



# FOOD AND ALLERGY PLAN

## FOREWARD

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

The committee creating these procedures reviewed and closely followed “The Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools”. Those guidelines were based on best practices and additional medical documents. This document was developed in collaboration with the following participants:

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## **Introduction**

The goal of NSSEO is to provide a safe environment for all children, including those with life-threatening allergies. Although the risk to students with these allergies in the schools cannot be completely eliminated, it can be greatly reduced. This plan of support addresses the identification of individual needs, staff awareness, necessary curricular and procedural modification, and emergency plans. Protecting students with life-threatening allergies is the shared responsibility of families, schools, and the community. Although the focus of this document is on life-threatening food allergies, other life-threatening allergies can include bee/insect stings, medications, and latex. Therefore, some of this document will also apply to these situations.

The purpose of this manual is to reduce unintended allergic reactions by outlining the problem, providing education on allergen avoidance strategies, establishing emergency response procedures, and outlining the responsibilities for the student, families, and the school system. NSSEO will continue to monitor and evaluate this issue to ensure the proper implementation of these guidelines across our jurisdiction.

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

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

### **Individual Health Care Plans/Emergency Action Plans**

As part of the Individualized Educational Plan (IEP), all students with food allergies will have an Individual Health Care Plan (IHCP) and an Emergency Action Plan (EAP), (Appendix B, C).

An Individual Health Care Plan (IHCP) is a written plan that is based on the physician's diagnosis of a life-threatening allergy. The plan outlines what the school will do to accommodate the individual needs of a child with a life-threatening allergy. Prior to enrollment in school (or immediately after the diagnosis of a life-threatening allergic condition) the parent/guardian should meet with the certified school nurse to develop an individualized health care plan.

An Emergency Action Plan (EAP) is a document that must be completed by a license health care provider and also requires the signature from the parent/guardian of the student with food allergies.

This form provides a variety of information, including:

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

## Allergic Reaction Characteristics

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

Even a trace amount of food can, in some instances, quickly lead to fatal reactions. Research indicates that exposure to food allergens by touch or inhalation is unlikely to cause a life-threatening reaction. However, if children touch the allergen and then place their fingers in or near their nose or mouth, the allergen could become ingested and could cause a life-threatening reaction.

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

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

A child may be unable to describe their reaction the way an adult might expect. Here are a few ways children might express or state their allergic reaction.

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

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

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

## **Importance of Prevention**

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

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

### **Cross-Contamination**

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

Some examples of cross-contamination would be:

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

### **Cleaning and Sanitation**

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

Common household cleaning agents, such as Formula 409®, Lysol® sanitizing wipes and Target ®brand cleaners with bleach remove allergens from table tops. Dishwashing liquid may leave traces of the allergen on tables. Do NOT use dishwashing liquid to clean surface areas. Allergens must be physically removed from the surface.

Examples of areas of concern include:

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

## Guidelines

### Recommended Best Practices for Schools

The following are recommended best practices for schools:

- Addressing life-threatening allergic reaction prevention in all classrooms, food service/cafeteria, classroom projects, crafts, outdoor activity areas, on school buses, during field trips, before- and after-school activities and in all instructional areas.
- Adapt curriculum, awards, rewards or prizes by substituting allergen-free food or non-food item(s) in rooms where students having an Emergency Action Plan (EAP) are or may be present.
- Limit food related to fundraising, birthday celebrations, PTA functions to cafeteria or another designated areas. Incorporate non-allergenic foods or non-food items.
- Cleaning procedures are to be established for common areas (i.e., libraries, computer labs, music, art room and hallways, etc.).
- Avoid the use of food products as displays or components of displays in hallways.
- Protocols for appropriate cleaning methods are to be followed after events held at the school which involves food.
- Student's educational team will be familiar with the IHCP.
- All faculty and staff will be trained in the signs and symptoms of possible anaphylaxis. This training will include:
  - How to recognize symptoms of an allergic reaction.
  - Review of high-risk areas.
  - Steps to take to prevent exposure to allergens.
  - How to respond to an emergency.
  - How to administer an epinephrine auto-injector.
  - How to respond to a student with a known allergy as well as a student with a previously unknown allergy.



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

### **Certified School Nurse**

	Contact parents of children with life threatening allergies and ask them to complete the Allergy history form (Appendix D), page 1 of the IHCP (Appendix C) and, the Emergency Action Plan (Appendix B).
	Review allergy related forms and complete the IHCP.
	Create an Emergency protocol.
	Disseminate relevant health concerns, EAP, IHCP, and Emergency protocol to appropriate staff.
	Adhere to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto-injectors.
	Refer to the school board's Food Allergy Policy for any additional information
	Refer to the school board's Food Allergy Policy for any additional information
	Ensure student with suspected allergic reactions is accompanied by an adult at all times.
	Make sure substitute nurses have been oriented to emergency protocols.
	Ensure that appropriate personnel know the location of the epinephrine auto-injector and antihistamine.
	Train appropriate staff to administer an antihistamine and epinephrine auto-injector. Keep a list of trained staff.
	Be available to staff who are outside the building via a communication device.
	Educate and inform students and their parents, teachers, aides, substitutes, and volunteers about how to prevent, recognize and respond to food allergy reactions.
	Avoid endangering, isolating, stigmatizing or harassing students with food allergies.
	Be aware of how the student with food allergies is being treated and enforce school rules about bullying and threats.
	Ensure that medical information for student having a reaction is sent with Emergency Medical Service (EMS).
	Assist in the identification of an "allergy-free eating area in the classroom and /or cafeteria.
	Discuss emergency procedures for transportation companies or school district bus service with school personnel. Review transportation requirements/situations for student.

