

FOOD ALLERGY MANAGEMENT PLAN

Downers Grove District 58

Introduction

District 58 Food Allergy Management Plan

The goal of District 58 is to provide a safe environment for all children, including those with life-threatening allergies. Although the risk to students with these allergies in the schools cannot be completely eliminated, it can be greatly reduced. This plan of support addresses the identification of individual needs, staff awareness, necessary curricular and procedural modifications, and emergency plans. Protecting students with life-threatening allergies is the shared responsibility of families, schools, and the community. Although the focus of this document is on life-threatening food allergies, other life-threatening allergies can include bee/insect stings, medications, and latex. Therefore, some of this document will also apply to these situations.

Downers Grove School District 58 cautions that it is necessary for staff, students, and parents to understand that an all allergen-free environment is impossible to achieve, and to expect it is to harbor a false sense of security.¹

The purpose of this manual is to reduce unintended allergic reactions by outlining the problem, providing education on allergen avoidance strategies, establishing emergency response procedures, and outlining the responsibilities for the student, families, and the school system. District 58 will continue to monitor and evaluate this issue to ensure the proper implementation of these guidelines across our jurisdiction.

¹ See Connecticut Policy on banning specific foods, “Guidelines for Managing Life-Threatening Allergies in Connecticut Schools.”
http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/Food_Allergies.pdf.

General Information about Life-Threatening Allergies

Life-threatening allergies present increasing challenges for schools. Because of the severe nature of some of these allergies, school districts and individual schools need to be ready for the enrollment and attendance of students with food and other life-threatening allergies. Even in schools with comprehensive prevention plans, students may be subject to accidental ingestion of a food allergen, due to such factors as the large number of students, exposure of the student with allergies to food allergens, as well as cross –contamination of tables, desks, and other surfaces. Risk areas and activities for the student with food allergies include: the lunchroom, food sharing, hidden ingredients, craft, art and science projects, bus transportation, fundraisers, bake sales, parties and holiday celebrations, and field trips.

Allergic reactions to foods vary among students and can range from mild to severe, life-threatening anaphylactic reactions. Over 90 percent of allergic reactions are caused by the following eight foods: peanut, tree nut (walnut, cashew, pecan, hazelnut, almond, etc.), milk, egg, fish, shellfish, soy, and wheat. Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (touch) exposure or, in rare cases, inhalation exposure. The amount of food needed to trigger a reaction depends on multiple variables. Each food allergic person's level of sensitivity may fluctuate or diminish over time. The symptoms of a food allergy reaction are specific to each individual. He/she should be medically evaluated.

While this document focuses on food allergies, other life-threatening allergies may include bee/insect stings, medications, or latex, all of which have the potential of causing a life-threatening allergic reaction.

Anaphylaxis

Anaphylaxis is a potentially life threatening medical condition occurring in students with allergies after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock that are potentially fatal. Anaphylaxis typically occurs either immediately or up to two hours following allergen exposure. Anaphylaxis should be treated with the administration of epinephrine (EpiPen), a prescribed medication that immediately counteracts the life threatening symptoms.* Epinephrine is an easily administered injection. Call 911 when an EpiPen is used.

In about one-third of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two to four hours later. **It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved.** When in doubt, medical advice indicates that it is better to administer the student's prescribed EpiPen and seek medical attention. **Remember that in a crisis, a student may not be able to self-administer medication, even if given permission to do so.**

* Treatment should take place immediately following a known exposure. Epinephrine may be ineffective if treatment of anaphylaxis symptoms is delayed.

Individual Health Care Plan / Food Allergy Action Plan

An Individual Health Care Plan/Food Allergy Action Plan is a written plan that is based on the physician's statement and outlines what the school can do to accommodate the individual needs of a child with a life-threatening allergy. Prior to enrollment in school (or immediately after the diagnosis of a life-threatening allergic condition), the parent/guardian should meet with the certified school nurse (and food service personnel, as needed) to develop an individualized health care plan/food allergy action plan.

Guidelines for Students with Life-Threatening Allergies

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

1. Do not trade or share food or utensils.
2. Wash hands or use hand wipes before and after eating.
3. Learn to recognize symptoms of an allergic reaction or accidental exposure, and notify an adult immediately if a reaction is suspected.
4. Learn the difference between safe and unsafe foods. Do not eat anything with unknown ingredients or ingredients known to contain an allergen or its byproducts.
5. Develop a habit of always reading ingredients before eating food.
6. Be responsible for carrying your medication(s), if medically necessary. If a Medic Alert bracelet is provided by your parent, wear your ID at all times.
7. Be responsible for the appropriate use of your medication if you are participating in extracurricular activities.
8. Inform others (and friends) of your allergies and your specific needs.
9. Self-advocate in situations that you might perceive as compromising your health.
10. Do not board the bus if you are experiencing an allergic reaction.
11. Report teasing, bullying and threats to an adult authority.

