



Lake Forest School District 115
**MANAGEMENT OF FOOD ALLERGIES
AND ANAPHYLAXIS PROCEDURES**



No Shellfish



**LFHS District 115
Management of Food Allergies
& Anaphylaxis Procedures**

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Introduction

District 115 recognizes the necessity to create district guidelines to help our principals, teachers and school community to protect students with anaphylaxis. Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if the schools work together with students, parents/guardians and physicians to minimize risk and provide a safe educational environment for students with food allergies.

The prevalence of anaphylaxis due to food allergies and other substances is increasing and children are the largest group of the population affected. Current statistics indicate that 8% of school age children suffer from food allergies alone and a significant percentage of fatalities have occurred in school settings. Presently, there is no cure for food allergies; avoidance of the allergic substance is the key to preventing devastating outcomes. That said, all schools can expect to have students with life threatening food allergies or other anaphylaxis.

Students with life-threatening allergies are protected by federal laws prohibiting discrimination on the basis of disability (as determined by an educational team). The American Academy of Pediatrics and the American Academy of Allergy, Asthma & Immunology have issued position statements for the treatment of anaphylaxis in schools.

The Anaphylaxis Procedure has been created with the objective of striking a balance between the right and convenience of all students to eat what they like and the allergic child's right to relative health, safety and social normalcy in the school setting. In addition, interventions will foster developmentally appropriate increased independence so that our students will reach the long-term goal of self-management of their allergic conditions.

Outlined in this Anaphylaxis Procedure, are the key elements to the safe management of anaphylaxis:

- Information and Awareness
- Avoidance Measures
- Emergency Response



Overview of Anaphylaxis and Food Allergies

Anaphylaxis – What Is It?

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

Symptoms of anaphylaxis may include:

Organ	Symptoms
Skin	Swelling of any body part Hives, rash on any body part Itching of any body part Itchy lips
Respiratory	Runny nose Cough, wheezing, difficulty breathing, shortness of breath Throat tightness or closing Difficulty swallowing Difficulty breathing, shortness of breath Change in voice
Gastrointestinal (GI)	Itchy tongue, mouth and/or throat Vomiting Stomach cramps Abdominal pain Nausea Diarrhea
Cardiovascular	Heartbeat irregularities Flushed, pale skin Coughing, cyanotic (bluish) lips and mouth area Decrease in blood pressure Fainting or loss of consciousness Dizziness, change in mental status Shock
Other	Sense of impending doom Anxiety Itchy, red watery eyes



Anaphylaxis may occur in the absence of any skin symptoms such as itching and hives. Typical substances causing anaphylaxis include:

- **food**
- **bee stings**
- **medications**
- **latex**
- **vigorous exercise (rarely)**

Fatal anaphylaxis is more common in students who present respiratory symptoms or GI symptoms such as abdominal pain, nausea or vomiting. In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma or mild GI illness which resulted in delayed treatment with epinephrine auto-injector.

Fatal anaphylaxis is also more common in students with food allergies who are asthmatic, even if the asthma is mild and well controlled. Students with a history of anaphylaxis or those whose prior food reactions have included respiratory symptoms such as difficulty breathing, throat swelling or tightness are also at an increased risk for severe or fatal anaphylaxis.

Anaphylaxis typically occurs within minutes of exposure, although the onset may occur one to two hours after ingestion. **In the event of an anaphylactic reaction, epinephrine auto-injector (EpiPen) is the treatment of choice and should be given immediately.** Sometimes, if symptoms do not subside, a second epinephrine auto-injector is necessary.

Studies (Sampson, 1992, and Bock, 2001) show the fatal and near-fatal anaphylactic reactions are sometimes associated with not using epinephrine auto-injector or delaying the use of epinephrine treatment. **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.**

In about one third of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two to four hours later. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as “biphasic reaction.”

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 resolved.

Food Allergies and Anaphylaxis

Food allergies affect 8% of school-age children and 4% of adults. More than 15% of school-age children with food allergies have had a reaction in school. (Arch Pediatric Adolescent Medicine. 2001; 155 (7:790-795.)



Food allergies occur when the body's immune system reacts to the protein component in certain foods as if it were harmful. The immune system releases chemicals, such as histamine, to protect the body. These chemicals trigger an inflammatory response in tissues including respiratory system, gastrointestinal tract, skin and cardiovascular system.

Allergic reactions to foods 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. For other students, consumption of as little as 1/5000th of a teaspoon of an allergenic food can cause death. The severity of a reaction is not predictable. **Every food allergic reaction has the possibility of developing into a life threatening reaction.** A life threatening reaction can occur within minutes or even hours after exposure to the allergen.

Although an individual can have a life-threatening allergy to any food (including fruits, vegetables, and meats) over 90 percent of allergic reactions are caused by the following eight foods:

- Peanut
- Tree nut (walnut, cashew, pecan, hazelnut, almond, etc.)
- Milk
- Egg
- Fish
- Shellfish
- Soy
- Wheat



Legislation

Federal Legislation

Certain federal laws may be relevant to the school district's responsibilities for meeting the needs of students with severe food allergies and other forms of anaphylaxis.

Section 504 of the Rehabilitation Act of 1973 prohibits all programs and activities receiving federal financial assistance, including public schools, from discriminating against students with disabilities, as defined in the law. A student with a disability under Section 504 is defined as one who has a physical or mental health impairment (in this case, life-threatening anaphylaxis) that "substantially limits a major life activity," such as walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks (29 U.S.C 794 § 504; 34 C.F.R. § 104 et seq.).