## Return to School After an Allergic Reaction Checklist

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

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.

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

	Inform the school nurse of your child's allergies prior to the beginning of the school year (or as soon as possible after a diagnosis).
	Complete and return completed the Emergency Action Plan (EAP) (Appendix B) and the annual severe allergy survey.
	Participate in team meetings and communicate with all staff members, including nurse, who will be in contact with the child (preferably before the beginning of the school year) to: <ul style="list-style-type: none"> <li>• Discuss development and implementation of EAP, IHCP.</li> <li>• Establish prevention plan.</li> </ul>
	Decide if additional antihistamine and epinephrine auto-injectors will be kept in the school, aside from the one in the nurse's office or designated area, and if so, where.
	Provide the school with up-to-date epinephrine auto-injectors.
	Provide a list of foods and ingredients to avoid.
	Provide shelf-stable, allergen-free snacks/lunches for your child. The snack/lunch will be available for your child for an unplanned special event or if the snack/lunch becomes cross-contaminated. Discuss location of allergen-free snack in classroom with student.
	Consider providing a medical alert bracelet for your child.
	Provide the nurse with the licensed medical provider's statement if student no longer has allergies.
	Be willing to go on your child's field trips or participate in class parties or events, if possible and if requested.
	Discuss emergency procedures for transportation companies or school district bus service with school personnel. Review transportation requirements/situation for student.

### **Periodically teach your child to:**

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

The long-term goal is for the students 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:

**Students with Food Allergies Guidelines/Checklist**

	Recognize the first symptoms of an allergic/anaphylactic reaction.
	Know where the epinephrine auto-injector is kept and who has access to the epinephrine auto-injector(s).
	Inform an adult as soon as accidental exposure occurs or symptoms appear.
	Carry your own epinephrine auto-injector when appropriate.
	Do not trade or share foods or utensils.
	Wash hands before and after eating.
	Report teasing, bullying and threats to an adult authority.
	Ask about ingredients for all food offered. If unsure that the food is allergen-free, say thank you but do NOT take or eat the food.
	Self-advocate in situations that you might perceive as compromising your health.
	Develop a relationship with the nurse and/or another trusted adult in the school, to assist in identifying issues related to the management of the allergy in school.

Teachers are an essential part of the school team in the prevention of allergic-reactions, care and management of activities on behalf of students with food allergies. Educators are encouraged to foster independence on the part of students, based on their developmental level. Teachers are expected to :

### **Classroom Teacher Checklist**

	Review NSSEO's Resource Guide for Supporting Students with Life Threatening Allergies.
	Participate in in-service training on the identification of anaphylaxis, risk-reduction and emergency response procedures.
	Be familiar with the Individual Health Care Plan or EAP of any student in the classroom with life-threatening allergies.
	Keep the student's plan in an identified, accessible location.
	Participate in any team meetings and in-service training for student with life threatening allergies.
	Inform student teachers and classroom assistant(s) of the student with food allergies.
	Leave information for substitute teachers in an organized, prominent, and accessible format. Follow building guidelines for subfolders. Include the following allergy statement in front of folder: "You have a child with a severe, life-threatening allergy. Call the nurse for specific details of the student's EAP/ IHCP. Do not eat lunch in the room if a child has a food allergy. Do not distribute food items without express permission from the building principal." Include the nurse's phone extension.
	Check food labels for ingredients.
	Inform parents of the student with allergies in advance (at least 2 weeks) of any in-class events where any food will be served or used as a class activity. Work with parents to provide a safe alternative, if appropriate.
	Establish a means of communication in schools to permit swift response.
	Be willing to administer an EpiPen, if necessary. If unable or unwilling, designate an alternate staff member.
	Reinforce school guidelines on bullying and teasing to avoid the harassment of students with allergies.
	Use only NSSEO –approved cleaning products in the classroom.
	Do not send students with food allergies home on the bus if they report any symptoms of an allergic reaction, no matter how "minor".

### **Substitute Teachers Checklist**

	Ensure the student's Emergency Action Plan (EAP) (Appendix B) with photo ID is in the substitute teacher subfolders. The folder must include instructions for the substitute teacher to immediately contact the nurse/Designated School Personnel (DSP) for education and instruction.
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### Classroom Activities Checklist

	Ensure that food or products containing student's allergens are not used for class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, or other purposes.
	Encourage students to bring healthy snacks like fruits and vegetables if snacks are required. Avoid isolating or excluding a student because of allergies (i.e. using candy or other food items as part of a lesson).
	Limit food related to fundraising, birthday celebrations, and PTA functions to the cafeteria or other designated areas. Substitute non-allergenic foods or non food items. For birthday parties, consider a once-a-month celebration.
	Pay special attention to other allergies students may have, such as allergies to animals. Allergies may also encompass the animal's food (peanuts, fish, and milk). Animals must be viewed or contained in a pre-approved designated area outside the classroom.
	Wash the tables, chairs, floors and countertops if a food event, including lunch, has been held in an allergic student's classroom(s). The washing should be done by a custodian or supervising adult.

