## Community Consolidated School District 54

# SUPPORTING STUDENTS WITH LIFE-THREATENING ALLERGIES RESOURCE GUIDE



### Contents

Community Consolidated School District 54 Commitment of Support	Page 3
Food Allergy Facts	Page 4
Anaphylaxis	Page 5
Approaches to Limit Potential Reactions at School	Page 6
Guidelines for Working with a Child with Severe Allergies	Page 7
General Guidelines	Page 8
Possible Documentation for Students with Life-Threatening Allergies	Page 13
District 54 Board Policy 7:285 – Anaphylaxis Prevention, Response, and Management Program I	Page 14

### Community Consolidated School District 54 Commitment of Support

Community Consolidated School District 54 is committed to creating an environment where all students feel safe, nurtured and understood. Given the increase in the prevalence of allergies among school-aged students, District 54 aims to reduce the risk of accidental exposure for students impacted by life-threatening allergies. The district places a strong emphasis on collaborating with students, their parents and their health care providers to design a plan specific to each child's needs.

Students with life-threatening allergies are protected by federal laws prohibiting discrimination on the basis of a disability (as determined by an educational team). The Illinois State Board of Education has released a guidance document entitled *Guidelines for Dealing with Life-Threatening Food Allergies in Illinois Schools*. This guide has been created to centralize existing information regarding the management of life-threatening allergies in the school environment in an effort to provide consistent information and education to all staff.

The health of a child with a food allergy can be compromised at any time by an allergic reaction to food that is severe or life threatening. Many studies have shown that food allergies have a significant effect on the psychosocial well-being of children with food allergies and their families.

Parents of a child with a food allergy may have constant fear about the possibility of a life-threatening reaction and stress from constant vigilance needed to prevent a reaction. They also have to trust their child to the care of others, make sure their child is safe outside the home, and help their child have a normal sense of identity.

Children with food allergies may also have constant fear and stress about the possibility of a lifethreatening reaction. The fear of ingesting a food allergen without knowing it can lead to coping strategies that limit social and other daily activities. Children can carry emotional burdens because they are not accepted by other people, they are socially isolated, or they believe they are a burden to others. They also may have anxiety and distress that is caused by teasing, taunting, harassment, or bullying by peers, teachers, or other adults. School staff must consider these factors as they develop plans for managing the risk of food allergy for children with food allergies.

This District 54 resource guide is intended to serve as a tool to support students, parents and staff as the district strives to support the well-being of all of its students. It will be distributed annually to all school staff as part of District 54's comprehensive approach to training and supporting the needs of students with life-threatening allergies. This guide may also be distributed to parents and students assigned to a classroom where a student with a life-threatening allergy is also assigned. District 54 is committed to ensuring a safe learning environment is provided to all students and will take proactive measures to ensure the unique needs of students with life-threatening allergies are accommodated.

### Food Allergy Facts

- It is estimated that about 4 percent of the adult population in the United States have food allergies and 8 percent of the school-age population have food allergies. Eight foods account for 90 percent of all allergic reactions. They are peanuts, tree nuts, milk, eggs, wheat, soy, fish and shellfish. A recent study estimates that 1.3 percent of Americans have a peanut or tree nut allergy. On average, 2-3 students in each District 54 classroom have food allergies.
- Researchers believe the prevalence of food allergies is increasing, the number of deaths from food-allergy induced anaphylaxis is growing, and children are the largest group of the population affected by food allergies. District 54 has seen a significant increase in the number of students affected by life-threatening food allergies over time.
- Most children outgrow their food allergies. However, an allergy to peanuts, tree nuts and seafood is often considered lifelong.
- Children with asthma who have food allergies are more likely to experience fatal anaphylaxis, even if their asthma is mild or well-controlled.
- Peanuts, tree nuts, fish, shellfish and eggs are the most common causes of anaphylactic reactions. Peanuts are the leading cause of food-induced anaphylaxis.
- Food allergies are the leading cause of anaphylaxis outside the hospital setting, causing approximately 200,000 emergency room visits annually.
- The amount of food needed to cause an allergic reaction varies from one person to another, but fatal reactions can be induced by very tiny amounts.
- Most individuals who experience a food-allergic reaction knew what they were allergic to and unknowingly ate that food. In most cases the allergy-causing food was an unexpected ingredient in another food. High-risk foods include candy, cookies, cakes and pastries.
- Many students with food allergies who have experienced an anaphylactic reaction are aware of their own mortality. The emotional, as well as the physical, needs of the student must be respected. Children with food allergies are at risk of teasing and eating disorders. School social workers and psychologists are available to work with families when these situations arise.

