

DISTRICT 65 RESOURCE GUIDE:

SUPPORTING STUDENTS WITH LIFE-THREATENING ALLERGIES

The purpose of this manual is to provide a guideline for supporting children with life-threatening allergies in school. This resource is to assist teams in developing individual plans for children.

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How to Use This Guide

1. Review general information about allergies, anaphylaxis, Individual Health Care Plan (IHCP), Emergency Action Plan (EAP) and 504 Plan
2. Review Guidelines for specific School Staff, Parents and the Student and give copies of the appropriate guidelines to the designated persons (teachers/coach/ principal/parent/student/etc)
3. Give parent a copy of the blank **EAP (Appendix B-1 and B-2)** and explain that physician needs to complete form and both physician and parent must sign the form.
4. Once the EAP is returned to school, appropriate staff and parent should meet to discuss the **IHCP (Appendix A)**, and also whether or not a 504 Plan is needed
5. Possible **504 Accommodations** are listed in Appendix C; only the boxes for those accommodations agreed upon should be checked.
 - a. Sample Parent Food Allergy Letters are available in English (see Appendix D-1) and in Spanish (see Appendix D-2)
 - b. If medically necessitated through a 504 Plan, the Coordinator of Food & Nutrition Services will make available an allergy free lunch substitute IF a Medical Statement from the Physician is provided by the parent (see Appendix E). It is ultimately the responsibility of the parent to decide whether the child will buy the medically necessitated allergy free lunch substitute or bring a lunch to school.
6. **If no 504 Plan is needed**, then the IHCP and EAP are used together to inform all appropriate staff of the student's life threatening allergy; **if student is eligible for a 540 Plan**, then the IHCP, EAP and 504 Accommodations are used together to inform all appropriate staff of the student's life threatening allergy
7. In addition to the Principal, Health Clerk or Nurse, Teachers and other appropriate school staff, copies of the 504 Plan (with the EAP and IHCP) should be sent to:
 - a. Director of Special Services Secretary (at JEH)
 - b. Coordinator of Health Services (at JEH)

General Information about Allergies

The first part of this guide is intended to give the reader general information about allergies, the importance of prevention, and general considerations when planning for children with life-threatening allergies.

Food Allergy Facts

Food allergies are presenting increasing challenges for schools. Because of the life-threatening nature of these allergies and the increasing prevalence, school districts and individual schools need to be ready for the entry of students with food allergies. A recent study reported that 25% of all reactions in the past two years occurred at school (Journal of Allergy and Clinical Immunology, Nowak-Wegrzyn, Anna, et al, 2000; 105:S182). More importantly, of the reactions happening at school 79% occurred within the classroom (The Journal of School Nursing, Vol. 20, Number 5 page 268).

Food allergies affect 8% of children under age three, 6%-8% of school age children and 2.5% of adults. According to published studies, allergy prevalence has increased significantly in the last five years. Forty to fifty percent of those persons with a diagnosed food allergy are judged to have a high risk of anaphylaxis (a life threatening allergic reaction). Every food allergy reaction has the possibility of developing into a life threatening and potentially fatal anaphylactic reaction. A life threatening reaction can occur within minutes or even hours after exposure to the allergen.

Allergic reactions to foods vary among students and can range from mild to severe life threatening anaphylactic reactions. Some students, who are very sensitive, may react to just touching or inhaling the allergen. The severity of a reaction is not predictable. Because there is a cumulative effect from past exposures to an allergen, the severity of a future exposure cannot be predicted.

- Eight foods (peanut, tree nut, milk, egg, soy, wheat, fish, and shellfish) account for 90% of total food allergies.
- Peanut and tree nuts account for 92% of severe and fatal reactions, along with fish and shellfish.
- The student with an undiagnosed food allergy may experience his/her first food allergy reaction at school.

Many students with food allergies who have experienced a life threatening (anaphylactic) reaction may be aware of their own mortality. The emotional, as well as the physical, needs of the child must be respected. Children with food allergies are at-risk for eating disorders or teasing. School social workers are available to work with families when teasing concerns are indicated.

Bee/insect stings, as well as medications and latex, have the potential of causing a life threatening allergic reaction.

Anaphylaxis

Anaphylaxis is a potentially life threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock that are potentially fatal.

Anaphylaxis typically occurs either immediately or up to two hours following allergen exposure. Anaphylaxis is often treated with the administration of epinephrine, a prescribed medication that immediately counteracts the life threatening symptoms. Epinephrine is administered by an injection that is easily administered.

In about one third of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two or four hours later. **It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved.** When in doubt, medical advice indicates that it is better to give the student's prescribed EpiPen and seek medical attention. Fatalities occur when epinephrine is withheld.