Guidelines for Parents/Guardians

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

1. Contact the school to inform the staff that your child has a food allergy.
2. Indicate your child's allergies on the annual school emergency form prior to the opening of school (or immediately after a diagnosis). (Form A)
3. Provide the following completed documents:
 - ❖ The Annual Severe Allergy Survey, Parent Information. (Form B)
 - ❖ Complete and have your physician sign the School Medication Authorization Form (Form C)
4. In addition, complete the following forms as necessary:
 - ❖ Annual Physician's Statement for Children Requiring Menu Modifications or Substitutions, if your child requires a substitute from the school lunch program. (Form D)
 - ❖ The Lunchroom Table Preference Form (Form E)
 - ❖ The Extracurricular Allergy Permission Form, if your child is to participate in sports at the middle school. (Form F1)

Guidelines for Parents/Guardians - continued

5. Periodically check for expiration dates and provide the school with current medications, EpiPens or inhalers.
6. Notify the school nurse if your child has experienced any changes in medical status or if there are any changes in medications.
7. Make sure your child knows how to self-administer his/her medication before expecting self-administration at school, if age-appropriate.
8. Provide a Medic Alert bracelet for your child, if appropriate.
9. Participate in developing a Food Allergy Action Plan, with the appropriate school staff as necessary. (Form G)
10. Notify supervisors of any before and after school activities, sponsors of events, and clubs regarding your child's allergy and provide necessary medication.
11. If you choose to have your child retrieve medication from the nurse's office for the extracurricular activity in the middle schools, your child must be responsible for picking it up and returning it.
12. Be willing to go on your child's field trip, if requested. While the school will not exclude a student with allergies from a field trip, a parent may choose to do so.
13. Provide safe classroom snacks for your own child.
14. Educate your child in the self-management of his/her food allergy.
15. Arrange for your child to carry his/her own EpiPen, when appropriate, or know where the EpiPen is located.
16. Encourage your child to:
 - ❖ Recognize safe and unsafe foods and do not share snacks, lunches, utensils, or drinks.
 - ❖ Read ingredient labels before eating food.
 - ❖ Understand the importance of hand washing before and after eating.
 - ❖ Inform others of allergy and specific needs.
 - ❖ Report teasing or threats regarding his/her allergy to an adult authority.
17. Empower your child to self-advocate in situations that he/she might perceive as compromising his/her health.
18. Review the Guidelines for Students with Severe Allergies periodically with your child.
19. Provide the school with two small photographs.

Guidelines for School Administration

Administrators assist school faculty and staff in the prevention, 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 her/his developmental level. It is the responsibility of administrators to:

1. Review the District 58 Food Allergy Management Plan.
2. Review registration information to identify children who may have life-threatening allergies.
3. Review Food Allergy Survey and related forms as submitted by parents.
4. Schedule a meeting with the parents and appropriate staff members to determine the needs of the child and develop an individual health plan. Possible topics for review:
 - a. Survey completed by parents
 - b. Child's ability to monitor allergy on their own
 - c. Child's ability to self-administer medication
 - d. Need for allergy-free lunch table
 - e. Special considerations needed for field trips, class parties, special events, etc.
5. Arrange for the staff trainings as required by law.
6. Include students with food allergies in school activities. Students should not be excluded from school activities because of a food allergy.
7. Provide a location for medications and provide emergency communication devices for all school activities, including gym, lunch recess, and transportation that involve a student with life-threatening allergies.
8. Arrange for an allergen-free table in the lunchroom as necessary.
9. Ensure that emergency health information regarding specific high-risk students is provided to all staff, including substitutes.
10. Provide district approved cleaning products to classroom teachers and other school personnel.
11. Plan for student transitions to the next grade level each spring for the next school year.