### Anaphylaxis

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

Anaphylaxis typically occurs immediately, but may occur hours after allergen exposure. Anaphylaxis is often treated with the administration of epinephrine, a prescribed medication that immediately counteracts the life-threatening symptoms. Epinephrine is an injection that is easily administered. When in doubt, medical advice indicates that it is better to give the student's prescribed EpiPen and then 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 or four hours later. It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved.

For students with food allergies, the amount of food needed to trigger a reaction depends on multiple variables. Consumption of as little as one five-thousandth of a teaspoon of an allergenic food can cause death. A person's level of sensitivity may fluctuate over time. Because there is a cumulative effect from past exposures to an allergen, the severity of a future exposure cannot be predicted. Every reaction has the possibility of developing into a life-threatening and potentially fatal anaphylactic reaction.

#### Signs of Anaphylaxis

- Whole body: fainting, lightheadedness, low blood pressure, dizziness or flushing
- Respiratory: throat tightness, runny nose, difficulty breathing, rapid breathing, shortness of breath or wheezing
- Skin: Itching, hives, swelling under the skin, blue skin from poor circulation or rashes
- Gastrointestinal: abdominal cramps, itchy tongue or mouth, diarrhea, nausea, or vomiting
- Also common: fast heart rate, feeling of impending doom, itching, tongue swelling, difficulty swallowing, facial swelling, mental confusion, nasal congestion or impaired voice

### Approaches to Limit Potential Reactions at School

- 1. Promote avoidance strategies. Avoidance of the food is the only way to prevent a reaction from occurring.
  - Do not allow food trading at school.
  - Insist that food provided at school be commercially prepared with detailed ingredient labels, not home-baked.
  - Consider non-food items as an alternative to classroom treats, such as stickers, pencils and book marks.
  - Enlist the cooperation of the PTA by requesting that the allergen not be present in food products offered to students at school (for example, no nuts of any kind).
  - Read labels.
- 2. Prevent cross contamination. For some students, skin or respiratory contact with the allergen can cause allergy symptoms.
  - All students must wash their hands with soap and water after eating. Alcohol hand sanitizer does not remove allergen residue.
  - Tables and desks must be washed after eating.
- 3. Educate, educate, educate
  - While maintaining confidentiality of the health needs of all students, provide parents of classmates with information about an allergy present and seek their cooperation.
  - Conduct annual in-service sessions with school staff.
  - Instruct school staff never to serve any food item containing peanuts or other nuts to any student whether the student has a known allergy or not.
  - Create classmate awareness and teach students respect for the special health needs of other children.
- 4. Be prepared to handle an allergic reaction. Know the 3 R's.
  - Recognize the symptoms of an allergic reaction.
  - **R**eact quickly.
  - **R**eview the emergency care plan.

### Guidelines for Working with a Child with Severe Allergies

- 1. When a child has been identified as having a severe allergy, the school nurse will contact the parent. The severe allergy survey may be completed by the parent or school nurse during the interview process.
- 2. The school nurse will send home a letter informing parents of what forms and medication need to be provided to the school. Included should be the School District 54 Medication In Schools Form and the Food Allergy Action Plan to be completed by the child's physician.
- 3. After gathering information, a decision is made regarding the necessary interventions that are needed to keep the student safe at school. Interventions such as creating a classroom or zone that is free of a known allergen may be considered. For example, if a student had a nut allergy, interventions such as a nut-free classroom or a nut-free zone may be considered.
- 4. The school will identify a core team to work with the parents and students to establish a prevention plan. Information and interventions are to be documented on the Severe Allergy Care Plan.
- 5. The school will instruct employees who interact with the student on a regular basis regarding food allergies, recognizing symptoms and responding in an emergency.
- 6. The school may send a letter home to the parents of other children in the student's class if necessary.
- 7. The principal will designate school personnel who have been trained to administer medications in an emergency situation.
- 8. The school will inform the student's school bus driver of allergy and emergency interventions; and enforce the "no food on the bus" policy.
- 9. With parent permission, the school can provide an educational program to the student's class regarding classmate responsibilities.

### **General Guidelines**

The safety of students with life-threatening allergies is a shared responsibility. The long-term goal is for the student to be independent in the prevention, care and management of the food allergy and reactions based on the student's developmental level. Each stakeholder has responsibilities as outlined here.

