

Procedures for Managing Life-Threatening Food Allergies in School



2010

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Zion Lutheran School – Marengo, Illinois

Food Allergy Management Program

PREFACE

School attendance may increase a student's risk of exposure to allergens that could trigger a food-allergic reaction. A food allergy is an adverse reaction to a food protein mediated by the immune system which immediately reacts causing the release of histamine and other inflammatory chemicals and mediators. **This policy addresses food allergies that are severe, possibly life-threatening, and which have been diagnosed and verified in writing by a licensed physician.** While it is not possible for Zion Lutheran School to completely eliminate the risks of exposure to allergens when a student is at school, a Food Allergy Management Program using a cooperative effort among students' families, staff members, and students helps the school reduce these risks and provide accommodations and proper treatment for allergic reactions.

Zion Lutheran School's administration has developed and implemented this Food Allergy Management Program for the purpose of:

1. Implementing the following goals established in The School Code: (a) identifying students with food allergies, (b) preventing exposure to known allergens, (c) responding to allergic reactions with prompt recognition of symptoms and treatment, and (d) educating and training all staff about management of students with food allergies, including administration of medication with an auto-injector, and providing an in-service training program for staff who work with students that is conducted by a person with expertise in anaphylactic reactions and management.
2. Utilizing the appropriate best practices specific to the school's needs in the joint State Board of Education and Ill. Dept. of Public Health publication *Guidelines for Managing Life-Threatening Food Allergies in Schools*, available at: www.isbe.net/nutrition/pdf/food_allergy_guidelines.pdf.
3. Complying with State and federal law, in alignment with other Board of Christian Education policies.

ESSENTIAL POLICY STATEMENTS:

It is the policy of Zion Lutheran School that the school:

- Will utilize an EAC (Emergency Action Plan) and IHCP (Individual Health Care Plan) for those students with a licensed physician diagnosed/verified food allergy, including the authorization and potential use of "epi-pens."
- Will publicize the school's food allergy program and will actively work to identify students with severe food allergies.
- Will work to follow appropriate best practices to avoid exposure to food allergens for students with food allergies, including appropriate measures to provide allergen free "zones" and eating areas for said students.
- Will conduct training on food allergens and anaphylactic reactions, including the use of "epi-pens," every two years. Said training will be provided to all necessary personnel and will be appropriate to their work assignments.
- Will work to comply with all required laws and codes applicable to the school to the best of its ability and will consider and implement other recommendations and guidelines it deems to be in the best interests of its stakeholders.

Food Allergies Reaction Characteristics

Allergic Reaction Characteristics

Allergic reactions to foods vary and can range from mild to severe, life-threatening reactions.

During an allergic reaction to a specific food, the immune system recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators, such as histamine. Ingestion of the food allergen is the principal route of exposure leading to allergic reaction. The symptoms of a food-allergic reaction are specific to each individual. Even a trace (very small) 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
- Itching (of any part of body)
- Runny nose
- Vomiting
- Diarrhea
- Stomach cramps
- Change of voice/hoarseness
- Coughing
- Wheezing
- Throat tightness or closing
- Swelling (of any body parts)
- Red, watery eyes
- Difficulty swallowing
- Difficulty breathing
- Sense of doom

Designated School Personnel (DSP)

Designated School Personnel (DSP) Guidelines

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

Designated School Personnel (DSP) Checklist

	Schedule a meeting including student's teacher(s) and the student's parent/guardian to develop the Individual Health Care Plan (IHCP) for the student.
	Use State of Illinois' Emergency Action Plan (EAP) and the student's IHCP. Distribute final copies as needed.
	Ensure that appropriate personnel know the location of medication and EAP. School designates the area of the building to house medication.
	Ensure epinephrine auto-injectors and antihistamines are stored in a secure designated area. Track medications for expiration dates and arrange for them to be current.
	Refer to the school board's Food Allergy Policy (available in the designated area and immediately accessible) for any additional information, as needed.
	Disseminate relevant health concerns, EAP, and IHCP to appropriate staff.
	Ensure student with suspected allergic reactions is accompanied by an adult at all times.
	Establish a contingency plan in the case of a substitute DSP.
	Establish a means of communication with playground staff and physical education teacher via 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/situation for student.