### Food Consumption in the Classroom Checklist

	Restrict allergens from the allergic student's classroom at all times. When classrooms are used for meals in schools without a central cafeteria, there must be a designate allergen-free area. A designated time slot for food consumption in the classroom should be established. Steps must be taken so that these areas are not contaminated by allergens.
	Ask the parent/guardian of a student with food allergies to provide allergen-free snacks for his/her own child. These snacks should be kept in a separate snack box or chest. Encourage healthy snacks like fruits and vegetables.
	Do not allow a student who inadvertently brings a restricted food to the classroom, to eat that snack in the classroom. This student will have to eat the restricted food in the designated area or bring the snack home.
	Prohibit sharing or trading food at school.
	Wash tables with school district-approved cleaning agent before and after snack, with special attention given to designated allergen-free eating areas. Use separate cloths for allergen safe tables.
	Wipe down the student's area or individual desk or adjoining desks if contamination of foods is suspected. An adult/teacher/lunchroom supervisor/Designated School Personnel (DSP) must wipe the area. The student must not be required to wipe down their own area prior to eating to avoid accidental exposure to or ingestion of allergens.
	Teach students proper hand washing technique. Hand washing must be required before and after the handling/consumption of food. All persons entering the classroom are encouraged to wash/wipe hands upon entering.
	Hold before-/after-school event(s) that include food in the cafeteria/gym or a pre-approved designated food area. This includes not only activities run by the school but non-school activities held at the school by non-school related organizations.

## Field Trip Checklist

	Choose field trips carefully to ensure that students with allergies have little to no allergen exposure. Review Emergency Action Plan (EAP) and/or Individual Health Care Plan (IHCP).
	Consider the presence/handling of any food item while on the field trip.
	Review the number of adults/chaperones required for the field trip when a student with food allergies is present. Be aware that additional chaperones may be required. Student(s) experiencing a reaction must be accompanied by an adult at all times. The designated adult is strongly encouraged to remain with the student being transported by EMS when the parent/guardian is not present.
	Provide timely notification of field trips to the nurse/Designated School Personnel (DSP) and parent/guardian.
	Discuss the field trip in advance with parent/guardian of a student at-risk for anaphylaxis. Invite parents of student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone(s). However, the parent's/guardian's presence at a field trip is NOT required.
	Identify the staff member who will be assigned the responsibility for watching out for the student's welfare and handling any emergency. These responsibilities will include: <ul style="list-style-type: none"> <li>• Facilitating washing of hands before snack/lunch.</li> <li>• Overseeing the cleaning of tables before eating.</li> <li>• Ensuring that student with food allergy only eat allergen-free food or food supplied by parent/guardian.</li> <li>• Carrying a communication device to be used in an emergency situation.</li> <li>• Reviewing the student's Emergency Action Plan (EAP).</li> <li>• Carrying and administering emergency medicine (antihistamine, epinephrine auto-injector) as outlined in EAP.</li> </ul> Planning should be completed one week prior to field trip.
	Plan for emergency situation (contacting 911 if needed and location of closest hospital).
	Follow school district policy for medication administration.
	Consider how snack/lunch will be stored/transported and where food will be eaten while on field trip.

### School Administration Checklist

	Meet with parent/guardian and appropriate staff members to establish an Emergency Action Plan (EAP) (Appendix B).
	<p>Supervise and implement School Board's food allergy policies. Provide training and education for staff on School Board policy and procedures for food allergies, including:</p> <ul style="list-style-type: none"> <li>• How to recognize symptoms of an allergic reaction (foods, insect stings, medications, latex).</li> <li>• Review of high-risk areas.</li> <li>• Steps to take to prevent exposure to allergens.</li> <li>• How to respond to an emergency.</li> <li>• How to administer an epinephrine auto-injector.</li> <li>• How to respond to a student with a known allergy as well as a student with a previously unknown allergy.</li> <li>• Provide training for food service personnel</li> <li>• Legal protection</li> </ul>
	Conduct and track attendance of in-service training for staff at the beginning of the school year and after mid-year break. All specific training protocols will be made available by the school district and found within the school.
	Conduct and track attendance of emergency response drill for staff. A recommended interval might be at the beginning of the school year and after mid-year break. All specific training protocols are available in the school district's designated area.
	Ensure substitute teachers, nurses/Designated School Personnel (DSPs) and food service personnel understand their role and how to implement an EAP.
	Provide emergency communication devices (two-way radio, intercom, walkie-talkie, cell phone) for all school activities, including transportation, that involve a student with food allergies.
	Facilitate the acquisition of ingredient lists for food products and classroom products available in the school. Provide access to parent/guardian when requested.
	Obtain emergency training procedures from bus company, if bus company is a vendor. Inform parents of emergency procedures relative to food allergies. Parents then determine if/how student shall be transported to school.
	Ensure that parent/guardian is informed if any student experiences an allergic reaction for the first time at school. Suggest resources to parents. (Appendix G) Recommend EAP to parents. If parents are not cooperative, implement a simple EAP stating to immediately call 911 upon recognition of any symptoms along with informing the parent/guardian of the student's plan. (See "Return to School After an Allergic Reaction Guidelines.")