"Substantially limited" is not defined in the law or Section 504 regulations. It is the responsibility of the Section 504 team to determine eligibility criteria as outlined in the regulations. In order to determine a student's qualification, an individual assessment of the student is required. If qualified, the student is entitled to receive a free, appropriate public education, including related services. These services should occur within the student's usual school setting with as little disruption as possible to the school's and the student's routines, in a way that ensures that the student with a disability is educated to the maximum extent possible with his non-disabled peers.

The Americans with Disabilities Act (ADA) of 1990 also prohibits discrimination against any individual with a disability and extends the Section 504 requirements into the private sector. The ADA contains a definition of "individual with a disability" that is almost identical to the Section 504 definition. The ADA also provides a definition of "substantially limited" (42 U.S.C. § 12101 et seq.; 29 C.F.R. § 1630 et seq.).

Illinois State Legislation

Public Act 094-0792 allows for self-administration of medication by a pupil with asthma or the use of epinephrine auto-injector by a pupil, provided the parents/guardians of the pupil provide the school written authorization for the self-administration of medication or use of epinephrine auto-injector; and a written statement from the pupil's medical provider.

Public Act 97-0361 Emergency Epinephrine Act permits an emergency supply of epinephrine auto-injectors to be used in a school under 3 circumstances:

1. Administration of epinephrine auto-injector to a student with an unknown allergy having a first-time anaphylactic reaction
2. Self-administration of epinephrine auto-injector by a student with a known allergy who has forgotten his or her auto-injector or it is otherwise unavailable
3. Administration of an epinephrine auto-injector to a student with a known allergy



School District 115 Documentation Outline

The following documents will be completed for any student with a history of anaphylaxis. The documents will ensure that the correct medical information is obtained on the student's anaphylaxis condition and utilized to educate staff, establish necessary avoidance precautions for risk-reduction and emergency response procedures. These documents will be created by collaboration of school staff and parents/guardians using templates available on the district website. The following appendix documents may need to be completed:

- **LFHS District 115 Allergy Assessment (Appendix A)**
- **LFHS District 115 Medication Authorization Form (Appendix B)**
- **Food Allergy Care Plan (Appendix C)**
- **Medical Alert for Teachers, Substitutes, Coaches and Club Sponsors (Appendix D)**
- **Individual Health Care Plan (Appendix F)**

Food Allergy Action Plan

The Food Allergy Action Plan is a written document, accompanied by photo identification of the student, that outlines identifying information, anaphylactic allergies, potential signs and symptoms of an allergic reaction and emergency response procedures that must be taken in the event of an emergency. It also includes emergency contact information for parents/family and medical provider. This document should be completed by parent/guardian prior to entry into school or immediately following a new diagnosis of a life-threatening allergic condition and updated annually. This is a document that requires review and signature authorization by both parent/guardian and medical provider (Appendix B).

Individual Health Care Plan

An Individual Health Care Plan (IHCP) (Appendix F) is a written document developed for students whose health needs require daily intervention. These plans describe how to meet an individual student's daily health and safety needs in the school setting. The information in the IHCP may be distributed to all school staff that has responsibility for the student.

An individual health care plan includes diagnoses, interventions, accommodations, and the respective persons responsible and, student objectives for promoting self-care and age-appropriate independence. The IHCP should address student needs during the school day and school-sponsored activities outside of the normal school routine (e.g. field trips, extracurricular-school activities). This document should be completed prior to entry into school or immediately following a new diagnosis. The IHCP is established through a collaborative process between parents/guardians, school nurse, school administrator, and teacher.



Specific considerations to be included in the IHCP and accommodation plans for students with life-threatening food allergies, may include:

- Information and awareness – identification measures, locations of Food Allergy Action Plans, allergy awareness posters and where they will be posted, substitute teacher subfolders, parent/guardian communications, peer education (age appropriate), school personnel education and training
- Avoidance precautions – classrooms and science lab interventions (snack and food celebration policies, curriculum modifications, hand washing), cafeteria interventions (allergy-free zones, cafeteria menu, vending machines, cleaning of tables and chairs, lunch and recess monitoring, etc.) field trip and school sponsored extracurricular activity precautions, bus safety measures, cleaning and sanitation protocol for all spaces to reduce cross-contamination
- Emergency Response Procedures – location of emergency medications/ and Food Allergy Action Plan with instructions, emergency communication devices, staff training of administration of epinephrine auto-injectors, simulated emergency drill plan, etc.

The IHCP should be updated at least annually, and more frequently as necessary, to keep pace with changing student needs and school environment. Review of the IHCP should also take place after any emergency event involving the administration of emergency medications and /or when an accidental exposure almost occurs to determine why the incident occurred, effectiveness of the process, and areas for improvement.

504 Plan

The 504 plan is a legal written document completed after a school 504 team has determined that a student meets the definition of disability under Section 504 of the Rehabilitation Act of 1973. It is similar to the IHCP in that it outlines the condition resulting in disability, educational strategies (specific accommodations, related services, or supplementary aids) needed by the student to benefit from his or her education and responsible staff, placement issues, and review plans.