#### School Administration

School administrators will oversee the school team in the prevention, care and management of students with food allergies and reactions. Administrators will review the *District 54 Resource Guide for Students with Life-Threatening Food Allergies*.

They will provide training and education for all staff related to

- Allergies, insect stings, medications, latex, etc.
- How to administer an EpiPen in an emergency
- How to recognize symptoms of food allergy reaction and anaphylaxis

They will make sure that emergency health information regarding specific high-risk students is provided to all staff, including substitutes.

They will make sure that other stakeholders are fulfilling their responsibilities.

#### Nurse

When it comes to the care of students with life-threatening allergies at school, District 54 will depend on nurses to take the lead. Nurses are asked to assist the school team in both prevention and emergency care of students with food allergies and reactions.

Nurses are encouraged to foster independence on the part of students, based on the student's developmental level. The nurse shall also adhere to the following guidelines.

- Contact parents to obtain required allergy-related forms (Allergy History form, Emergency Action Plan form, Medication form, and Physician's orders).
- Schedule and participate in the meeting to develop the IHCP for the student, including, at least, the school administrator and the student's parent/guardian. As appropriate other school staff will also be included in the meeting.
- Conduct and monitor attendance of training for all staff members who work with the student at beginning of the school year.
- Meet with the student at the beginning of the year to familiarize the student with the Health Office and review procedures in the event of an emergency.
- Share names of students who have IHCPs with appropriate school staff so they can electronically review the plans.
- Post in the nurse's office and label the location of IHCPs and emergency medication, such as EpiPen (EpiPen should be in a secure location, but should not be locked).
- Periodically check medications for expiration dates and arrange for them to be made current.
- Make sure substitute nurses have completed orientation and keep nurse sub folders current (make sure there is a contingency plan in place in the case of a substitute nurse).
- Check to determine if substitutes in the building have read the substitute folder provided by the teacher. The office staff should communicate to nurses when substitutes are in the building.

#### Teachers and all Support Staff

Teachers are an essential part of the school team in the prevention of allergic reactions, care and management of activities on behalf of students with food allergies. Educators are encouraged to foster independence on the part of students, based on their developmental level. Teachers will receive the IHCP of any student in the classroom with life-threatening allergies as soon as information is available.

Teachers are expected to follow these guidelines.

- Participate in training regarding life-threatening allergies.
- Be familiar with the IHCP or Section 504 Plan of any student in the classroom with life-threatening allergies.
- Keep accessible the student's IHCP with a photo in the classroom.
- Leave information for substitute teachers in an organized, prominent and accessible format. Follow school guidelines for subfolders, including emergency procedures. Include the following statement in the sub folder "You have a student with a severe allergy. Review the Care Plan and call the building nurse for specific details."
- Inform parents of the student with allergies in advance of any in class events where food will be served.
- Follow the Care Plan in the case of an emergency.
- Reinforce school guidelines on bullying and teasing to avoid stigmatizing or harassing students with food allergies.
- Do not send students with food allergies home on the bus if they report any symptoms of an allergic reaction. Parents should be consulted any time the student reports even the slightest reaction.
- If necessary, teachers may send a letter home to all students to inform parents of classroom food allergies in the beginning of the year.
- Restrict the use of foods as instructional tools. To reduce the likelihood of severe allergic reaction, staff members must exercise caution when using food as a part of the curriculum or classroom activities.
- Promote and encourage healthy snacks at snack time.
- Collaborate with the nurse prior to planning a field trip. Arrange for EpiPen and any other required medications to be taken on field trips.
- Invite the parents of a student with life-threatening allergies to accompany their student on school trips, in addition to the chaperones.

#### Recess/Lunch Room Supervisors

Teachers and staff members responsible for lunch or recess shall be trained to recognize and respond to a severe allergic reaction or anaphylaxis. Recess/Lunch Room Monitors should be responsible for the following

- Basic facts regarding life-threatening allergies,
- Understanding symptoms of allergic reactions and anaphylaxis,
- Encouraging proper hand washing or use of hand wipes for students after eating,
- Thoroughly cleaning all tables and chairs after lunch,
- Reinforcing that only students with safe lunches eat at the allergy-free table and
- Reinforcing no sharing of food.

#### Custodians

Custodians should be responsible for

- Knowing basic facts regarding life-threatening allergies and anaphylaxis, and
- Thoroughly cleaning tables and flat surfaces after use.