## **Food Service Guidelines**

### **Food Service Guidelines**

NSSEO will provide a meal substitution if a) it is required by the student's Individual Health Care Plan (IHCP) or b) the school participates in a federally-funded child nutrition program and the student has a disability that restricts their diet as documented by a licensed health care provider. Parents and students should be allowed access to food labels to identify ingredients in the products used by the school's cafeteria.

According to a United States Department of Agriculture Food and Nutrition Service publication, "Accommodating Children with Special Dietary Needs in the School Nutrition Programs":

"The school has the responsibility to provide a safe, non-allergic meal to the student if it is determined that the condition is disabling. To do so, school food service staff must make sure that all food items offered to the allergic student meet prescribed guidelines and are free of foods which are suspected of causing the allergic reaction.

This means that the food labels or specifications will need to be checked to ensure that they do not contain traces of such substances. In some cases, the labels will provide enough information to make a reasonable judgment possible. If they do not provide enough information, it is the responsibility of the school food service to obtain the necessary information to ensure that no allergic substances are present in the foods served.

In some cases, it may be necessary to contact the supplier or the manufacturer or to check with the State agency. Private organizations may also be consulted for information and advice. It is also wise to check with parents about certain foods and even provide them with advance copies of menus.

The general rule in these situations is to exercise caution at all times. Do not serve foods to students at risk for anaphylactic reactions, if you do not know what is in those foods. It is important to recognize that a student may be provided a meal, which is equivalent to the meal served to other students, but not necessarily the same meal.

Sometimes, it will be advisable to prepare a separate meal "from scratch" using ingredients that are allowed on the special diet rather than serving a meal using processed foods."

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

## Food Service Checklist

	Review the school district Food Allergy Policy and direct any questions to the nurse/Designated School Personnel (DSP).
	Follow school district policy regarding the dissemination of information relative to food allergies.
	Attend the team meeting with appropriate members prior to the student's entry into school.
	Implement all recommendations and requirements for students with an Emergency Action Plan.
	Take all complaints seriously from any student with a life-threatening allergy.
	Set up procedures for the cafeteria regarding food-allergic students.
	Review menus (breakfast, lunch and after-school snack), a la carte items, vending machines, recipes, food products, and ingredients to identify potential allergens.
	Meet with parent/guardian to discuss student's allergy, if requested. Make available advanced copies of the menu or menu changes to parent/guardian when requested.
	Do not deviate from school district-approved recipes.
	Create specific areas that will be allergen safe.
	Identify food handling practices, cleaning/sanitation practices, and responsibility of various staff members to prevent cross-contamination. Training for all food service personnel about cross-contamination is part of the school's federally required food safety plan.
	Create specific kitchen areas that will be allergen safe (i.e. allergen-free prep tables, fryers).
	Avoid the use of latex gloves by food service personnel, when necessary. Order non-latex gloves instead.
	Clean tables and chairs routinely after each sitting with school district-approved cleaning agents, with special attention given to designated allergen-free eating areas. Use separate cloths for allergen safe tables.
	Read all food labels and re-check routinely for potential food allergens. (Appendix F). Labels need to be checked each time a food order is received since ingredients can change without notice.
	Train all food service staff and their substitutes to read product food labels and recognize food allergens.
	Maintain contact information for manufacturers of food products and food labels from each food served to a student with allergies for at least 24 hours following service, in case the student has a reaction from a food eaten in the cafeteria.
	Sign up for notification of recalls from the Food Allergy and Anaphylaxis Network & the FDA.
	Establish training about how to recognize, prevent and respond to food allergy reactions for all school food service staff and related personnel at the student's school.

### **Custodial Staff Checklist**

	Review the school district Food Allergy Policy and direct any questions to the nurse/Designated School Personnel (DSP).
	Participate in all in-service training on the identification of food-allergic reactions, risk- reduction and emergency response procedures.
	Take all complaints seriously from any student with a life-threatening allergy. Immediately advise nurse/DSP or attending staff member of situation.
	Clean tables and chairs routinely after each sitting with school district-approved cleaning agents, with special attention given to designated allergen-free eating areas. Use separate cloths for allergen safe tables.
	Clean classrooms, desks, computer keyboards, doorknobs and lockers routinely with school district-approved cleaning agents, with special attention to classrooms attended by students with food allergies.

## Outside-of-Classroom Activities Guidelines

### Outside-of-Classroom Activities Guidelines

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

### Other Instructional Areas/Lunch/Recess Monitors Checklist

	Train adult supervisors responsible for students with food allergies.
	Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the nurse/Designated School Personnel (DSP).
	Accompany students with suspected allergic reactions. An adult must be with the student at all times. Students experiencing an allergic reaction must not be left alone.
	Carry an epinephrine auto-injector for a student.
	Ensure current antihistamine and epinephrine auto-injector is readily accessible to food-allergic students. An adult staff member, trained in its use, must be-onsite.
	Establish a means of emergency communication (walkie-talkie/cell phone/similar communication device) by staff in the gym, on the playground and other recess sites.
	Reinforce that only students with allergen-free lunches or snacks eat at the allergen-free table.
	Encourage hand washing or use of hand wipes for students after eating.
	Respond to exercise-induced allergic symptoms, as well as allergic symptoms caused by other allergens according to an Emergency Action Plan (EAP).
	Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities. <ul style="list-style-type: none"> <li>• Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry.</li> <li>• Medical alert bracelet should be taped to the body (wherever it is usually worn), but parts of it should remain visible for medical personnel to view in case of emergency.</li> </ul>