Designated School Personnel (DSP) Guidelines

Return to School After an Allergic Reaction

Students who have experienced an allergic reaction at school may need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether his/her classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parents, and re-examining the student's Emergency Action Plan (EAP) and Individual Health Care Plan (IHCP). In the event that a student has a moderate to severe reaction, implement the action items for a Return to School After an Allergic Reaction.

Special Consideration for the Student

The student and parent/guardian shall meet with the DSP/staff that were involved in the allergic reaction to be reassured about the student's safety and to review and amend the EAP and the IHCP as needed. If a student demonstrates anxiety about returning to school, check in with the student on a daily basis until his/her anxiety is alleviated. If a student has a prolonged emotional response to an allergic reaction, social and emotional support may be required. Collaboration with the student's medical provider is required to address any medication changes.

Food Allergic Students without an EAP or IHCP

Once the school learns that a student has food allergies and does not have an EAP or IHCP, school officials will discuss the student's individual needs with the student's parents/ guardians and put an appropriate management plan in place according to the school's policy.

If the student's parent/guardian refuses to cooperate with the school for an evaluation and implementation of an appropriate management plan (EAP/IHCP), then the school will implement a simple EAP stating to call 911 immediately upon recognition of any symptoms along with sending written notification to the parent/guardian of the student's EAP.

Designated School Personnel (DSP) Guidelines

Practice emergency protocols and procedures in advance of an emergency and be prepared to follow them.

Preparing for an Emergency: Periodic Emergency Response Drill

	Provide training for school personnel about how to prevent, recognize and respond to food allergy reactions every two years minimum.
	Identify team members for the emergency response team, including CPR/AED trained personnel.
	Create a list of volunteer delegates trained in the administration of an antihistamine and the epinephrine auto-injector. Disseminate the list appropriately.
	Ensure that an antihistamine and the epinephrine auto-injector are quickly and readily accessible in the event of an emergency by a member of the emergency response team. If appropriate, maintain a backup supply of the medication.
	Ensure that reliable communication devices are available in the event of an emergency.
	Ensure access to an antihistamine, the epinephrine auto-injector and allergy-free foods when developing plans for fire drills, lockdowns, etc.
	Coordinate with local Emergency Medical Service (EMS) on emergency response in the event of food-allergic reaction.
	Adhere to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.
	Conduct emergency response drills as part of the school district-wide or school-wide emergency response plans as required by Illinois School Code.

Parent/Guardian Guidelines

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

Parent/Guardian of Children with Food Allergies Checklist

	Inform the Designated School Personnel (DSP) 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).
	Participate in team meetings and communicate with all staff members, including DSP, who will be in contact with the child (preferably before the beginning of the school year) to: <ul style="list-style-type: none"> • Discuss development and implementation of EAP and IHCP. • Establish prevention plan. • Periodically review prevention and EAP with the team.
	Decide if additional antihistamine and epinephrine auto-injectors will be kept in the school, aside from the one in the nurse's office or designated area, and if so, where.
	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 DSP 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.

Students with Food Allergies

The student with food allergies is the most important member of the safety team. The student having age appropriate education should be able to tell what their food allergies are. It is important to make the student aware of what accommodations they are or should be receiving so that they might assist appropriately.

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.
	Avoid sharing or trading snacks, lunches, or drinks.
	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.
	Learn to become a self-advocate as you get older (refer to parent/guardian guidelines on previous page).
	Develop a relationship with the DSP and/or another trusted adult in the school, to assist in identifying issues related to the management of the allergy in school.

Every single person plays an important role in preventing food-allergic reactions, including the child with the food allergies.

Classroom Teacher Guidelines

Classroom Teacher Guidelines

Teachers are ultimately the student’s first line of defense. Teachers are asked to assist the school team in the care and management of students with food allergies, as well as the prevention and treatment of allergic reactions. The following guidelines should be reviewed, followed and enforced by teachers and others entering the classroom.

Surface cleaning wipes or hand sanitizer is not a substitute for hand wipes.