Individual Health Care Plan (IHCP)

An **Individual Health Care Plan** (see Appendix A) puts in writing the **preventative steps** a school will take to help protect any student with a life-threatening allergy. Prior to entry into school (or immediately after the diagnosis of a life-threatening allergic condition), the parent/guardian should meet with the principal or the principal's designee (as recommended by the Director of Special Services) to develop an individualized health care plan. Again, the IHCP details the general **preventative steps** a school takes to help protect every student with life threatening allergies.

Emergency Action Plan (EAP).

In conjunction with the Individual Health Care Plan, there is an **Emergency Action Plan (EAP)**; see Appendices B-1 and B-2). The Emergency Action Plan details the **specific steps staff must take in the event of an emergency**. It is the responsibility of the parent to sign this form AND to ensure that a physician completes and signs this form as well.

504 Plan

If additional individualized preventative steps are needed for a particular student, then a 504 Plan should be considered (see Appendix C). *For school staff purposes, the Individual Health Care Plan and the Emergency Action Plan are also components of a 504 Plan if a 504 Plan is deemed necessary.*

Importance of Prevention

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.**

School is a high-risk setting for accidental ingestion of a food allergen, due to such factors as the large number of students, increased exposure of the food allergic student to food allergens, as well as cross-contamination of tables, desks, and other surfaces. Other high-risk areas and activities for the student with food allergies include: the cafeteria; 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.

Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (touch) exposure or, in rare cases, inhalation exposure. The amount of food needed to trigger a reaction depends on multiple variables. Each food allergic person's level of sensitivity may fluctuate over time. The symptoms of a food allergy reaction are specific to each individual. He/she should be medically evaluated. *District procedures are in place at school to address allergy issues in the classrooms and Physical Education, food service/cafeteria, for art, science, and mathematics projects, crafts, outdoor activity areas, school buses, field trips, and before and after school activities.*

General Guidelines

This next section serves as a guide to outline the range of responsibilities District 65 staff can have concerning a child with a life-threatening allergy. Note that each child's team ultimately determines the responsibilities of individual staff members. This guide will help teams determine which accommodations are necessary for a given child.

Guidelines for Students with Life-threatening Allergies

The long-term goal is for the student with life threatening allergies to be independent in the prevention, care, and management of their food allergies and reactions based on their developmental level. To this end students with life-threatening allergies are asked to follow these guidelines.

- Not trade or share foods.
- Wash hands or use hand wipes before and after eating.
- Learn to recognize symptoms of an allergic reaction and notify an adult immediately if a reaction is suspected.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Develop a relationship with the Health Office Personnel in your building and at least one other trusted adult in the school to assist in identifying issues related to the management of the allergy in school.
- Do not eat anything with unknown ingredients or ingredients known to contain an allergen.
- If able to do so, develop a habit of always reading ingredients before eating food.
- Never board the bus if you are experiencing any symptoms of an allergic reaction.
- If medically necessary and written documentation is provided from a physician, the student is responsible for carrying medications(s). If a Medic Alert bracelet is provided by the parent, the child is responsible for wearing the ID at all times.
- Learn to self-advocate in situations that the student might perceive as compromising his/her health.

Guidelines for Parents/Guardians

Parents are asked to assist the school in the prevention, care, and management of their child's food allergies and reactions. Additionally, parents are encouraged to foster independence on the part of their child, based on her/his developmental level. To achieve this goal, parents are asked to follow these guidelines.

- Inform the building Principal in writing of your child's allergies prior to the opening of school (or immediately after a diagnosis). In addition, provide:
 - Medication orders from the licensed provider
 - Completed and signed D65 Emergency Action Plan; if using plan provided by doctor, ensure that both the parent and contact number are included along with the doctor's signature and identifying information
 - Completed Medication Request Form with parent and doctor signatures
 - Up-to-date EpiPens and other necessary medication(s)
 - Annual updates on your child's allergy status
 - A current picture of your child, for the IHCP, to post in school and bus
 - If the child carries medication, periodically check for expiration dates and replace medication as needed.
- If possible, provide a Medic Alert bracelet for your child.
- Participate in developing an Individual Health Care Plan, (which includes the Emergency Action Plan provided by parent and physician), with the principal or the principal's designee.
- Notify supervisors and coaches of before and after school activities, regarding your child's allergy and provide necessary medication.

- Introduce your child to the health office personnel, teacher, bus driver, lunchroom supervisor and playground supervisor to explain your child’s allergy.
- While the school will not exclude an allergic student from a field trip, a parent may choose to do so. Be willing to go on your child’s field trips if requested.
- Food at School:
 - If applicable, remind your child to sit in the designated “allergy-free” eating area in the cafeteria and discourage him from eating other children’s food.
 - Provide safe classroom snacks for your own child.
 - For lunch at school review menus and then reconfirm daily food choices, eating a lunch provided by the school may not be appropriate.