### Coaches/Activity Leaders/Athletic Trainers Checklist

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

## **Transportation Guidelines**

### **Transportation Guidelines**

A student with food allergies needs a safe environment while being transported to and from school. School districts must provide free transportation for any student in the school district as required by law (see, 105 ILCS 5/29-3 and 23 Ill.Admin. Code § 1.510 (a)). Therefore, NSSEO's transportation director will determine the best process for our individual school districts to provide training for all school bus drivers on managing life-threatening food allergies. NSSEO's transportation director may wish to consider inviting the private sector bus company to provide a representative for any school district-wide team meetings to assist with the school district's implementation of its guidelines for managing life-threatening food allergies. The director of transportation should examine their respective school district's transportation administrative procedures with an eye toward implementing the considerations within the following Transportation Checklist.

### **Transportation Checklist**

	NSSEO's district transportation director and/or liaison will communicate regularly with the private sector bus company regarding training for school bus drivers on managing life-threatening food allergies.
	No food consumption allowed on school buses, unless medically necessary.
	Do not leave a student having a suspected allergic reaction alone. Call 911 if needed.
	Bus drivers will be provided with the EAP for every student with food allergies on his/her assigned route.
	A functioning emergency communication device (i.e., cell phone, two-way radio, walkie-talkie or similar) must be on board.

## **Appendix A: Other Types of Allergic Reactions**

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

Information and awareness procedures apply fully for students with other types of anaphylactic allergies. These include the development and implementation of an Emergency Action Plan (EAP) (Appendix B). Specific avoidance measures will depend on the allergic condition, such as:

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

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

#### **Avoidance Measures for Latex Allergic Reactions**

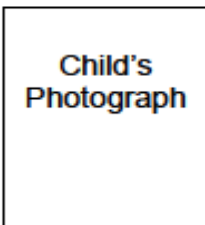
- Inform school administrators and teachers of the presence of students with latex allergies.
- Identify areas of potential exposure and determine student risk.
- Screen instructional, cafeteria and maintenance department purchases to avoid latex products. Eating food that has been handled by latex gloves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

#### **Suggestions for Medication Allergic Reactions**

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

**Appendix B  
Emergency Action Plan  
(To be included as part of the IEP)**

**ILLINOIS FOOD ALLERGY EMERGENCY ACTION PLAN  
AND TREATMENT AUTHORIZATION**



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

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

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

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

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

**ANY SEVERE SYMPTOMS AFTER SUSPECTED  
INGESTION:**

LUNG: Short of breath, wheeze, repetitive cough  
 HEART: Pale, blue, faint, weak pulse, dizzy, confused  
 THROAT: Tight, hoarse, trouble breathing/swallowing  
 MOUTH: Obstructive swelling (tongue)  
 SKIN: Many hives over body

Or Combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling  
 GUT: Vomiting, crampy pain



**INJECT EPINEPHRINE  
IMMEDIATELY**

- Call 911
- Begin monitoring (see below)
- Additional medications:
- Antihistamine
- Inhaler (bronchodilator) if asthma

\*Inhalers/bronchodilators and antihistamines are not to be depended upon to treat a severe reaction (anaphylaxis) → Use Epinephrine.\*

\*\*When in doubt, use epinephrine. Symptoms can rapidly become more severe.\*\*

**MILD SYMPTOMS ONLY**

Mouth: Itchy mouth  
 Skin: A few hives around mouth/face, mild itch  
 Gut: Mild nausea/discomfort



**GIVE ANTIHISTAMINE**

- Stay with child, alert health care professionals and parent.

**IF SYMPTOMS PROGRESS (see above), INJECT EPINEPHRINE**

If checked, give epinephrine for **ANY** symptoms if the allergen was likely eaten.  
 If checked, give epinephrine before symptoms if the allergen was definitely eaten.

**MEDICATIONS/DOSES**

EPINEPHRINE (BRAND AND DOSE): \_\_\_\_\_

ANTIHISTAMINE (BRAND AND DOSE): \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthma): \_\_\_\_\_

**MONITORING: Stay with the child. Tell rescue squad epinephrine was given. A second dose of epinephrine can be given a few minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping child lying on back with legs raised. Treat child even if parents cannot be reached.**

Student may self-carry epinephrine  Student may self-administer epinephrine

**CONTACTS: Call 911 Rescue squad: (\_\_\_\_) \_\_\_\_\_**

Parent/Guardian: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Licensed Healthcare Provider Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Required)

I hereby authorize the school district staff members to take whatever action in their judgment may be necessary in supplying emergency medical services consistent with this plan, including the administration of medication to my child. I understand that the Local Governmental and Governmental Employees Tort Immunity Act protects staff members from liability arising from actions consistent with this plan. I also hereby authorize the school district staff members to disclose my child's protected health information to chaperones and other non-employee volunteers at the school or at school events and field trips to the extent necessary for the protection, prevention of an allergic reaction, or emergency treatment of my child and for the implementation of this plan.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DOCUMENTATION**