There are substantial differences across the country in legal interpretations and school district practices regarding section 504, its definition of a qualified person with a disability, and the eligibility of students with life-threatening anaphylaxis. Eligibility determinations must be made on a case-by-case basis by the 504 team. Nevertheless, school districts have an obligation to provide reasonable safe environments for all students. Whether students with life-threatening anaphylaxis are identified under Section 504 as disabled individuals or not, District 115 will provide these students with Individual Health Care Plans whenever needed to address their health and safety needs.



Food Allergy and Anaphylaxis Management Plan

Information and Awareness

Identification of students with anaphylaxis to school authorities.

- **It is the responsibility of the student's family to notify the school of any allergies, complete required and requested forms and provide medication as needed.**
 - Student Health History Form- required for annual registration, includes information on life-threatening food allergies and other causes of anaphylaxis
 - Food Allergy Action Plan – with written medical documentation, instructions, and medications as directed by a physician;
 - Individual Health Care Plan - (Appendix F)
 - Medication Authorization Form - from the licensed provider (Appendix B)
 - Provision of Epi-Pens and other necessary medications that will last the entire school calendar year

Identification of students with anaphylaxis to staff

- Appropriate staff members (teaching and non-teaching) will be made aware of students with anaphylaxis either individually or at a staff meeting, **before** the school year begins.
- Food Allergy Action Plans will be placed in the student's health file and will be communicated with teachers and placed in substitute-teacher sub-folders.
- The students IHCP will stipulate whether or not the Food Allergy Action Plan is posted in classrooms; parents/guardians are always included in the planning.
- Substitute Teacher subfolders should include the student's Food Allergy Action Plan along with instructions for the substitute teacher to immediately contact the school nurse for education and instruction.
- Food allergy posters (not identifying the specific students) may be placed in specific allergen-free areas as reminders
- Parents/guardians are encouraged to have their student wear a Medic Alert® bracelet or necklace that identifies specific allergens.
- Instructions on the use of the auto-injector, along with a list of symptoms and emergency procedures, may be posted in clearly visible locations.
- Field trip protocol will involve identification of the student(s) with anaphylaxis to all staff.
- The Nurse should identify the student with a food allergy to appropriate staff. A review of the Food Allergy Action Plan will be given to the sponsor of any school sponsored extracurricular activity, prior to the event.
- The Bus Company will be informed of the presence of student(s) with anaphylaxis.

In-service for teachers and other school staff

- The principal, along with the school nurse, will ensure that an in-service is provided annually to school personnel, substitute teachers, custodians, cafeteria staff,



volunteers, and others who are in regular contact with children with anaphylaxis. This can be done via nurse demonstration and/or online teaching modules approved by the district.

- In-service training should focus on:
 - Education and Awareness – What is a food allergy and anaphylaxis and symptom recognition
 - Avoidance Precautions – School policies to reduce accidental exposure, concept of cross-contamination and importance of reading ingredient labels, and non-food sources of food allergens
 - Emergency Response – How to treat an anaphylactic reaction, chain of command, auto-injector training; parent/guardian to be contacted immediately after an incident occurs; when epinephrine auto-injector is administered 911 or EMS should be called
 - The principal and/or principal’s designee will consider inviting parents/guardians of children with anaphylaxis, representatives of local allergy groups or local medical professionals, to share their expertise with school staff.
- Educational videos and Power Point presentations are available as educational tools (GCN Training modules).
- Handouts should be provided at the in-service training on:
 - Basics of Food Allergies and Anaphylaxis
 - General Avoidance strategies
 - Sample Food Allergy Action Plan with emergency response instructions
 - Management guidelines specific to staff role (i.e. teacher, custodian, cafeteria staff)
- Review of any accidental exposure incidences or close calls should be conducted with pertinent school personnel (nurse, principal, and teacher) and the parent/guardian of the student with anaphylaxis. When deemed appropriate by the principal, findings may be shared with the general staff throughout the district.
- Following an incident, or close call, the nurse, social worker and/or 504 case manager will check in with student to ensure the student feels safe in the school environment and to introduce any procedural changes that resulted from the incident.

Sharing information with other students

- Age-appropriate information should be shared on food allergies and anaphylaxis as well as avoidance precautions (not sharing food or utensils, etc.); books and audiovisuals are available (See Resources).
- Teasing a student about his/her food allergies will not be tolerated and this will be communicated to all students.

Maintaining open communication between parent/guardian of students with anaphylaxis and the school



- The school will maintain open lines of communication with the parent/guardian of students with food allergies.
- Parents/guardians need to be involved in the establishment of the Individual Health Care Plan and Food Allergy Action Plan.
- Parents/guardians are welcome to review in-service training materials with the school nurse.
- Parents/guardians are welcome to provide input into school procedures to reduce the risk of exposure to allergens.
- Parents/guardians of students with food allergies should be given the option to accompany their student on field trips when a parent volunteer is required.
- Parents/guardians should participate in a review process if accidental exposure, or near exposure, does occur with the goal of preventing future incidences and improving established interventions.

Avoidance Measures

The goal of implementing avoidance measures is to reduce risk of accidental exposure to allergens without depriving the student with a food allergy of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.

Avoidance measures should be somewhat flexible, taking into consideration the student with a food allergy's age, maturity and social-emotional development, the organizational and physical environment in different schools, and the properties of the allergen itself. As students mature, they should be expected to take increased personal responsibility for avoidance of their specific allergens.