Classroom Teacher Checklist

	Do not question or hesitate to immediately initiate an Emergency Action Plan (EAP) if a student reports symptoms or exhibits signs of an allergic reaction.
	Keep the student's EAP and Individual Health Care Plan (IHCP and/or 504 Plan accessible in the classroom.
	Seek assistance if student has ingested, or is suspected to have ingested, a known allergen.
	Ensure students with suspected allergic reactions are accompanied by an adult at all times.
	Initiate emergency response team if allergic reaction is suspected.
	Participate in any team meetings for the student with food allergies, in-service training or a meeting for a student’s re-entry after a reaction.
	Allow the food-allergic student to keep the same locker and desk all year to help prevent accidental contamination since food is often stored in lockers and desks. Consider providing storage for lunches and other food products outside the classroom.
	Periodically wipe computer keyboards, musical instruments and other equipment used with a school district-approved cleaner for student or provide separate items as called for in the IHCP.
	Establish a means of communication in schools to permit swift response.
	Leave information for substitute teachers in an organized, prominent, and accessible format. Follow school district guidelines for substitute teacher folders.
	Inform parent/guardian of the allergic student in advance of any in-class events where food will be served or used.

Classroom Teacher Guidelines

Classroom Teacher/Specialist Checklist (cont.)

	Educate and inform students and their parents, teachers, aides, substitutes, and volunteers who may have contact with students having an EAP about how to recognize, prevent and response to food allergy reactions. Avoid endangering, stigmatizing or harassing students with food allergies. Be aware of how the student with a food allergy is being treated and enforce school rules about bullying and threats.
	Secure wipes from the cafeteria or from the DSP. Utilizing the "classroom supply list" to secure wipes, i.e. Wet Ones is another option.
	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) with photo ID is in the substitute teacher subfolders. The folder must include instructions for the substitute teacher to immediately contact the Designated School Personnel (DSP) for education and instruction.
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Classroom Activities Checklist

	Work to 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, PTA functions to the cafeteria or other designated areas. Substitute non-allergenic foods or non food items.
	Pay special attention to other allergies students may have, such as allergies to animals. Allergies may also encompass the animal's food (peanuts, fish, 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.

Classroom Teacher Guidelines

Classroom Snack Checklist

	Restrict allergens from the allergic student’s classroom at all times. When classrooms are used for meals, there must be a designated 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 should 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.

Classroom Teacher Guidelines

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 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. (Preferred that parent/guardian be present if possible.)
	Provide timely notification of field trips to the 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"> ● Facilitating washing of hands before snack/lunch. ● Overseeing the cleaning of tables before eating. ● Ensuring that student with food allergy only eat allergen-free food or food supplied by parent/guardian. ● Carrying a communication device to be used in an emergency situation. ● Reviewing the student's Emergency Action Plan (EAP). ● Carrying and administering emergency medicine (antihistamine, epinephrine auto-injector) as outlined in EAP. 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. All medications shall be given to the adult designated by the DSP.
	Consider how snack/lunch will be stored/transported and where food will be eaten while on field trip.

Classroom Teacher/Specialist Guidelines

Field Trip Medication Checklist

	Notify the DSP of any field trip at least one week in advance.
	Acquire medications, Emergency Action Plan (EAP) and communication device the morning of the trip is the school personnel's responsibility. School district policy for dispensing medicine should be followed.
	Provide the adult who is to administer the medication with an EAP and with instructions about the medication.
	Dispense medication in a labeled container with the date and time that it is to be given. Emergency or rescue medication must be labeled appropriately.
	Supply adult designated by the Designated School Personnel (DSP) with all medications, including over-the-counter medications. Exceptions to this policy are those medications deemed "rescue drugs" such as epinephrine auto-injector(s) and asthma inhaler(s). Written permission shall be on file for any student to carry self-administering medications. Review EAP.