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

**TRAINED STAFF MEMBERS**

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

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

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

**LOCATION OF MEDICATION**

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

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

414-272-6071

<http://www.aaaai.org>[http://www.aaaai.org/patients/resources/fact\\_sheets/food\\_allergy.pdf](http://www.aaaai.org/patients/resources/fact_sheets/food_allergy.pdf)[http://www.aaaai.org/members/allied\\_health/tool\\_kit/ppt/](http://www.aaaai.org/members/allied_health/tool_kit/ppt/)**Children's Memorial Hospital**

773-KIDS-DOC

<http://www.childrensmemorial.org>**Food Allergy Initiative (FAI)**

212-207-1974

<http://www.faiusa.org>**Food Allergy and Anaphylaxis Network (FAAN)**

800-929-4040

<http://www.foodallergy.org>

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

## Appendix C Individual Health Care Plan (IHCP) (To be included as part of the IEP)

Individual Health Care Plan (IHCP) for Allergies			
<b>CONFIDENTIAL</b>			
<p>You indicated on the school emergency form that your child had an allergy. This plan will identify your student's food, insect or latex allergies, the severity of the allergy, the allergy history, precautions to be taken and emergency response provision.</p>			
<p>Individual Health Care Plan (IHCP) for _____ Allergen(s): _____</p>			
<p><b>GOAL:</b> Prevent allergic reactions from occurring and ensure student safety at school _____</p>			
<p><b>PROBLEM:</b> _____          (Describe type of reaction: i.e. risk for anaphylaxis, hives)</p>			
<p><b>PRECAUTIONS TO BE TAKEN :</b> See Below _____</p>			
<b>Parent Questionnaire</b>	Y	N	N/A
1. My child will have medication(s) available at school for their allergy List allergy medications used at home and/or at school: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>For Nut Allergy Students Only:</i> My child will sit at a "nut-free zone" in the lunchroom. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child's EpiPen(s) will be kept: a. in the nurse's office only b. in my child's possession only c. in both the nurse's office and in my child's possession	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. If my child is responsible for his/her own EpiPen(s), it will be kept: a. with my child at all times b. in my child's backpack in the classroom	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. My child may/will participate in before or after school activities. <i>If yes, which ones:</i> <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child will <b>always and only</b> eat the food that I send for authorized classroom snack, treats and field trips _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I will provide a shelf-stable allergen free snack that will be available in the classroom if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Please list other accommodations needed at school: _____ _____			

Parent Signature

Date

**Parent Responsibilities**

- Inform the nurse of my child’s allergies prior to beginning school year or as soon as possible after a diagnosis.
- Complete and return the Emergency Action Plan and Transportation Plan.
- Provide the school with up-to-date medications and allergen-free snacks as needed.
- Periodically teach and review with my child the following (if age appropriate):
  - ✓ to recognize the first symptoms of an allergic/anaphylactic reaction.
  - ✓ to communicate as soon as he/she feels a reaction is starting.
  - ✓ to carry his/her own epinephrine auto-injector when appropriate.
  - ✓ to understand the importance of hand washing or using hand wipes before and after eating.

**Student Responsibilities (if age appropriate)**

- Recognize the first symptoms of an allergic/anaphylactic reaction.
- Know where the epinephrine auto-injector is kept.
- Inform an adult as soon as accidental exposure occurs or symptoms appear.
- Carry own epinephrine auto-injector when appropriate.
- Avoid sharing or trading snacks, lunches or drinks.
- Wash hands before and after eating.
- Report any teasing, bullying and threats to an adult authority.

**School Nurse Responsibilities**

- Educate all staff that interacts with the student about food, insect, latex allergy symptoms and the steps required to implement the Emergency Action Plan. Review emergency procedures with teacher(s) prior to field trips as needed.
- Ensure access to emergency medication when developing plans for fire drills, lockdowns, etc.
- If student rides the bus, provide a copy of the Transportation Plan to the bus driver.
- Ensure that a copy of the student’s Emergency Action Plan and IHCP will be kept in the health office, child’s homeroom and/or in the student’s temporary record.

**Teacher Responsibilities**

- Children will be trained and/or encouraged to wash hands or use cleaning wipes (supplied by parent) before eating.
- Students in the classroom should be encouraged to wash their hands upon arrival to school and after eating lunch.
- Students will be asked to clean their desks after lunch if lunch takes place in the classroom.
- Ensure a student with a suspected allergic reaction is accompanied by an adult at all times.
- Keep a copy of the student’s Emergency Action Plan and IHCP in the classroom sub folder.
- Inform parents of the allergic student in advance of any in-class events where food or allergens will be present.
- Notify parents, using the form provided, when food or products are used for class projects or science experiments and develop plans to prevent exposure.
- Plan for the following on field trips:
  - ✓ Review the Emergency Action Plan before the field trip.
  - ✓ Oversee cleaning the table of the student with food allergies before eating.
  - ✓ Encourage the student with the food allergy to wash his/her hands before eating.
  - ✓ Ensure the student with the food allergy always and only eats food supplied by the parent.
  - ✓ Carry a cell phone to call 911 if needed.
- Implement the accommodations that parent indicated “yes” in the parent section.
- Follow District procedures for medication administration and emergency situation management including contacting of 911.