It is important that children take increased responsibility for their allergies as they grow older and as they become developmentally ready. Consider teaching your child to:

- Understand the seriousness and recognize the first symptoms of an allergic/anaphylactic reaction and notify an adult immediately.
- Carry his/her own EpiPen when appropriate (or know where the EpiPen is kept), and be trained in how to administer her/his own EpiPen, when this is an age appropriate task.
- Recognize safe and unsafe foods and do not share snacks, lunches, or drinks.
- Encourage the habit of reading ingredient labels before eating food.
- Understand the importance of hand washing before and after eating.
- Report teasing, bullying, and threats to an adult authority.
- Inform others of their allergy and specific needs.

Guidelines for School Administration

Administrators are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal, administrators are asked to consider these guidelines when developing an Individual Health Care Plan for a student with a life-threatening allergy.

- The Individual Health Care Plan (for prevention) and an Emergency Action Plan may be components of the 504 Plan for managing life-threatening allergic reactions.
- Offer training & education for staff (see D65 online training tutorial program on food allergies) regarding:
 - Allergies, insect stings, medications, latex, *etc.*
 - Emergency and Risk reduction procedures.
 - How to administer an EpiPen for an emergency.
 - Special training for food service personnel and lunch/recess monitors.
- Provide emergency communication devices or procedures for all school activities, including PE, lunch recess and transportation that involve a student with life-threatening allergies.
- Remind staff to post the Health Office and Main Office phone numbers on or near their room phone and remind them how to call 911 from their room phone.
- If medically necessitated in a 504 Plan, arrange for an allergy free table in the lunchroom and/or provide an allergy free lunch substitute.
- Have hand washing available for student use next to or in the lunchroom.
- Have the custodian wash doorknobs, tables, desks, and other potentially contaminated surfaces when cleaning the classroom, as needed.
- Provide training for custodians on proper cleaning and sanitation pertaining to food allergies in the eating area.
- Plan for student transitions each spring for the next school year.

Administrator Guidelines for Substitute Teachers:

- Make sure a contingency plan is in place for substitute teachers, health office personnel, or food service personnel.
- Concerning sub folders, make sure that a system is in place (ex. a brightly colored sticker attached to the substitute folder) for alerting the substitute that a child in the classroom has a life threatening allergy.
- Include the following statement in the sub folder, *“If this is your first-time in this classroom, see the Health Office Person for training in implementing the Emergency Action Plan and how to administer an EpiPen. Do not eat lunch in the classroom, when there is a known allergy.”*

Specific Guidelines for Coordinator of Food & Nutrition Services:

Provide sound food handling practices to avoid cross-contamination with potential food allergens

- Have Food Services Personnel trained on safe food handling procedures pertaining to food allergies e.g. cross-contamination.
- Have Food Services Personnel trained on proper cleaning and sanitation pertaining to food allergies.
- Provide information about reading product food labels and food allergens.

Guidelines for Health Office Personnel (HOP)

When it comes to the school care of children with life-threatening allergies, HOP carry a large responsibility. HOP are asked to assist the school team in both prevention and emergency care of children with food allergies and reactions. HOP are asked to consider these guidelines when implementing an Individual Health Care Plan for a student with a life-threatening allergy.

- Ensure that a meeting is scheduled with the principal or the principal’s designee, the classroom teacher, appropriate school staff, and the student’s parent/guardian to develop the D65 Individual Health Care Plan for the student, review the D65 Emergency Action Plan and discuss whether or not a 504 Plan is necessary.
- Distribute final copies of all plans as needed.
- Conduct and track attendance of EpiPen Administration training for staff that work with the student at beginning of school and after mid-year break. All specific training protocol are available in the Health Office Procedure Manual.
- In the Health Office post and label location of emergency medication e.g. EpiPen
 - Ensure that EpiPens are NOT kept in a locked area but are kept in an easily identifiable and accessible area
 - For Benadryl and EpiPens stored in the Health Office, periodically check medications for expiration dates and arrange for them to be current.
- Ensure that the Health Office Sub Instructions clearly designate where the EpiPens are kept and that all Individual Health Care Plans and Emergency Action Plans are properly filed in the Health Office Medication Log Book
- Be able to communicate with playground staff and Physical Education teachers via communication device.
- Refer to the School Food Allergy Program, available in the health office, as well as the D65 online training tutorial program on food allergies for any additional information as needed.