#### **Transportation Staff**

Bus drivers should be trained in basic facts related to life-threatening allergies and anaphylaxis as well as symptoms of allergic reactions. Bus drivers should follow these guidelines.

- Do not allow a student with a suspected allergic reaction already in progress to board the bus.
- Maintain a policy of no food eating on school buses.
- Have and review the medical alert lists.
- Schedule EpiPen training with the school nurse if transporting a student who carries the EpiPen on the bus.
- Call 911 if they feel a child may be having an allergic reaction or if they have administered an EpiPen.

#### Parents/Guardians

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

- Inform the nurse by phone or in writing of your student's allergies prior to the opening of school (or immediately after a diagnosis).
- Provide a completed allergy history form, a completed emergency action plan from a licensed physician and a medical confirmation of allergy.
- Provide current EpiPen and other necessary medication(s).
- Participate in developing an IHCP with the nurse(s) and other school personnel.
- Communicate proactively with any District 54 employee who works with your child regarding the needs of your child.
- Allow your child to carry his own EpiPen when appropriate and be trained in how to administer the EpiPen, when this is an age-appropriate task.
- Educate your child regarding allergy symptoms and immediately reporting those to an adult.
- Encourage your child to report any teasing or bullying to an adult.

#### Students

Students must be an active part, if possible, in their own care and the control of potentially lifethreatening allergies. It is important that they are as independent as possible with all condition-related tasks and that they have an understanding of their potential symptoms. Students with life-threatening allergies are asked to do the following.

- Do not trade or share foods.
- Wash your hands or use hand wipes before and after eating.
- Learn to recognize symptoms of an allergic reaction.
- Notify an adult immediately if a reaction is suspected.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Develop a relationship with the nurse and at least one other trusted adult in the school to assist in identifying issues related to the management of the allergy in school.
- Refrain from eating anything with unknown ingredients.
- Develop a habit of always reading ingredients before eating food (when age appropriate).
- Carry your own medication when possible.

#### **PTA-Hosted Events**

The Parent-Teacher Association in each school plays an important role in supporting the school and providing social and educational activities for students and their families. In an effort to make these activities as safe as possible, the PTA must follow these guidelines.

These guidelines apply to **ALL** situations where food is involved in school, including both school-hosted and PTA-hosted events.

- School District 54 personnel are prohibited from providing food treats for their classes for snacks, classroom celebrations, recognition activities or incentive programs. This extends to clubs and extracurricular activities.
- Hot Lunch and Treat Fundraising Days are permitted. Sign-up sheets should list the restaurant where the food will be purchased, if applicable. If any part of the lunch is store-bought, the brand and name of the item must be on the sign-up sheet. The sign-up sheet should include a statement about parent permission and a place for a parent signature. No homemade items will be served. Junior high students must have a permission slip on file as well.
- Nothing we serve at school can contain peanuts or tree nuts. Peanuts and tree nuts can only be present in a fundraising, factory-sealed item that will be picked up by parents to eat at home.
- Room Parties and Other Celebrations during the School Day: No food will be served at these events. Food may only be served at celebrations before or after school where parents are present.
- **PTA Family Activities:** Parents are present and, therefore, supervising what their children consume. It is preferred that items be labeled and factory-sealed or be commercially prepared with the restaurant identified. Homemade baked goods should be avoided. Multicultural events may continue as planned.

#### School-Hosted Events

School personnel must make every effort to keep the students as safe as possible. In an effort to do so, these guidelines must be followed.

These guidelines apply to ALL situations where food is involved in school.

- School District 54 personnel are prohibited from providing food treats for their classes for snacks, classroom celebrations, recognition activities or incentive programs. This extends to clubs and extracurricular activities.
- Hot Lunch and Treat Fundraising Days are permitted. Sign-up sheets should list the restaurant where the food will be purchased, if applicable. If any part of the lunch is store-bought, the brand and name of the item must be on the sign-up sheet. The sign-up sheet should include a statement about parent permission and a place for a parent signature. No homemade items will be served. Junior high students must have a permission slip on file as well.
- Nothing we serve at school can contain peanuts or tree nuts. Peanuts and tree nuts can only be present in a fundraising, factory-sealed item that will be picked up by parents to eat at home.
- **Celebrations during the School Day:** No food will be served at these events. Food may only be served at celebrations before or after school where parents are present.
- **Family Activities:** Parents are present and, therefore, supervising what their children consume. It is preferred that items be labeled and factory-sealed or be commercially prepared with the restaurant identified. Homemade baked goods should be avoided. Multicultural events may continue as planned.
- Voluntary Breakfast Programs: If you have a voluntary breakfast program in your building, which means it is not required due to Free and Reduced Lunch numbers, anything served should be packaged and contain ingredient list. Nothing can be served that contains or may contain nuts or peanuts. Fruit, yogurt, cheese sticks and/or Nutrigrain bars are recommended. Granola bars can be a risk. Students who will be participating must have a permission slip from their parents. The permission slip must indicate what is being served. Adhere to that list of foods throughout the year. These guidelines also apply to your staff members who may keep breakfast foods for students.