**Principal Responsibilities**

- Ensure there are walkie-talkies available to playground and P.E. staff.
- Delegate proper cleaning of the allergen free area in the lunchroom and designated food areas.
- Prohibit sharing or trading of food at school or on school buses.
- Monitor that students bring only store-bought treats with ingredients listed for classroom celebrations.
- Ensure student has an allergen free area available in the lunchroom if needed.

The Individual Health Care Plan has been reviewed and signed by:

---

Parent Signature

Date

## Appendix D Allergy History Form

Dear Parent/Guardian of: \_\_\_\_\_

Date: \_\_\_\_\_

You indicated on the school emergency form that your child has an allergy. Please provide us with more information about your child's health needs by responding to the following questions and returning this form to your child's school health office.

1. Please indicate what your child is allergic to by checking the appropriate box.  
 Peanuts       Latex       Tree Nuts       Bee Sting       Milk       Other  
 \_\_\_\_\_
  
2. Please describe the type of allergic reaction your child has had in the past. Check all that apply.  
 Anaphylactic reaction       EpiPen given       Benadryl given  
 Itching, tingling, or swelling of the lips, tongue, mouth  
 Hives, itchy rash, swelling of the face or extremities  
 Nausea, abdominal cramps, vomiting, diarrhea  
 Tightening of the throat, hoarseness, hacking cough  
 Shortness of breath, repetitive coughing or clearing of throat, wheezing  
 Fainting, pale or blue color to the lips and/or skin  
 Other, please describe \_\_\_\_\_  
 \_\_\_\_\_
  
3. Please indicate when your child reacts to the allergen by checking all that apply.  
 Eats the allergen       Inhales the allergen       Other, please describe \_\_\_\_\_  
 Touches the allergen       Stung by the allergen      \_\_\_\_\_  
 \_\_\_\_\_
  
4. What is the name and phone number of the doctor providing treatment for your child's allergies?  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. Has your child been tested by an allergist? If yes, check all that apply.  
 Skin test       Blood test       Food challenge
  
6. When was the last time your child had an allergic reaction? \_\_\_\_\_
  
7. Does your child have an EpiPen at home? Is the EpiPen kept with the child everywhere he/she goes?  
 Yes       No       Yes       No
  
8. Does your child know how to use an EpiPen?  
 Yes       No
  
9. If medication is required while your child is at school, an Emergency Action Plan form must be completed by a licensed medical provider and parent/guardian. Will your child require an epi-pen at school?  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Appendix E**  
**Sample Classroom Letter to Parents**

Date:

Dear Parent/Guardian:

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

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

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

Please discuss the following with your child:

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

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

Sincerely,

Nurse/Designated School Personnel

## **Appendix F: Reading Food Labels**

In 2006, a new federal law, the Food Allergy Labeling Consumer Protection Act (FALCPA), took effect that requires manufacturers to clearly identify on the food label any ingredients that contain proteins from the eight major allergenic foods and food groups: milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat and soybeans. The label must clearly identify in plain English the source of any ingredient that is, or contains protein from, one of the eight foods or food groups. The law also requires that the label identify the type of tree nut (i.e. almonds, pecans, walnuts); the type of fish (i.e. bass, flounder, cod); and the type of crustacean shellfish (i.e. crab, lobster, shrimp). The law applies to all foods, both domestic and imported, except meat, poultry and egg products regulated by USDA's Food Safety and Inspection Service (FSIS), but FSIS is in the process of adopting the same standards through their rulemaking process.

Food manufacturers are required to identify the presence of a major allergen on the label in one of three ways:

1. In the actual ingredient list
2. Immediately after or adjacent to the ingredient list, the word "Contains" followed by the name of the major allergen ("Contains milk")
3. Via parenthetical statement after the scientific ingredient term ("albumin (egg))

A food product is subject to recall if it contains one of the eight major allergenic foods or food groups which are not properly declared on its label. Unfortunately, some products containing one or more of the top eight allergens may be sold with improper labels, whether or not they have been recalled. Additionally, FALCPA does not require special disclosure of the presence of allergens which are not one of the top eight allergens. For these reasons, it is important to carefully read every label and each of a food product's ingredients to ensure that it does not contain an allergen, prior to purchasing, ordering and serving foods. Common food allergens may be disclosed as an ingredient on a label using a less common name for the allergenic food or food group. For example, milk may be listed as whey, casein, or ghee; egg may be listed as albumin; and wheat may be listed as malt, bran, flour, spelt. You may contact The Food Allergy and Anaphylaxis Network ([www.foodallergy.org](http://www.foodallergy.org)) or Food Allergy Initiative ([www.faiusa.org](http://www.faiusa.org)) for complete and current lists of all of the terms that may be used to reference top allergens. See Appendix G for more resources.