School Administration Guidelines

School Administration Checklist

	Meet with parent/guardian and appropriate staff members to establish an Emergency Action Plan (EAP) and an Individual Health Care Plan (IHCP) for allergic student.
	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: <ul style="list-style-type: none"> • How to recognize symptoms of an allergic reaction (foods, insect stings, medications, latex). • 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. • Provide training for food service personnel • Legal protection
	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, Designated School Personnel (DSPs) and food service personnel understand their role and how to implement an EAP and IHCP.
	Make sure emergency communication devices are available for all school activities, including transportation, that involve a student with food allergies.
	Notify parent/guardian when a new DSP is hired or changes position.
	Assist parent/guardians of students with food allergies in the acquisition of ingredient lists for food products and classroom products available in the school.

School Administration Guidelines

School Administration Checklist (cont.)

	Review rental agreement, when outside groups (i.e. non-school related organizations) use school property and food is present to ensure that care is taken not to put students with food allergies at risk.
	Inform parent/guardian if any student experiences an allergic reaction for the first time at school. Suggest resources to parents. Recommend EAP and IHCP 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

Schools must 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. A sample form to assist with determining need and meal substitution is available in the schools food allergy manual. 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 may 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."

Food Service Guidelines

Food Service Checklist

	Review the school district Food Allergy Policy and direct any questions to the Designated School Personnel (DSP).
	Follow school district policy regarding the dissemination of information relative to food allergies.
	Attend team meetings with appropriate members.
	Implement all recommendations and requirements for students with an Emergency Action Plan (EAP) and Individual Health Care Plan (IHCP) .
	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.
	Make appropriate substitutions or modifications for meals served to students with food allergies after receiving a physician's medical statement.
	Do not deviate from school district-approved recipes.
	Have allergen-free meals for field trips, if requested.
	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. 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. Maintain food labels from each food served to a student with allergies for at least 24 hours following service, in case the student has a reaction from a food eaten in the cafeteria.
	Sign up for notification of recalls from the Food Allergy and Anaphylaxis Network and 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 Guidelines

Custodial Staff Checklist

	Review the school district Food Allergy Policy and direct any questions to the 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 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.
	Assist in cleaning 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. The Individual Health Care Plan (IHCP) may direct the frequency of cleaning.

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 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) and Individual Health Care Plan (IHCP).
	<p>Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities.</p> <ul style="list-style-type: none"> • Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry. • Medical alert bracelet should be taped to the body (wherever it is usually worn), but parts of it should remain visible for medical personnel to view in case of emergency.

Outside-of-Classroom Activities Guidelines

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) and Individual Health Care Plan (IHCP) with 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.
	<p>Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities.</p> <ul style="list-style-type: none"> ● Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry. ● Medical alert bracelet should be taped to the body (wherever it is usually worn), but parts of it should remain visible for medical personnel to view in case of emergency.

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, the public school district transportation directors should determine the best process for their individual school districts to provide training for all school bus drivers on managing life-threatening food allergies. How this training is accomplished will depend upon whether the school district owns its own school buses and employs its own school bus drivers..

Transportation Checklist

	Provide the public school district with the EAP for every student with food allergies on assigned routes.
	A student with a suspected allergic reaction, already in progress, must not board the bus from school.
	Maintain policy of no food consumption allowed on school buses, unless medically necessary.

Transportation Guidelines

Transportation Checklist (Private Sector Bus Contracting)

	Discuss with a representative from the bus company the implementation of a student's Emergency Action Plan (EAP) and Individual Health Care Plan (IHCP).
	Do not leave a student having a suspected allergic reaction alone. Call 911 if needed.

DSP Checklist

Designated School Personnel (DSP) Checklist

	Schedule a meeting including student's teacher(s) and the student's parent/guardian to develop the Individual Health Care Plan (IHCP) for the student.
	Use the Emergency Action Plan (EAP) and the student's IHCP. Distribute final copies as needed.
	Ensure that appropriate personnel know the location of medication and EAP. School must designate an area of the building to house medication.
	Ensure epinephrine auto-injectors and antihistamines are stored in a secure, designated area. Track medications for expiration dates and arrange for them to be current.
	Refer to the school board's Food Allergy Policy (available in the designated area and immediately accessible) for any additional information, as needed.
	Disseminate relevant health concerns, EAP and IHCP to appropriate staff.
	Ensure student with suspected allergic reactions is accompanied by an adult at all times.
	Establish a contingency plan in the case of a substitute DSP.
	Establish a means of communication with playground staff and physical education teacher via 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/situation for student.

