleaned following events.
Wash tables with School District U-46 approved cleaning agent before and after snack, with special attention given to designated allergen-free eating areas. Use separate cloths for allergen safe tables.	To avoid cross contamination of food allergens.

### Transportation Guidelines:

Emergency procedures concerning allergies for transportation should be reviewed yearly.	GCN training-Mandatory
Emergency communication devices for all school activities that involve a student with food allergies and transportation should be present on all trips	2 Way Radios on all U-46 buses  Special arrangements will need to be made or special events where private bus/transportation services are used prior to event.

<p>No food consumption is allowed on school buses in School District U-46.</p>	<p>No food, signs should be posted on all buses Drivers and assistants to monitor</p>
<p>Provide each school bus driver with the EAP for every student with food allergies on his/her assigned route.</p>	<p>For any suspected student allergic actions while on a bus</p> <ul style="list-style-type: none"> <li>Contact transportation base via radio - immediate notification</li> <li>-Follow EAP in student red folder. Found in student backpack</li> <li>- For Severe allergic reactions Administer EpiPen( if part of EAP) Notify Dispatch - <b>Call 911</b></li> </ul>
<p>Ensure careful attention to cleaning bus surfaces, including seats and handrails</p>	<p>Drivers should wipe down hand rails And frequently touched surfaces.</p>

**Conclusion:**

The goal and responsibility of all School District U-46 staff is to protect our students health, safety and promote educational growth. Knowing that food allergies affect 4% of children younger than 18 with more than 15% of food related allergic reactions occurring at school and the reactions ranging from mild to severe and can even be fatal, we must be proactive in providing a safe environment for these affected children. A child with allergies can feel a range of emotions associated with their allergy, from fear, sadness, anger and loneliness with the primary feelings being anxiety and depression. Children look to adults in their lives for cues on how to react to situations. With U-46 staff

reviewing, following and updating the School District U-46 Allergy and Anaphylaxis Guidelines they can demonstrate confident and matter-of-fact handling of the child's allergy which tells the child that they can accept their allergy and meet new situations with the confidence and sensible caution to protect themselves and promote their educational growth.

School District U-46 Allergy and Anaphylaxis Guidelines shall be reviewed every 3 years.

### **References Used for the Development of School District U-46 Allergy and Anaphylaxis Guidelines**

Centers for Disease Control and Prevention. *Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs*. Washington, DC: Department of Health and Human Services USA; 2013.

Centers for Disease Control and Prevention (CDC). *National Guidelines for Managing Food Allergies in Schools*. [www.foodallergy.org/CDC](http://www.foodallergy.org/CDC).2013.

Food Allergy Research & Education (FARE). 2014.

Illinois State Board of Education and Illinois Department of Public Health. *Guidelines for Managing Life-threatening Food Allergies in Illinois Schools*. 2010.

National Association of School Nurses. *Clinical Conversation Guide for Food Allergy Management in the School Setting*. <http://www.nasn.org> .2014.

Protecting Students with Disabilities-Guidance from the Office for Civil Rights (OCR) *Frequently Asked Questions About Section 504 and the Education of Children with Disabilities*. [www2.ed.gov/about/offices/list/ocr/504faq.html](http://www2.ed.gov/about/offices/list/ocr/504faq.html). 2015.

## Additional website resources

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

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

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

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