Students with Anaphylaxis

- Do not trade or share foods, utensils and containers.
- Wash hands or use hand wipes before and after eating.
- Do not eat anything with unknown ingredients or ingredients known to contain an allergen.
- Always read ingredients before eating food.
- Eat at designated allergen-free areas, when requested.
- Avoid sitting in areas where students are known to have unsafe foods.
- Medic Alert® bracelets are strongly encouraged.
- Do not share musical instruments that are placed in the mouth with other students.
- Self-advocate with peers and staff in situations that might compromise their health (i.e. asking a peer to move from an allergen-free area if food is unsafe).

Students without known allergens

- Do not trade or share foods, utensils and containers.
- Wash hands or use hand wipes before and after eating.



- Respect allergen-free areas and be prepared to move if your food is potentially dangerous to a student with anaphylaxis.
- Never tease or threaten a student with a food allergy about his/her allergies

Cafeteria Avoidance Measures

- Common allergens are labeled in the school's lunch serving area.
- Train cafeteria staff on the symptoms of anaphylaxis, the major food allergens, label reading, cleaning and separating to avoid cross-contamination with food allergens, personal hygiene to avoid cross-contamination, and procedures to document and monitor allergen-free measures and preparation areas within the kitchen.
- Food service staff will meet with food allergy families upon request to review allergen free options.
- Provide sufficient lunch-hour supervision when students with food allergies are present.
- Enforce safe eating practices (as above) in the cafeteria.
- Ensure that tables and other eating surfaces are washed after eating, using a cleansing agent approved for school use.

Classroom Avoidance Measures

- Do not use the classroom of a student with a food allergy as a lunchroom.
- Curriculum materials should be reviewed for sources of common allergens (i.e. allergens are sometimes found in counting aids, science projects, seasonal activities such as garden projects, etc.).
- Assist student in wiping computer keyboards and musical instruments when part of student's health care plan.
- Foods are often stored in lockers. Allow the students with a food allergy to keep the same locker all year to help prevent accidental contamination; thoroughly clean lockers and desks at the end of the school year.
- All food brought into the classroom, for sharing or for curricular use, will have an ingredient label.
- If unsafe foods are brought to class by mistake, the food should be immediately removed, parent/guardian are notified, and the student should be immediately be checked for well-being by the Nurse.
- Additional clean-ups may be advisable after special occasions such as class parties, club events, etc.

Substitute Teachers

- Substitute teacher sub folders should include the student's Emergency Action Plan along with instructions for the substitute teacher to immediately contact the school nurse for education and instruction.
- Regular substitute teachers should be involved with in-service education and training programs.



Field Trips

- On school field trip permission forms, include a “serious medical conditions” section to detail the student’s allergens, symptoms, and treatment (Appendix I).
- Have the parent/guardian of the student with anaphylaxis clearly label their student’s lunch so as to avoid mix-up.
- Ensure that the student’s emergency medications along with his/her Food Allergy Action Plan are brought by the supervising school staff.
- Parent/guardian should consider providing more than one auto-injector for use in case of an emergency.
- Require all supervisors to be aware of the identity of the student with food allergies, the allergens, symptom, and treatment per student’s health care plan.
- Ensure that a supervisor with training in the use of the auto-injector is assigned responsibility for the student with a food allergy.
- If parent/guardian volunteers are required, allow the student’s parent/guardian to accompany the group.
- Ensure access to a telephone, cell phone, or radio communication in case of emergency.
- Consider ways to wash hands before and after eating (e.g. provision of hand wipes).
- Every effort will be made to limit allergens, however, if the risk factors are too great to control, the parent /guardian of the student with anaphylaxis may decide that the student is unable to participate in the field trip. If this happens, the student’s grade will not be adversely affected by not attending.

Bus Safety

- The Bus Company will be informed of the presence of a student with anaphylaxis. All drivers will be trained in emergency response procedures per bus company guidelines.
- When required by a Food Allergy Action Plan, the school principal will confirm with the Bus Company and driver that an auto-injector is carried by the student with anaphylaxis while on the school bus.
- Any school bus that carries a student with a life-threatening allergy should be equipped with a reliable communication device (radio or cell phone).
- Encourage a procedure of no eating allowed on school buses.
- Consider a designated seat for students with anaphylaxis, preferably near the front of the bus, with consideration of developmental need. This should be agreed upon by parent/guardian.



Other Types of Anaphylaxis

Information and awareness procedures apply fully for students with other types of anaphylactic allergies. These include an Allergy Action Plan and Individual Health Care Plan.

Specific avoidance measures will depend on the anaphylactic condition, such as:

Avoidance Measures for Insect Venom Anaphylaxis

- 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.
- If required by an Allergy Action Plan, allow students with anaphylactic insect allergies to remain indoors for recess during bee/wasp season.
- Immediately remove the 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, fling the stinger out with a fingernail or credit card.

Avoidance Measures for Latex Anaphylaxis

- 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.
- Do not use latex gloves or other latex products in nurse's office.
- 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 reading "Latex precautions in place here."



Emergency Response Plan

Despite our best efforts at avoiding situations that may result in anaphylaxis, students may come into contact with an allergen while at school. The following Emergency Response Plan will highlight two areas of preparedness:

School Emergency Response Plan:

- The School Emergency Response plan is intended to prepare all staff for an emergency response to anaphylaxis.