Return to School After a Reaction Checklist

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"> • Items ingested (food drink, OTC medications or Rx medications) • Any insect stings or bite • Timing from ingestion to symptoms • Type of symptoms • Exercise involved • Time and response of medications that were given.
	Identify those who were involved in the medical intervention and those who witnessed the event.
	Meet with the staff or parent/guardian to discuss what was seen and dispel any rumors.
	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.)
	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.
	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.
	Explanations shall be age appropriate.
	Review the Emergency Action Plan (EAP) and Individual Health Care Plan (IHCP). Amend the student's EAP and IHCP to address any changes that need to be made. If a student does not have an EAP and IHCP, then consider initiating one.
	Review what changes need to be made to prevent another reaction; do not assign blame.

Periodic Emergency Response Drill

Practice emergency protocols and procedures in advance of an emergency and be prepared to follow them.

Preparing for an Emergency: Periodic Emergency Response Drill

	Provide training for school personnel about how to recognize, prevent and respond to food allergy reactions every two years minimum.
	Identify team members for the emergency response team, including CPR/AED trained personnel.
	Create a list of volunteer delegates trained in the administration of antihistamine and an epinephrine auto-injector. Disseminate the list appropriately.
	Ensure that an antihistamine and an epinephrine auto-injector are quickly and readily accessible in the event of an emergency by a member of the emergency response team. If appropriate, maintain a backup supply of the medication (s).
	Ensure that reliable communication devices are available in the event of an emergency.
	Ensure access to an antihistamine, an epinephrine auto-injector and allergy-free foods when developing plans for fire drills, lockdowns, etc.
	Coordinate with local Emergency Medical Service (EMS) on emergency response in the event of food-allergic reaction.
	Adhere to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.
	Conduct emergency response drills as part of the school district-wide or school-wide emergency response plan as required by state code.

Form for Modifying Meal

SAMPLE FORMAT: Format may be modified and/or copied to meet specific School-Based Child Nutrition Programs record keeping needs. Do not return to Illinois State Board of Education.

School-Based Child Nutrition Programs PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION

CHILD'S NAME	AGE	DATE
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Dear Parent/Guardian:

This school participates in a federally-funded School-Based Child Nutrition Program and must serve meals and/or milk meeting program requirements. Reasonable food accommodations must be made when the accommodation being requested is due to a disability and supported by a physician's statement. Reasonable food accommodations may be made for children without disabilities who may still have special dietary needs; a medical statement may be required. If you are requesting a meal accommodation or substitution, please ask your physician to complete and sign this form. If you have any questions, please contact me at

School Phone Number _____

Sincerely,

Food Service Director/Contact

School Name

Address (Street)

Address (City, State, Zip Code)

PHYSICIAN STATEMENT

- Does child have a disability according to 7 CFR Part 15b that requires food accommodation? (*Does he/she have a "physical or mental impairment which substantially limits one or more major life activities"?*)
 - No **If no, go to item 2 below.**
 - Yes **If yes, provide the following information and complete items 3, 4, and 5 below.**
 - What is the disability? _____
 - What major life activity is affected? _____
 - How does the disability restrict the diet? _____
- Child has no disability but requires a special diet. Identify medical problem which restricts the child's diet and complete items 3, 4, and 5 below.
- List food/type of food to be omitted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.
- List food/type of food to be substituted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.
- _____

Date Signature of Physician

FOR SCHOOL USE ONLY:

- Form received on _____.
 - Form complete and accommodations will begin on _____.
 - Form complete, but accommodation will not be made. Child does not have a disability Request not reasonable
 - Form incomplete. Parent contacted on _____.
- Date Signature of Food Service Director/Contact

ISBE 67-48 (4/08)

Emergency Action Plan

ILLINOIS FOOD ALLERGY EMERGENCY ACTION PLAN AND TREATMENT AUTHORIZATION

Child's
Photograph

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/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.