## Appendix G: Additional Resources

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

555 East Wells Street Suite 1100  
Milwaukee, WI 53202-3823  
(414) 272-6071  
<http://www.aaaai.org>  
[http://www.aaaai.org/patients/resources/fact\\_sheets/food\\_allergy.pdf](http://www.aaaai.org/patients/resources/fact_sheets/food_allergy.pdf)  
[http://www.aaaai.org/members/allied\\_health/tool\\_kit/parent/](http://www.aaaai.org/members/allied_health/tool_kit/parent/)

### **Children's Memorial Hospital**

2300 Children's Plaza  
Chicago, IL 60614  
(773) KIDS-DOC  
<http://www.childrensmemorial.org>

### **Food Allergy Initiative**

1414 Avenue of the Americas  
New York, NY 10019  
The largest private source of funding for food allergy research in the United States. Illinois Support Group Listings.  
<http://www.faiusa.org>

### **Food Allergy & Anaphylaxis Network (FAAN)**

10400 Eaton Place, Suite 107  
Educational materials including facts and statistics, sample plans, books, presentation tools, posters, etc., for staff, parents and students.  
Illinois Support Group Listings.  
<http://www.foodallergy.org>  
(800) 929-4040

### **FAANKids and FAAN Teen**

Food allergy news from kids and teens from FAAN  
<http://www.faankids.org>  
<http://www.faanteen.org>

### **FDA Recall Web Site**

<https://service.govdelivery.com/service/user.html?code=USFDA>

### **Pharmaceutical Companies & Medical Alert Jewelry**

#### **AdrenaClick**

<http://www.adrenaclick.com/>

#### **EpiPen & EpiPen, Jr.**

<http://www.epipen.com/>

#### **Twinject**

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

#### **MedicAlert Foundation**

2323 Colorado Avenue  
Turlock, CA 95382  
(888) 633-4298  
[www.MedicAlert.org](http://www.MedicAlert.org)

## Appendix H: Glossary

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

**Adrenaline:** Synonymous with epinephrine.

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

**Anaphylactic reaction:** Synonymous with anaphylaxis.

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

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

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

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

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

**Cross-contamination:** Syn. for cross-contact. In the context of food allergy, the often inadvertent transfer of food protein from one food to another. This can cause a food to contain an allergen. An example is using the same gloves while making a peanut butter sandwich and then, without changing them, making a ham sandwich. The gloves may have carried some peanut butter over to the ham sandwich. It can also happen with surfaces or utensils. If the same spatula is used for peanut and non-peanut cookies, for instance, all of the cookies must be identified as containing peanut.

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

**Epinephrine auto-injector:** A prescription-only medication and delivery device used to administer epinephrine via intramuscular injection. The device allows the medication to be delivered by an automatic injector following a few simple steps. Several different dose amounts are available, so it is important to check the dose for an individual. Please refer to the manufacturers' instructions for specific devices. The prescription may be made for either one dose or two. In some cases the second dose may not be by an auto-injector.

**Epinephrine:** The medication of choice for a life-threatening allergic reaction. It must be given promptly to be most effective and, if prescribed, there is no contraindication to its use in a life-threatening allergic reaction. Given via intramuscular injection, epinephrine will begin to act immediately. The effects of epinephrine are short-lived (usually 10-20 minutes) and it is essential that emergency transportation is called when this medication is given. Side effects



of epinephrine include increased heart rate and pallor. Observation in an emergency department is not due to the effects of the epinephrine, but to monitor the student for an ongoing or biphasic allergic reaction.

**FAAN:** Acronym for the Food Allergy and Anaphylaxis Network. This organization has educational material on food allergy available on-line and also financially supports food allergy research and advocates for people with food allergy on a national level. Each school in the State of Illinois has the ability to obtain FAAN's School Food Allergy Program free-of-charge, underwritten by an anonymous donor in 2007. <http://www.foodallergy.org>

**FAI:** Acronym for the Food Allergy Initiative. The largest, private source of funding for food allergy research in the United States. FAI is also very active in food allergy education and advocacy. FAI-Chicago works locally to raise funds for food allergy research and statewide education initiatives. <http://www.faiusa.com>

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

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

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

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

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

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

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

## Appendix I: References

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## Appendix J: Home Checklists

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

	Inform the school nurse of your child's allergies prior to the beginning of the school year (or as soon as possible after a diagnosis).
	Complete and return completed the Emergency Action Plan (EAP) (Appendix B) and the annual severe allergy survey.
	Participate in team meetings and communicate with all staff members, including nurse, who will be in contact with the child (preferably before the beginning of the school year) to: <ul style="list-style-type: none"> <li>• Discuss development and implementation of EAP, IHCP.</li> <li>• Establish prevention plan.</li> </ul>
	Decide if additional antihistamine and epinephrine auto-injectors will be kept in the school, aside from the one in the nurse's office or designated area, and if so, where.
	Provide the school with up-to-date epinephrine auto-injectors.
	Provide a list of foods and ingredients to avoid.
	Provide shelf-stable, allergen-free snacks/lunches for your child. The snack/lunch will be available for your child for an unplanned special event or if the snack/lunch becomes cross-contaminated. Discuss location of allergen-free snack in classroom with student.
	Consider providing a medical alert bracelet for your child.
	Provide the nurse with the licensed medical provider's statement if student no longer has allergies.
	Be willing to go on your child's field trips or participate in class parties or events, if possible and if requested.
	Discuss emergency procedures for transportation companies or school district bus service with school personnel. Review transportation requirements/situation for student.

### Periodically teach your child to:

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