Guidelines for the Classroom Teacher

Teachers are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal, teachers are asked to consider these guidelines as they work with their team to develop an Individual Health Care Plan for a student with a life-threatening allergy. Prior to the start of school or as soon as possible, teachers will receive the Individual Health Care Plan, Emergency Action Plan and if warranted the 504 Plan of any student(s) in the classroom with life-threatening allergies. Note: *The 504 Plan is a legal document providing assurances about the individualized steps the school will take to help prevent an allergic reaction and what steps the school will take in the event of a specific emergency.*

- Participate in any team meetings for the student with life-threatening allergies and in-service training.
- Keep accessible the student's Individual Health Care Plan (which includes Emergency Action Plan) with photo in classroom.
- Be sure both student teacher and classroom aides are informed of the student's food allergies. (Seek training and information from Health Office Personnel and the D65 online training tutorial program on food allergies).
- Leave information for substitute teachers in an organized, prominent, and accessible format. Follow building guidelines for subfolders.
- Reinforce school guidelines on bullying and teasing to avoid stigmatizing, or harassing students with food allergies.
- Inform parents of the life-threatening allergies in advance of any in class events where food will be served.
- Never question or hesitate to immediately initiate the Emergency Action Plan if a student reports signs of an allergic reaction.
- Students with food allergies should not be sent home on the bus if they report any symptoms of an allergic reaction, no matter how "minor".
- Encourage hand washing anytime students come into contact with food in the classroom.

Snacks/Lunch Time

- If the teacher discovers unknown or restricted food (as defined in Individual Health Plan) in the classroom, refer to the student's Individual Health Care Plan.
- If contamination of foods is suspected, have the students wipe down their own individual desk with paper towels and the Sani-Master IV spray bottle (to be provided by custodian or Health Office Personnel)
- Reinforce hand washing before and after eating.

Classroom Activities

- Consider the presence of allergenic foods in classroom activities (e.g., arts and crafts, science projects, or other projects and celebrations). Modify class materials as needed.
- If a food event has been held in an allergic child's classroom(s), have the custodian wash the tables and chairs.
- Try not to isolate or exclude a child because of allergies e.g. using candy as part of a math lesson.
 - Encourage the use of stickers, pencils, or other non-food items as rewards instead of food.
- If an animal is invited to the classroom, special attention must be paid to other allergies children may have (e.g. dander) and to the animal's food (peanuts, soy milk).

Field Trips

- Consider the student when planning a field trip due to a risk of allergen exposure.
- Collaborate with the building Health Office Personnel prior to planning a field trip. Ensure prescribed medications like EpiPen and/or Benadryl as well as the Emergency Action Plan are taken on field trips.
- Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- Invite parents of student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone(s). However, the parent's presence at a field trip is not required.
- If parent cannot accompany child on field trip, that student must be in the teacher's group—not that of a volunteer's.
- Consider ways to clean hands before and after eating (e.g. provision of hand wipes, etc.)
- Identify one staff member who will be assigned the task of watching out for the student's welfare and handling any emergency.
- Plan for the availability of a communication device.

Guidelines for the Lunchroom

Because the Food & Nutrition Services Department cannot guarantee that food served in the general lunch program is allergen free, parents or students have access to reading food labels to identify these ingredients in the products used by a school's cafeteria. If medically necessitated through a 504 Plan, the Coordinator of Food & Nutrition Services will make available an allergy free lunch substitute. It is ultimately the responsibility of the parent to decide whether the child will buy the medically necessitated allergy free lunch substitute or bring a lunch to school.

Guidelines for Coordinator of Food & Nutrition Services

- If requested meet with parent to discuss student's allergy.
- Instruct your staff to review the Emergency Action Plan and a photograph of the student with life-threatening allergies (per parent permission).
- Maintain contact information for manufacturers of food products.
- Follow cleaning and sanitation protocol to prevent cross-contamination.
- If applicable, create specific kitchen areas that will be allergen safe e.g. allergen-free prep tables, serving counters.
- Make appropriate substitutions or modifications for meals served to students with food allergies.
- Make available advanced copies of the menu to parents/guardian when requested.
- If requested, have safe meals for field trips.
- Avoid the use of latex gloves by food service personnel.

Guidelines for Recess/Lunch Room Monitors

Teachers and staff responsible for lunch and/or recess need to be trained by the school Health Office Personnel to recognize and respond to a severe allergic reaction or anaphylaxis.

- Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the building Health Office Personnel.
- Encourage hand washing or use of hand wipes for students after eating.
- Ensure that all tables and chairs are thoroughly cleaned after lunch.
- Reinforce that only children with "safe lunches" eat at the allergy free table.
- A Medic Alert bracelet should not be removed but may be covered.
- Adult supervisors may be asked to hold an EpiPen for a child.

Transportation Department Guidelines

The Manager of Transportation will ensure that the Bus Company has a procedure in place for their drivers to know when and how to call 911 in case of an emergency. This includes sharing with bus drivers the allergy guidelines for bus drivers and, when provided, a photograph of the student with life-threatening allergies (with parent permission).

Guidelines for the School Bus Driver

- A student with a suspected allergic reaction, **already in progress**, should not board the bus.
- Call 911 when allergic reaction is suspected.
- Maintain policy of no food eating allowed on school buses.
- Clean off seat or move student to clean seat if there are any apparent signs of food contamination
- If provided, review the photograph of the student with life-threatening allergies (per parent permission).