Individual Student's Food Allergy Action Plan:

- The Individual Student's Food Allergy Action Plan will be developed for each student with serious allergies, in conjunction with the student's parent/guardian and physician, and will be kept in a readily accessible location.

School Emergency Response Plan

Preparation for Anaphylaxis

- All school nurses and substitute nurses will be adequately trained to respond to anaphylaxis. Additional education and training will be available when deemed necessary.
- Each school shall identify staff members willing and able to be trained in response to anaphylaxis.
- Each school will ensure that enough staff members have been trained in emergency response to ensure adequate coverage for such an emergency.
- Staff members shall be trained annually by the school nurse or an appropriate health professional in the response procedures for anaphylaxis and the use of an auto injector (EpiPens). Staff members uncomfortable with such training will not be expected to participate.
- If deemed necessary by the principal, staff may perform a mock anaphylaxis response procedure for further training purposes.
- Epinephrine auto injectors should be kept in a covered and secured area in the nurse's office and other designated areas, unlocked for quick access in the event of an emergency.
- If possible, additional EpiPens should be provided by the student's parent/guardian for use in the student's classroom and/or cafeteria or other school event areas that are deemed an anaphylaxis risk area.
- All staff should be aware of the location of available EpiPens.

Response to Anaphylaxis

- An **emergency call to 911 will be placed** and the operator should be notified of the location of the emergency and that an anaphylactic reaction is occurring.
- **The student's Food Allergy Action Plan and medication will be located and the plan followed until emergency medical services assume care.**



- The location of a student undergoing anaphylaxis should be rapidly communicated to the school nurse or a staff person trained for response and the use of an auto-injector.
- Staff trained in the use of an auto injector will administer the auto-injector (EpiPen or equivalent) – it should not be assumed that the student will be capable of administering his or her own auto-injector in the event of anaphylaxis.
- In the event the student is having difficulty breathing or is unresponsive or emergency response is delayed, any staff member or emergency respondent may administer the auto injector according to the students Food Allergy Action Plan and the instructions listed on the side of every auto-injector.
- Follow Physician’s orders in Food Allergy Action Plan, in regards to re-administering the auto injector every 10 to 20 minutes while waiting for emergency medical services or while enroute to the hospital.
- A trained staff member with an emergency kit containing auto injectors should stay with the student until emergency medical personnel arrive. This staff member should stay with the student until his/her parent or legal guardian arrives.
- Telephone the parent/guardian of the student as soon as possible and notify them of the situation and response plans.

A synopsis of this emergency response plan is included in the Lake Forest School District 115 Critical Response Plan (Appendix C) and should be posted and available in the event of an anaphylactic emergency.

Monitoring Effectiveness and Incident Review

- School nurses will conduct an annual review of the district anaphylaxis plan and procedures; they will consider changes to reflect new research and practices.
- An incident review should occur after each emergency event involving the administration of medication to determine why the incident occurred and the effectiveness of the process;-, what worked and did not work, and areas for improvement.
- Any auto injectors used in an emergency response must be replaced immediately.
- The principal may consider a simulation of an anaphylactic emergency, similar to a fire drill, to ensure that all elements of the emergency response plan are in place.



Review of Responsibilities

Responsibilities of Students with Life Threatening Food Allergies

The role that students with life-threatening allergies play in staying safe will increase as they become older. Goals toward becoming more independent in the management of their food allergies include:

- Understand the seriousness of the food allergy and recognize the first symptoms of an anaphylactic reaction.
- Know where medication is kept and who can access it.
- Recognize potentially dangerous situations and make good safety decisions (e.g., avoid sitting in areas where students are known to have unsafe foods).
- Inform an adult as soon as accidental exposure occurs or symptoms appear; ask a friend to get help if you cannot get to an adult.
- Follow safety measures established by your parents/guardians and school team at all times.
- Do not share or trade foods, drinks, utensils, or containers.
- Wash hands or use hand wipes before and after eating.
- Read ingredient labels before eating.
- Do not eat anything with unknown ingredients or ingredients known to contain an allergen.
- Do not participate in general clean-up of cafeteria tables, garbage disposal, and playground areas that might bring you in contact with the allergen.
- Do not share musical instruments and/or science/inquiry equipment that are placed in the mouth with other students.
- Be mindful of communal use of items.
- Wear a Medic Alert® bracelet.
- Carry own EpiPen and be trained in how to administer own EpiPen (when this is an age appropriate task).
- Develop a relationship with the school nurse and/or other trusted adult in the school to assist you in the successful management of the allergy in school.
- Inform others of your allergy and specific needs, and self-advocate in situations perceived as possibly dangerous (i.e. ask a peer to move from an allergen-free area if food is unsafe).
- Report teasing, bullying, and threats to an adult authority.

★In an emergency situation, no **student** should be relied upon to self-administer his/her auto-injector. The anaphylactic reaction itself may compromise their ability to do so.