Individual Health Care Plan (IHCP) for _____
Allergens _____

PROBLEM: Risk for anaphylaxis **GOAL:** Prevent allergic reactions from occurring and ensure student's safety at school

<p>Parent (please answer the questions below):</p> <p>1. I would like my child's emergency medication kept in: <input type="checkbox"/> The school office <input type="checkbox"/> The classroom <input type="checkbox"/> The school office and classroom</p> <p>2. If the emergency medication is kept in the classroom, the medication should be transported by school personnel wherever my child travels to within the school: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Does your child require an allergen free eating area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. I would like to accompany my child on field trips. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. My child <u>must</u> wash his/her hands with soap and water or use a cleansing wipe before eating. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Students in the classroom should be encouraged to wash their hands upon arrival to school and after eating lunch. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. I will provide a shelf-stable allergen free snack that will be available in the classroom if needed. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list other accommodations needed at school:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Teacher Responsibilities</p> <p>→Ensure a student with a suspected allergic reaction is accompanied by an adult at all times.</p> <p>→Keep a copy of the student's Emergency Action Plan and IHCP in the classroom sub folder.</p> <p>→Inform parents of the allergic student in advance of any in-class events where food will be served.</p> <p>→Ensure that food or products containing the student's allergens are not used for class projects, science experiments, or celebrations.</p> <p>→If the parent of a student with a food allergy is not attending a field trip, the student will be assigned to a staff member who has been trained to implement the Emergency Action Plan and is carrying the emergency medication.</p> <p>→Plan for the following on field trips: oversee cleaning the table of the student with food allergies before eating, ensure the student with the food allergy washes his/her hands before eating, ensure the student with the food allergy eats only allergen free food or food supplied by the parent, carry a cell phone to call 911 if needed, and review the Emergency Action Plan before the field trip.</p> <p>→Implement accommodations that parent indicated, "yes" in parent section.</p>
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CONFIDENTIAL

Individual Health Care Plan (IHCP) for _____
Allergens _____

Principal Responsibilities	School Nurse Responsibilities
<p>→Ensure there are cell phones available to playground and P E. staff.</p> <p>→Conduct emergency response drills for allergic reactions to food at the beginning of the school year.</p> <p>→Delegate proper cleaning of the allergen free area in the lunchroom and classroom (when the classroom is used as a lunchroom).</p> <p>→Prohibit sharing or trading food at school.</p> <p>→Encourage students to bring healthy snacks to school and avoid bringing snack made with peanuts or nuts.</p> <p>→Ensure student has an allergen free area available in the lunchroom if parent indicated an allergen free area is needed (see parent section).</p>	<p>→Educate all staff that interacts with the student about food allergy symptoms and the steps required to implement the Emergency Action Plan. Review emergency procedures with classroom teacher prior to field trips as needed.</p> <p>→Assist principals with emergency response drills for allergic reactions to food.</p> <p>→Ensure access to emergency medication when developing plans for fire drills, lockdowns, etc.</p> <p>→If student rides the bus, provide a copy of the Emergency Action Plan to the bus driver.</p> <p>→A copy of the student’s Emergency Action Plan and IHCP will be distributed on a need to know basis.</p>

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

Parent signature: _____

Date: _____

The Emergency Action Plan and Individual Health Care Plan will be distributed to staff on a need to know basis.

A copy of the Emergency Action Plan will be given to the bus driver if the student uses bus transportation.

Allergy History Form

Zion Lutheran School - Marengo

(Return to Designated School Personnel (DSP))

Dear Parent/Guardian of:

Date:

According to your child's health records, he/she has an allergy to:

Please provide us with more information about your child's health needs by responding to the following questions and returning this form to the school office.

- 1) When and how did you first become aware of the allergy?

- 2) When was the last time your child had a reaction?

- 3) Please describe the signs and symptoms of the reaction.

- 4) What medical treatment was provided and by whom?

- 5) If medication is required while your child is at school, the enclosed Emergency Action Plan (EAP) form must be completed by a licensed medical provider and parent/guardian.

- 6) Please describe the steps you would like us to take if your child is exposed to this allergen while at school.