Guidelines for Coaches and Supervisors of School Funded Activities

- Review the Individual Health Care Plan and Emergency Action Plan with building Health Office Personnel.
- Make certain that emergency communication device (*e.g.* walkie-talkie, intercom, cell phone, *etc.*) is always present.
- Call 911 if you suspect an allergic reaction.
- Clearly identify who is responsible for keeping the EpiPen and emergency medication and where it will be kept.
- Consider the presence of allergenic foods in classroom or gym activities (*e.g.*, arts and crafts, and celebrations, or other projects). Modify class materials as needed.
- Medic Alert identifications may be covered or taped but must not be removed for activities.

Appendix A

EVANSTON-SKOKIE SCHOOL DISTRICT 65 Individual Health Care Plan Life-Threatening Food Allergy

Student: _____
Birth Date: _____

Parents: _____
Home Phone: _____
Cell Phone: (M) _____ (D) _____
Work Phone: (M) _____ (D) _____

School: _____
Grade/Room: _____
Teacher: _____

Physician & Phone: _____
D65 Coordinator of Health Services: _____
Mary Larson IL CSN @ 847-344-3817

Date: _____

History: *History of emergency care required (Date of first reaction and most recent reaction, age of child at time of reaction, allergen(s) symptoms, treatment); Attach all relevant medical documentation.*

Does student wear Medical Alert bracelet? Yes _____ No _____

Prevention strategies

- **If an allergic reaction is suspected, follow directions on the attached Emergency Action Plan (EAP)**
- Parent will ensure that student has _____ EpiPen(s) at school; **circle all EpiPen locations that apply: Health Office; Classroom (Rm _____); Cafeteria;** Student will **carry own EpiPen** (has MD documented permission to carry).
 - Health Office Personnel will check EpiPens for expiration dates.
- The Health Clerk will provide **the School Staff** with procedures and safeguards for students with food allergies; staff is also responsible for completing the online D65 tutorial on food allergies. It will include instruction and demonstration of how to administer the EpiPen in the event of an emergency.
 - **Classroom Teacher must be trained to administer the EpiPen;** teachers are responsible for contacting the Health Clerk in their building to set up the individualized training. **Note: The principal and all Health Office Personnel have been trained on how to administer an EpiPen.**
- Teacher will ensure that student's **EpiPen accompanies student on any and all field trips**—no matter how short the distance and no matter whether or not food is involved. The Teacher is responsible for bringing the EpiPen on the field trips and knowing how to use it.
 - Teacher will ensure that student is in the **teacher's group** for field trips (or with her/his parent)—never with a volunteer
- Teacher will ensure that information regarding student's allergies, Emergency Action Plan and, when appropriate, location of acceptable snacks, is in the **Teacher's Sub Folder** as well as easily **visible and accessible in the classroom**. Teacher, when present, will ensure that all subs and/or volunteers working in the classroom are familiarized with this information.
- Teacher and Health Clerk will ensure that **a copy of the Individual Health Care Plan & Emergency Action Plan** is given to student's teachers & appropriate school staff and notify any other necessary school personnel of this Care Plan (including bus drivers and faculty involved with student for before or after school activities—if any).
- **Student is never to be left alone if a reaction to the life-threatening allergen is suspected. An adult must always stay with the student and, when appropriate (as designated by the EAP), the EpiPen must be administered immediately.**

EVANSTON/SKOKIE SCHOOL DISTRICT 65
EMERGENCY ACTION PLAN
20__-20__ School Year

Picture of Child
Place Here

ALLERGY TO: _____ Date: _____

Student: _____ D.O.B. _____ Teacher/Room: _____

Asthmatic: Yes ___ * High risk for severe reaction School: _____
No ___

504 Plan Needed: Yes ___ NO ___

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems:

Symptoms:

- **MOUTH** itching & swelling of the lips, tongue, or mouth
- **THROAT*** itching and/or sense of tightness in the throat, hoarseness & hacking cough
- **SKIN** hives, itchy rash, and/or swelling about the face or extremities
- **GUT** nausea, abdominal cramps, vomiting, and/or diarrhea
- **LUNG*** shortness of breath, repetitive coughing, and/or wheezing
- **HEART*** "thready" pulse, "passing-out"

The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation!

ACTION FOR MINOR REACTION:

1. If ingestion is suspected, and symptoms include _____ give

Medication/Dose/Route

NOTIFY PARENTS AND OBSERVE STUDENT IN THE HEALTH OFFICE FOR 30 MINUTES FOR SIGNS OF PROGRESSION OF SYMPTOMS. IF CONDITION DOES NOT IMPROVE IN 10 MINUTES, FOLLOW STEPS FOR MAJOR REACTION BELOW.

ACTION FOR MAJOR REACTION:

1. If ingestion is suspected, and symptoms include _____ give

_____ IMMEDIATELY!

Medication/Dose/Route

and _____ IMMEDIATELY!