Responsibilities of the Parent/Guardian of a Student with Anaphylaxis

- Review the District Anaphylaxis procedure and direct any questions to the school nurse.
- Inform the school nurse of your child's allergies prior to the start of school or immediately following a new diagnosis.
- Provide the school nurse with health information from your health care provider for inclusion on required school district documentation forms.
- Provide the school nurse with medication orders from the licensed provider **Lake Forest School District 115 Medication Authorization Form (Appendix B)**.
- Provide the school with written permission to communicate with your health care provider.
- Medications supplied should be up-to-date. Replace any medication due to expire prior to the expiration date.
- Participate in developing an **Individualized Health Care Plan** with the school nurse and school team. This should include policies and procedures for educating the school community, reducing risk to your child and emergency responsiveness.
- Participate in the development of a **Food Allergy Action Plan** for the school nurse and school team.
- Provide the school nurse with at least annual updates on your child's allergy status and after any allergic reaction that occurs outside of the school setting.
- Notify the school nurse of conditions that may increase the likelihood of a severe allergic reaction (i.e. exacerbations of asthma).
- If requested, participate in in-service training for staff or assist in school communication plans regarding food allergies.
- The school nurse will arrange a post-incident meeting within a timely manner should an allergy-related incident occur. Parents/guardians are strongly encouraged to participate in these meetings.
- Provide the school nurse with the licensed provider's statement if the student no longer has allergies.
- Provide the school with a way to reach you (cell and home phone numbers).
- Be willing to provide labeled safe foods for snacks, field trips, and special occasions.
- Communicate with supervisors of before-and-after school tutoring programs of your child's allergy and provide necessary medication.
- Provide a Medic Alert® bracelet for your child.
- Review the list of student responsibilities with your child and be sure he/she understands his/her role.
- Assist your child in advocating for himself/herself, as appropriate to his/her age.
- Encourage your high schooler to attend their annual review meetings.

Responsibility of the Parent/Guardian Regarding Field Trips

- Be willing to go on your child's field trips if possible and if requested.
- Review field trip plans and assess risk.



- Carefully manage situations in which lunch or snacks are needed.
- If risk factors are too great, consider asking your child to not participate. If this happens, the student's grade will not be adversely impacted by not attending.



Responsibilities of the School Administrator

The role of the school administrator is to support faculty, staff and parent/guardians in the implementation and follow-through of all aspects of the anaphylaxis management plan.

- Work with the school nurse to ensure that all necessary forms are completed, implemented, and reviewed annually.
- Ensure that school staff is aware of students with anaphylaxis.
- Attend plan meeting reviews with teachers, students with life-threatening allergies, and their parent/guardian.
- Work with parent council and parent volunteer organizations to increase community awareness of anaphylaxis.
- Work with the district to provide education and training for faculty, staff and substitute teachers regarding:
 - District 115 Anaphylaxis Procedure
 - Anaphylaxis and anaphylactic reactions to foods, insect stings, medications, latex
 - Risk reduction procedures
 - Emergency response procedures
 - How to administer an epinephrine auto-injector in an emergency
 - Cafeteria management and food preparation for food service personnel
 - Custodial duties for risk reduction (cafeteria tables, classroom cleaning, etc.)
- Maintain an up-to-date list of school personnel who have received training and education on anaphylaxis including auto injector administration.
- Ensure substitute teacher sub folders indicate the presence of a student with a life-threatening food allergy and school nurse contact information.
- Establish safe procedures for field trips and extra-curricular activities.
- Provide emergency communication devices for all school activities, including gym, lunch, and transportation that involve a student with life-threatening allergies.
- Have a plan in place when there is no school nurse available, including that at least three staff members, trained in the recognition of early symptoms of anaphylaxis and in medication administration, are present.
- Consider a drill, simulating an anaphylactic emergency conducted to ensure that all elements of the emergency response plan are in place; the drill may include who will help the student, who retrieves and administers the EpiPen, who will call 911, and who directs paramedics to student.
- Inform parents/guardians if any student experiences an allergic reaction and set up an incident review meeting.
- Consider participating in the annual review of the district anaphylaxis plan and procedures; this should include new research and practices.
- Support your school nurse in implementing and enforcing plans, procedures, and protocols regarding food allergies.
- Inform the Bus Company of student's with life-threatening allergies.



Responsibilities of the School Nurse

- Identify students with anaphylactic allergies through annual medical registration forms and inform school administrator.
- Schedule a meeting with parents/guardians, classroom teacher, and principal designee to develop an **Individual Health Care Plan** and **Food Allergy Action Plan** prior to the start of the school year (or immediately after the diagnosis of a life-threatening allergic condition).
- Individual Health Care Plans and Food Allergy Action Plans should include the student's contact information, clinical history of allergies, symptoms, avoidance precautions (risk reduction strategies), emergency procedures, and responsible parties (see forms).
- Review and finalize all IHCP and Action Plans with parents/guardians and student at the start of school.
- Review all IHCP and Action Plans with teachers who will have students with anaphylactic allergies.
- Work with coaches and club sponsors to inform all parent/guardians of the allergic student at the start of the school year/sport season and request support of food policies.
- Familiarize staff members who have contact with students with life-threatening allergies with their IHCP and Action Plans on a need-to-know basis including physical education teachers, specialist teachers (music, art, technology, etc.), food service personnel, aides, custodian, bus company, substitute teachers, etc.
- Provide/post all IHCP and Action Plans in the nurse's office and other designated areas depending on the consent and specifics of the IHCP (i.e. classroom, cafeteria).
- Label and locate emergency medications in the nurse's office and other designated areas depending on the specifics of the IHCP (i.e. classroom, with physical education teacher, cafeteria monitors).
- Periodically check medications for expiration dates and arrange for them to be current.
- Assist the school administrator in education and training of school staff, faculty and substitute teachers regarding:
 - Anaphylaxis and anaphylactic reactions to foods, insect stings, medications, latex
 - Risk reduction procedures
 - Emergency response procedures
 - How to administer an epinephrine auto injector in an emergency
 - Cafeteria management and food preparation for food service personnel
 - Custodial duties for risk reduction (cafeteria tables, classroom cleaning, etc.)
- Assist school administrator in tracking education and training of school personnel.
- Develop a rapport with students with anaphylaxis to foster good communication, and a supportive environment that facilitates growth in their independence.