### Possible Documentation for Students with Life-Threatening Allergies

Allergy Action Plan – A plan completed by the student's licensed physician or physician's designated licensed extender, such as a nurse practitioner or physician's assistant, that is designed for use by both nursing and school personnel. It outlines the care that a student could need in an emergency situation and is used as a guide to respond to a student who is experiencing a potentially critical situation.

Severe Allergy Health Care Plan – A document developed by District 54 nursing staff in collaboration with parents, the student's licensed physician and the school team to identify reasonable accommodations for the child's needs throughout the school day.

504 Plan – The intent of Section 504 of the Rehabilitation Act of 1973 is to provide students with disabilities equal access to educational programs, services and activities. Students with disabilities may not be denied participation in school programs and activities solely on the basis of disability.

### District 54 Board Policy 7:285/7:285-AP Anaphylaxis Prevention, Response, and Management Program

Book Section Title Number	Board Policy Manual 7 - Students Anaphylaxis Prevention, Response, and Management Program 7:285/7:285-AP, Status – Active
Legal	105 ILCS 5/2-3,149 and 5/10-22.39. 105ILCS 5/2-3.148, PA 96-0349
Adopted	April 7, 2011

Revised December 8, 2022

School attendance may increase a student's risk of exposure to allergens that could trigger anaphylaxis. Students at risk for anaphylaxis benefit from a School Board policy that coordinates a planned response in the event of an anaphylactic emergency. Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. Common allergens include animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat. An anaphylactic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can also occur up to one to two hours after exposure to the allergen. While it is not possible for the District to completely eliminate the risks of an anaphylactic emergency when a student is at school, an Anaphylaxis Prevention, Response, and Management Program using a cooperative effort among students' families, staff members, students, health care providers, emergency medical services, and the community helps the District reduce these risks and provide accommodations and proper treatment for anaphylactic reactions.

Legal-Reference: 105 ILCS 5/2-3.182, 5/10-22.39(e), and 5/22-30.23 Ill.Admin.Code 1.540.

Cross-Reference:	<u>4:110(a)/4:110(a)-AP – Student Transportation Services</u> 6:120/6:120-AP – Services to Students on Disabilities
	6:240/6:240-AP – Student Field Trips
	7:270/7:270-AP – Administering Medicine to Students Community Consolidated School District 54 Supporting Students with Life-Threatening Allergies Resource Guide

#### Administrative Procedures

- A. The superintendent or designee shall develop and implement an Anaphylaxis Prevention, Response, and Management Program for the prevention and treatment of anaphylaxis that:
  - 1. Fully implements the Illinois State Board of Education (ISBE)'s model policy required by following goals established in the School Code that:
    - a. related to the care and response to a person having an anaphylaxis reaction,
      - b. addresses the use of epinephrine in a school setting,
      - c. provides a full food allergy and prevention of allergen exposure plan, and
    - d. aligns with 105 ILCS 5/22-30 and 23 Ill.Admin.Code 1.540.
  - Ensures staff members receive appropriate training, including: (a) an in-service training program for staff who work with students that is conducted by a person with expertise in anaphylactic reactions and management, and (b) training required by law for those staff members acting as trained personnel, as provided in 105 ILCS 5/22-30 and 23 Ill.Admin.Code 1.540.
  - 3. Implements and maintains a supply of undesignated epinephrine in the name of the District, in accordance with policy 7:270, *Administering Medicine to Students*.
  - 4. Follows and references the applicable best practices specific to the District's needs in the Centers for Disease Control and Prevention's Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs and the National Association of School Nurses Allergies and Anaphylaxis Resources/Checklists.
  - 5. Provides annual notice to the parents/guardians of all students to make them aware of this policy.
- 6. Complies with state and federal law and is in alignment with Board policies.