Parent or Guardian: _____ Date: _____

Print Name: _____

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,

Designated School Personnel (DSP)/Teacher

Coaches/Activity Leaders

Coaches/Activity Leaders 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) and Individual Health Care Plan (IHCP) with the 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.
	<p>Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities.</p> <ul style="list-style-type: none"> • Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry. • Medical alert bracelet should be taped to the body (wherever it is usually worn), but parts of it should remain visible for medical personnel to view in case of emergency.

Field Trip Checklist

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 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 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.
	<p>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:</p> <ul style="list-style-type: none"> ● Facilitating washing of hands before snack/lunch. ● Overseeing the cleaning of tables before eating. ● Ensuring that student with food allergy only eat allergen-free food or food supplied by parent/guardian. ● Carrying a communication device to be used in an emergency situation. ● Reviewing the student's Emergency Action Plan (EAP). ● Carrying and administering emergency medicine (antihistamine, epinephrine auto-injector) as outlined in EAP. <p>Planning should be completed one week prior to field trip if possible.</p>
	Plan for emergency situation (contacting 911 if needed and location of closest hospital).
	Follow school district policy for medication administration. All medications, including over-the-counter medications, shall be given to the adult designated by the DSP.
	Consider how snack/lunch will be stored/transported and where food will be eaten while on field trip.

Field Trip Checklist

Field Trip Medication Checklist

	Notify the DSP of any field trip at least one week in advance if possible.
	Acquire medications, Emergency Action Plan (EAP) and communication device the morning of the trip is the school personnel's responsibility. School district policy for dispensing medicine should be followed.
	Provide the adult who is to administer the medication with an EAP and with instructions about the medication.
	Dispense medication in a labeled container with the date and time that it is to be given. Emergency or rescue medication must be labeled appropriately.
	Supply adult designated by the Designated School Personnel (DSP) with all medications, including over-the-counter medications. Exceptions to this policy are those medications deemed "rescue drugs" such as epinephrine auto-injector(s) and asthma inhaler(s). Written permission shall be on file for any student to carry self-administering medications. Review EAP.

Cleaning Research Information

Scientists investigated how effective cleaning agents were in removing peanut allergens. The study was published in the Journal of Allergy and Clinical Immunology.

Surfaces

Researchers looked for cleaning methods for removing peanut allergens from surfaces (Ara h 1). They found that common household cleaning agents, such as Formula 409®, Lysol® Sanitizing wipes and Target® brand cleaners with bleach, removed peanut allergen from tabletops. However, dishwashing liquid left traces of the allergen on 25% of the tables. Do not use dishwashing liquid to wash surfaces.

Hands

To test the efficacy of cleaning methods for removing peanut allergens from hands, researchers applied peanut butter to the hands of non-allergic volunteers and then removed the allergen by using different cleaning methods.

- 25% of the hands cleaned using water only still had detectable levels of allergen (peanut butter). Do not use water only to wash hands.
- 50% of the hands cleaned using antibacterial hand sanitizer still had detectable levels of allergen (peanut butter). Do not use antibacterial hand sanitizer to wash hands.
- All hands cleaned using commercial wipes (Wet Ones®, Tidy Tykes® flushable wipes) were free from the allergen (peanut butter).
- All hands cleaned using liquid soap or bar soap were free from the allergen (peanut butter).

Summary

- Surfaces
Do not use dishwasher liquid to wash surfaces.
- Hands
Do not use water only to wash hands.
Do not use antibacterial hand sanitizer to wash hands.
- Do not use surface wipes like Lysol® sanitizing wipes or Target® brand cleaners to wash a student's hand or face. Wet wipes manufactured for the use on skin should be the only wipes used on a student.

(Perry TT, Conover-Walker MK. Journal of Allergy and Clinical Immunology)

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) and, if appropriate, a 504 Plan.

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.

Periodic emergency response drill: Procedural practice for a life-threatening food-allergic reaction/emergency. The drill may include, but is not limited to, who helps the student, who retrieves the epinephrine, who administers the epinephrine, who calls 911 and who directs the EMS personnel to the student. It should also include the review of important principles, such as never leaving a student experiencing any an allergic reaction alone and having the individuals designated to help in this situation come to the student. This drill should be carried out and not simply reviewed from the School Board's written policy. It is essential that each member of the team review and rehearse his/her role annually.