- In the case of absence of school nurse, ensure a contingency plan for emergency procedures and/or identify a substitute building nurse.
- If requested by school principal conduct a drill, simulating an anaphylactic emergency, to ensure that all elements of the emergency response plan are in place.
- Participate in annual and incident review meetings.



Responsibilities of Classroom Teacher

- Review the District Anaphylaxis procedure and direct questions to the school nurse.
- Participate in all in-service training on the identification of anaphylaxis, risk-reduction and emergency response procedures.
- Participate in the development of the student's IHCP and Food Allergy Action Plan as requested.
- Review and follow the IHCP and Food Allergy Action Plan of any student(s) in your classroom with life-threatening allergies.
- Keep accessible the student's IHCP and Food Allergy Action Plan in the classroom with parent/guardian approval and regard to the privacy needs of students.
- Be sure other teachers, student teachers and classroom aides that are assigned to a classroom with a student that has a Food Allergy Action Plan are informed.
- Leave information in an organized, prominent and accessible format for substitute teachers with clear instruction for reporting to the school nurse.
- **Always act immediately and follow the Food Allergy Action Plan if a student reports signs of an allergic reaction.**
- **Never allow a student you suspect of having an allergic reaction to walk alone to the school nurse.**
- **A student's Individual Health Care Plan and Food Allergy Action Plan dictates actions required by a classroom teacher and may include:**
 - Enlist the help of the school nurse in educating non-allergic families and keeping allergic foods out of the classroom
 - Coordinate with principal and nurse prior to special celebrations and curriculum events to send reminder letters to parent/guardians regarding procedure on allergen-safe foods with ingredient labels
 - Inform parent/guardian of students with allergies in advance of class events where food will be served. Allow sufficient time for food alternatives to be identified and secured if needed
 - Inform parent/guardian of students with food allergies two weeks in advance of food that will be used in the curriculum
 - All food brought into the classroom, for sharing or for curricular use, will have an ingredient labels
 - Inform the allergic student and their parent/guardian at least two weeks in advance of any in-class events where food will be served or used
 - If unsafe foods are brought to class by mistake, the food should be immediately removed, parent/guardians are to be notified, and the student should be immediately be checked for well-being by the Nurse
 - Encourage activities and non-food items rather than food to mark celebrations
 - Ensure curriculum materials are free of common allergens
 - Discuss the condition of anaphylaxis with the class, in age-appropriate terms
 - Prohibit students from sharing or trading foods, drinks, utensils, and containers
 - Reinforce hand washing before and after eating
 - Foster peer support in keeping the allergic student safe
 - Enforce school rules about bullying, teasing, and threats
 - Plan appropriately for field trips



Responsibility of Classroom Teacher Regarding Field Trips

- Inform the school nurse and parent/guardian of field trip destinations so they may complete a Field Trip Permission Form, if needed (Appendix I).
- Ensure that the student's Food Allergy Action Plan and emergency medications are brought by the supervising school staff.
- Ensure access to a telephone, cell phone, or radio communication in case of emergency.
- Ensure that supervisors are aware of the identity of the anaphylactic child, the allergens, symptoms, and treatment.
- Ensure that a supervisor with training in the use of the auto injector is assigned responsibility for the anaphylactic child.
- If parent/guardian volunteers are required, request the anaphylactic student's parent/guardian to accompany the group.
- Have the anaphylactic student's lunch clearly labeled so as to avoid mix-up.
- Consider ways to wash hands before and after eating (e.g. provision of hand wipes).
- If the risk factors are too great to control, the parent/guardian may decide that the student with allergies may be unable to participate in the field trip. If this occurs, the student will not be penalized for any content missed due to lack of attendance in the field trip.



Responsibilities of Lunch Room Supervisors

- Review the District Anaphylaxis procedure and direct any questions to the school nurse.
- Participate in all in-service training on the identification of anaphylaxis, risk-reduction and emergency response procedures.
- Provide allergen-free eating arrangements, when requested.
- Have a functioning walkie-talkie or other communication device to support emergencies.
- Take all complaints seriously from any student with a life-threatening allergy.
- Be prepared to take emergency action and follow the student's Food Allergy Action Plan.

Responsibilities of Custodial Staff

- Review the District Anaphylaxis procedure and direct any questions to the school nurse.
- Participate in all in-service training on the identification of anaphylaxis, risk-reduction, and emergency response procedures.
- Cleaning of tables and chairs should be done routinely after each sitting with school approved cleaning agents giving special attention to designated allergen-free eating areas.
- Cleaning of classrooms, desks, computer keyboards, doorknobs should be done routinely with school approved cleaning agents, with special attention to areas attended by students with anaphylaxis.
- Take all complaints seriously from any student with a life-threatening allergy and let school nurse or attending staff member know immediately.