Medication/Dose/Route

- 2. CALL 911 RESCUE SQUAD IMMEDIATELY AFTER THE EPI-PEN IS ADMINISTERED**

3. **CALL:** Mother @ _____ Father @ _____ or emergency contacts to notify of incident

DO NOT HESITATE TO ADMINISTER MEDICATION AND CALL 911 RESCUE SQUAD EVEN IF PARENTS CANNOT BE REACHED!

Parent Signature

Date

Physician's Signature

Date

Physician's Name, Stamp

Phone Number

Appendix B-2

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____ Relation: _____ Phone: _____	1. _____ Room _____
2. _____ Relation: _____ Phone: _____	2. _____ Room _____
3. _____ Relation: _____ Phone: _____	3. _____ Room _____

Emergency Treatment: EPIPEN AND EPIPEN JR. DIRECTIONS

1. Remember to immobilize the leg so the child does not jerk away when the needle is injected!!! EpiPen can be injected through clothing.
2. Pull off blue (or gray) activation cap.
3. Hold orange (or black tip) near outer thigh (always apply to thigh).
4. Swing and push firmly into outer thigh until it clicks (the unit should be perpendicular to the thigh). Hold in place and count to 10.
5. The EpiPen unit should then be removed and put in safe place until it can be safely discarded in Sharps container.
6. Massage the injection area for 10 seconds.
7. Call 911 and parents/guardians
8. AN ADULT MUST STAY WITH CHILD UNTIL 911 RESCUE SQUAD ARRIVES

After the Reaction:

1. Gather information about the reaction including who assisted in the medical intervention and who witnessed the event
2. In plastic bag, save the food that was eaten (with label if applicable) for analysis
3. Follow-up with student, parents, witnesses and appropriate staff
4. Review IHCP and EAP and amend if necessary

ACCOMMODATIONS: Check Box for all Accommodations Agreed Upon

- The classroom teacher will ensure Student's classroom is a "_____ -free" **Zone** and signs will be posted as a reminder.
- The teacher will ensure that that the student's parents approve all snacks to be served in the classroom. If parent is not available for approval of snack then the teacher will ensure that the student is given an alternative snack from the store of snacks that has been provided by the parents.
- Teacher will ensure that a **Parent letter** is sent home to student's classmates regarding the types of snacks that are acceptable for the classroom (See Appendices D-1 and D-2 for sample letters)
- Teacher will only serve food to the student that has been provided or approved by the parent
- Classroom teacher will notify student's parents** well in advance of special activities regarding food (e.g. parties, trips etc)
- Classroom teacher will **review all Lesson plans** (including those for 'Specials') for food content or use of food containers. The plan will be adjusted accordingly if it contains any product, derivative or residue of any of the above allergens.
- Teacher will ensure that the class members **wash, sanitize or wipe hands before entering the classroom in the morning**
- When **eating lunch in the cafeteria, the lunchroom supervisor will ensure that:**
 - Student eats only food supplied by the parents AND
 - Student eats at an Allergen-free Table" AND:
 - This table and its chairs are wiped down BEFORE student sits down to eat lunch using separate cleaning supplies consisting of spray bottle and paper towels
 - Only students with lunches free of these food allergens sit at this table with student; student may invite friends to sit with him as long as they have "allergen free" lunches.
 - All lunches at this table are allergen-free
 - A principal designated adult monitors the student at lunch and at recess
- When **eating lunch in the cafeteria, the lunchroom supervisor will ensure that:**
 - Student eats only food supplied by the parents
 - Student eats lunch at the end of a table and the student next to him and across from him has an allergen-free lunch
 - A designated adult monitors the student at lunch and at recess
 - No sharing of food is permitted.
- Teacher will ensure that the class cleans hands before entering the classroom
- If student is **riding a bus** either to/from school or for a field trip, then bus driver and student will ensure that his seat is clean of any visible food substance; a "**No Eating on the Bus**" policy will be observed and strictly enforced.

NOTE: STUDENT IS NEVER TO BE LEFT ALONE IF A REACTION TO A FOOD ALLERGEN IS SUSPECTED. AN ADULT MUST ALWAYS STAY WITH HIM.

Re: Attention—Food Allergy Alert

Dear Parents,

One of the children in our classroom has a **severe, life-threatening allergy to _____**. This means that any accidental exposure could ultimately cause death within a short period of time if not treated promptly. We all need to work together to assure a safe school environment for this child.

In an effort to allow this student to participate fully in all class activities, we ask that you help us insure that the classroom is a “_____” environment. Strict avoidance of these foods and all foods with these ingredients as products, by-products, and residue is the only way to prevent an allergic reaction. **Please do not send any foods or food products**, which contain these items to be eaten in the classroom—we will not be able to serve them. This policy includes the daily snack as well as any special class treats you may send for birthdays, holidays, parties or other special events.