District 115 strongly encourages extra curricular activities staff to follow these recommendations, but please be advised the district is not able to assume risk at non-school sponsored after-school activities.

Responsibilities for Coaches and Staff in Charge of After-School Activities

- Review the District Anaphylaxis procedure and direct any questions to the school nurse
- Participate in all in-service training on the identification of anaphylaxis, risk-reduction, and emergency response procedures.
- Review the IHCP and Food Allergy Action Plan of participating anaphylactic students.
- Make certain that an emergency communication device (e.g. walkie-talkie, intercom, cell-phone, etc.) is always present.
- Require all staff supervisors to be aware of the identity of the anaphylactic student, the allergens, symptoms, and treatment.
- Clearly identify who is responsible for keeping the EpiPen and emergency medication, and where it is kept.
- If provided by parent/guardian, two to three epinephrine auto injectors may be provided in case of an emergency.
- Ensure that a supervisor with training in the use of the auto injector is assigned responsibility for the anaphylactic student.
- Avoid the presence of allergenic foods at activity sites. This may involve communications to parent/guardian ahead of time when snacks will be needed.
- Take all complaints seriously from any student with a life-threatening allergy.
- Be prepared to take emergency action and follow the student's Food Allergy Action Plan.
- Medic Alert® bracelets should be covered or taped but not removed for activities.



Responsibilities of All Parent/Guardians

- Respond cooperatively when requested from school to eliminate allergens from packed lunches, snacks, and foods brought in for parties/celebrations.
- Consider participation in parent/guardian information sessions.
- Encourage students to respect anaphylactic student and school policies.
- Label and provide ingredient labels for all foods brought to school for the purpose of sharing/distribution to any students in the school.

Responsibilities of All Students (as developmentally appropriate)

- Learn to recognize symptoms of anaphylactic reaction.
- Do not trade or share foods, utensils, and food containers with other students.
- Follow school rules about keeping allergens out of the classroom.
- Wash hands before and after eating, especially important if nuts are eaten.
- Respect allergen-free areas and be prepared to move if your food is felt to be potentially dangerous to an anaphylactic student.
- Respect all classmates, never bully or tease a student with a food allergy or other type of anaphylaxis (bee stings, latex, etc.).



Responsibilities of School Bus Company

- Review the District Anaphylaxis procedure and direct any questions to the school nurse.
- Provide education for all school bus drivers regarding life-threatening allergies (provide own training or contract with school) and what to do if they suspect a student is having a reaction.
- Make certain that an emergency communication device (e.g. walkie-talkie, intercom, cell-phone, etc.) is always present and working.
- Inform school bus drivers of students with life-threatening allergies.
- Plan for informing substitute bus drivers of students with life-threatening allergies.
- If indicated in students Food Allergy Action Plan, provide school bus company with list of students with life-threatening allergies by bus number and instructions for activating the EMS system.
- Maintain a procedure of not allowing foods or beverages to be consumed on school buses.



Appendices

Appendix A: LFHS District 115 Allergy Assessment (InfoSnap Registration)

Appendix B: LFHS District 115 Medication Authorization Form (InfoSnap Registration; website)

Appendix C: Food Allergy Care Plan (website)

Appendix D: LFHS District 115 Medical Alert for Teachers, Substitute Teachers, Coaches and Club Sponsors

Appendix E: Quest Food Service Allergen Labels

Appendix F: Individual Health Care Plan (student's Health file)

Appendix G: Food Allergy Basics (send to parent/guardians from Coaches and Club Sponsors; website)

Appendix H: Tips for Avoiding Allergens (website)

Appendix I: LFHS District 115 Field Trip Permission Form (website)

Appendix J: LFHS District 115 Classroom Teacher Field Trip Checklist (staff website)

Appendix K: LFHS District 115 Critical Response Communication Flow Chart (website)

Appendix L: LFHS District 115 Policies related to food allergies (website)

Appendix M: Resources (website)

Appendix N: References (website)



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>

Food Allergy and Anaphylaxis Network (FAAN)

10400 Eaton Place, Suite 107
Fairfax, VA 22030-2208
(800) 929-4040

*Educational materials including facts and statistics, sample plans,
books, presentation tools, posters, etc., for staff, parents and students*

<http://www.foodallergy.org>

FANTeen

Food allergy news from teens from FAAN

<http://www.faanteen.org>



References

Anaphylaxis

Guidelines for Managing Life-threatening Food Allergies in Illinois Schools, Illinois State Board of Education

<https://www.isbe.net/Pages/Food-Allergy-Guidelines.aspx>

District 39 Resource Guide for Supporting Children with Life-Threatening Allergies, 2013, Wilmette, Illinois School District 39

http://www.wilmette39.org/UserFiles/Servers/Server_360846/File/Parents/Health%20Information/AllergyResourceGuide_201308.pdf

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools, 2006, Connecticut State Department of Education

http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/Food_Allergies.pdf

The School Food Allergy Program, 2001, The Food Allergy and Anaphylaxis Network

<http://www.foodallergy.org>

Latex Allergies

Latex Allergy Resources: <http://www.latexallergyresources.org>

Latex Precautions at School, Lincoln NE Public Schools: <http://www.lps.org>

American College of Allergy, Asthma & Immunology, 2014:

<https://acaai.org/allergies/types/skin-allergies/latex-allergy>