In the school cafeteria we have designated a **specific table that is a “_____ Free Zone”** for the entire school year. Our special table is in the same area of the cafeteria where the class eats its lunch. The child with food allergies will be seated at this table, as will any classmates who have a “**safe lunch**”—one that is “_____”. We encourage all parents to pack _____ free lunches so this child will not have to eat alone and can socialize with other classmates. Any efforts in this regard are greatly appreciated!

Please feel free to contact our school principal or me, with any questions or concerns and we thank you for your understanding and cooperation.

Sincerely,

Classroom Teacher

Date

School Principal

cc: Classroom Sub Folder

For Peanuts and/or Nut Allergies Only: Parents, please take an extra minute to carefully read the food ingredients label of any snack or treat BEFORE your child brings it to school. Also, some packages state that the food item “may” contain peanuts or nuts. These items need also to be avoided because they are made on the same production line as another food that does contain peanuts or nuts and cross-contamination can occur (example, plain M&Ms are made on the same line as peanut M&Ms).

Asunto: Atención—Alerta de alergia alimenticia

Estimados padres de familia,

Uno de los niños en nuestro salón de clases tiene una alergia **hacia _____ la cual es severa y que pone en peligro la vida**. Esto significa que toda exposición accidental podría ocasionar la muerte en un periodo de tiempo corto si es que no se atiende rápido. Necesitamos trabajar de manera conjunta para garantizar un ambiente seguro para este niño.

En un esfuerzo para permitir a este estudiante el participar de manera integral en todas las actividades de su clase, les pedimos que nos ayuden a asegurarnos de que el salón es un ambiente “_____”. El evitar de manera estricta estas comidas y de todas las comidas que contengan estos ingredientes, tanto en los productos como en los productos derivados o en residuos, es la única manera de prevenir una reacción alérgica. **Por favor, no mande al salón de clases ningún producto o alimentos** que contengan estos ingredientes – no podremos servirlos. Esta política incluye los bocadillos diarios así como cualquier postre o golosina que manden en los cumpleaños, días de fiesta, celebraciones u en otros eventos especiales.

Hemos designado una **mesa específica que será una “zona libre de _____”** en la cafetería de la escuela, durante todo el año escolar. Nuestra mesa especial está en la misma área de la cafetería en donde la clase toma su almuerzo. El niño que tenga alergias alimenticias se sentará ahí al igual que todos sus compañeros que tengan un **“almuerzo seguro”** –uno que sea “_____”. Invitamos a todos los padres de familia a que manden en la bolsa del almuerzo de sus hijos, almuerzos que no contengan _____ para que este niño no tenga que comer solo y pueda socializar con otros compañeros. ¡De antemano se agradece cualquier esfuerzo relacionado con este asunto!

Por favor, comuníquense con confianza con el/la directora(a) de nuestra escuela o conmigo acerca de cualquier pregunta o preocupación que tengan. Les agradecemos su comprensión y su cooperación.

Atentamente,

Maestro(a) del salón de clases

Fecha

Director(a) de la escuela

ccp: Sub-Expediente del salón de clases

Sólo para alergias relacionadas con cacahuates y/o nueces: Padres de familia, por favor tomen un minuto extra de su tiempo para leer cuidadosamente la etiqueta de los ingredientes en todos los alimentos o bocadillos ANTES de que sus hijos los traigan a la escuela. Así mismo, algunos empaques dicen que los alimentos “pueden” contener cacahuates o nueces. También estos artículos deben evitarse porque están elaborados en la misma línea de producción de otros alimentos que contienen cacahuates o nueces y puede haber una contaminación indirecta (ejemplo: las “lunetas” de chocolate confitado = M&Ms, se producen en la misma línea donde se producen los cacahuates marca M&Ms).

Appendix E

**MEDICAL STATEMENT:
FOOD AT SCHOOL**

Name of Student: _____ DOB: _____

Name of Parent/Guardian: _____ Phone: (H) _____

(C) _____

(W) _____

School: _____

RM/ Grade: _____

The following needs to be completed by the child's physician

Diagnosis (include description of the patient's medical or other special dietary needs that restrict the child's diet INCLUDING foods to be omitted):

List food (s) that may be substituted:

Additional information:

Signature of Child's Physician

Date

Address and Phone number:

Office Stamp

GLOSSARY

Acute- Symptoms that occur suddenly and have a short and fairly severe course

Adrenaline- Syn. for epinephrine

Allergen- A substance that can cause an allergic reaction. For some students, milk is an allergen.

Allergic Reaction- An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When an allergen is eaten, the food allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock) Each person with a food allergy reacts to the allergy differently. Each reaction by a food allergic student may differ in symptoms.

Allergy Warning Label- A bright colored label placed on the substitute teacher's folder in the classroom alerting the substitute to look for information in the folder regarding the food allergic student

Anaphylactic Reaction- Syn. for Anaphylaxis

Anaphylaxis- It is an immediate potentially life threatening allergic reaction. The most dangerous symptoms include breathing difficulties, and a drop in blood pressure or shock, which can be fatal. Asthmatic students are at an increased risk for anaphylaxis. Anaphylaxis often involves various areas of the body at once such as the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). The drug to immediately use to abate anaphylaxis is Epinephrine (contained in an EpiPen or EpiPen Jr.).

Antihistamine- A drug that stops histamine from being released in the body during an allergic reaction. Benadryl is an example of an antihistamine.

Asthma- A disease of the lungs in which there is widespread narrowing of airways. The airways become clogged with mucus. Students with asthma and food allergy appear to be at an increased risk for fatal anaphylaxis. Epinephrine is the first-line of defense for an anaphylactic reaction even with a child with asthma medicine.

Chronic- Symptoms that occur frequently or last a long time.

Consumer Hotline (for food staff)- Major food distributors toll-free numbers usually found on packaging. Can be used to check for additional information on ingredients in a food or the foods processing procedures. (e.g., cross-contamination)

Cross Contamination- When a pan, utensil, or food that is a known allergen comes in contact with a food that is allergen free it contaminates it. The allergen free food is now unsafe for a student allergic to the food it was contaminated with.

Emergency Action Plan- Included as part of the IHCP and, if student is eligible, as part of the 504 Plan.

It is a specific protocol which explains exactly what steps are taken if a child has an allergic reaction. It usually has the student's recent photograph on the plan.

EpiPen- By prescription only. It is a device that, once activated, will automatically inject one measured dose of epinephrine when jabbed into the thigh. The EpiPen is contained in an orange cylindrical container as the medicine is light sensitive. Once out of the container, the EpiPen's blue (or gray) cap is removed and it is activated and ready to use. It is firmly jabbed, with orange (or black) tip, on the allergic student's outer thigh. After a 10 second hold, the EpiPen is removed and the area is massaged. If the orange tip has elongated (or the needle is projecting from the thick black tip), then the medicine has been injected. If you do not see one of these signs then jab again. An EpiPen simply abates allergic symptoms for 15-20 minutes. Symptoms may reappear if prompt medical attention is not given to the allergic student. Always call for emergency personnel when epinephrine is given.

EpiPen Jr.- It operates the same as the EpiPen. It has the same medicine as in the EpiPen but at a lower dose for lighter weight children. Like the EpiPen, it delivers one dose only. The newer EpiPen Jr. has green packaging which distinguishes it from the yellow EpiPen. Always call for emergency personnel when epinephrine is given.

Epinephrine- The medicine contained in the EpiPen and EpiPen Jr. ; the drug of choice for anaphylaxis. It is the first medicine that should be used in the emergency management of a child having a potentially life-threatening allergic reaction. It is synonymous with adrenaline. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction. Always call for emergency personnel when epinephrine is given.

FAAN- Acronym for the Food Allergy and Anaphylaxis Network that has educational material on food allergies. Each school nurse has FAAN's School Food Allergy Program.

504 Plan- Refers to a section in the Rehabilitation Act of 1973 which prohibits discrimination against a qualified handicapped individual by any program that receives federal funds. It is a legal document. It confers rights upon the parents by establishing a grievance procedure if the parents and school team do not agree on an issue in the Plan or if the Plan is violated. The parents are entitled to a due process hearing if the grievance cannot be eliminated through the school channels. There are administrative and federal court procedures. A 504 Plan encompass the student's Emergency Action Plan and Individual Health Care Plan, and any other documents the parents and school deem relevant.

Food Allergy- An immune system response to a certain food. Upon ingestion, the body creates antibodies to that food. When the antibodies react with the food, histamine and other chemicals are released from cells. The release of those chemicals may cause hives, difficulty breathing, or other symptoms of an allergic reaction. See Allergic Reaction, above.

Histamine- A chemical released by the body during an allergic reaction. It causes the symptoms listed above in Allergic Reaction.

Hives- Itchy, red, mosquito-like bumps that may appear anywhere on the skin. Often a symptom of an allergic reaction.

Individual Health Care Plan (IHCP)- 1st Part of the Emergency Action Plan; A detailed protocol developed between the school and the allergic student's parents, which includes but is not limited to precautions and emergency procedures for the food allergic student.

Latex- A synthetic rubber. It is an allergen for some people. It is commonly found in rubber gloves and balloons.

Life Threatening Food Allergy- Students with allergies have over-reactive immune systems. The immune system produces chemicals and histamine which cause the severe symptoms in the body (e.g., swelling, breathing difficulty or shock). See Allergic Reaction, above. Epinephrine found in the EpiPen is the recommended treatment.

Medic Alert Bracelet/Necklace- A necklace or bracelet worn by an allergic student that states the allergens and gives a telephone number for additional information.

Periodic Anaphylaxis Drill- Practice in procedures that would be carried out if there were an anaphylactic emergency. The drill may include but is not limited to: who helps the student, who retrieves the EpiPen or administers it, who calls 9-1-1, and who directs the paramedics to the child.