Guidelines for the Certified School Nurses

Nurses assist the school team in both prevention of allergic-reactions and emergency care of children with food allergies. Nurses are encouraged to foster independence on the part of children, based on their developmental level. Certified school nurses are expected to:

1. Review the District 58 Food Allergy Management Plan.
2. Contact parents to obtain required allergy-related forms.
3. Review Annual Severe Allergy Survey provided by parent. (Form B)
4. Participate in the meeting with the parent and other school staff to determine the needs of the child and develop an individual health plan.
5. Meet with student and or parent as appropriate at the beginning of the school year to familiarize the student with the health office and review procedures in the event of an emergency.
6. Share developed plans with appropriate school staff.
7. Review the plans again with appropriate staff and make revisions, as necessary if the student has had a severe reaction.
8. Post and label location of Food Allergy Action Plans and emergency medications, *e.g.*, EpiPens in the Health Office. EpiPens should be in a secure location, but not locked.
9. Maintain a roster of expiration dates and check allergy-related medications stored in the Health Office periodically.
10. Include severe allergy information in annual health review for staff and new staff training.
11. Provide necessary information/training to staff that have regular, sustained contact with students with life-threatening allergies. Information should include student names, risk factors, and medications on at least an annual basis.
12. Provide an Allergy Action Plan and medications plan for students with severe, life threatening allergies when on field trips.

Guidelines for the Classroom Teachers

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

Teachers are expected to:

1. Review the District 58 Food Allergy Management Plan.
2. Participate in in-service training on the identification of anaphylaxis, risk-reduction and emergency response procedures as required by law.
3. Be familiar with the Individual Food Allergy Action Plan and/or 504 Plan of any student(s) in the classroom with life-threatening allergies.
4. Keep the student's plan in an identified, accessible location.
5. Inform student teachers, substitute teachers, and classroom assistant(s) of the student with food allergies.
6. Inform parents of the student with allergies in advance of any in-class events where any food will be served or used as a class activity. Work with parents to provide a safe alternative, if appropriate.
7. Never question or hesitate to immediately initiate intervention based on individual Food Allergy Action Plan if a student reports signs of an allergic reaction.
8. Contact the office or nurse immediately if a student exhibits signs and symptoms of a severe allergic reaction. Do not send another student. Time is of the essence.
9. Use only district-approved cleaning products in the classroom.
10. Clean up your desk and wash your hands after eating at your desk if there is a student with a food allergy on your team or in your class.
11. Reinforce school guidelines on bullying and teasing to avoid the harassment of students with allergies.
12. Designate a separate area where students with allergies may place their lunches.
13. Do not allow a child to board the school bus if child is experiencing symptoms of allergic reaction.
14. Communicate field trip dates and information in advance as appropriate.

Snack/Lunch Time

1. If the teacher discovers restricted food (as defined in the Food Allergy Action Plan) in the classroom, intercede on behalf of the student with severe, life-threatening allergies.
2. When necessary, have the students wipe down their own individual desks with district-approved cleaning supplies.
3. Reinforce hand washing before and after eating.
4. Work with parents to provide alternate snacks for students with allergies, if necessary.
5. Create alternate snack locations for students who may have brought a restricted food for snack.

Classroom Activities and School Day Events

In order to reduce the likelihood of a severe allergic reaction, staff members must exercise caution when using food as a part of the curriculum or classroom activities. The classroom teacher has the following responsibilities:

1. Make appropriate accommodations for children with allergies. Do not isolate or exclude a child because of allergies.
2. If an animal visits the classroom, special attention must be paid to other allergies children may have (*e.g.*, dander) and to the animal's food (peanuts, soy or milk).
3. Notify parents in advance of a classroom activity or event using food or animals as required by the individual health plan. Work with the parents to provide a safe alternative or plan.
4. Read food labels and give consideration to the possible presence of allergic substances.

Field Trips

Field trips are an extension of classroom activities. Field trips should be considered and selected subject to the following guidelines:

1. Consider the student's Individual Health Plan and Food Allergy Action Plan when planning a field trip due to a risk of allergen exposure.
2. Collaborate with the building nurse prior to planning a field trip. Ensure medications (EpiPen) are taken on field trips.
3. Identify one staff member who will be assigned the task of watching out for the student's welfare and handling any emergency.
4. Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
5. Invite parents of student(s) at risk for a severe allergic reaction to accompany his/her child on school trips, in addition to the chaperone(s). However, the parent's presence at a field trip is not required.
6. Consider ways to wash hands before and after eating (*e.g.*, provision of hand wipes, *etc.*)
7. Plan for the availability of a communication device.
8. Know your location when dialing 911.
9. Call 911 if you administer the EpiPen.

Guidelines for Coaches and Supervisors of School Funded Activities

1. Review the District 58 Food Allergy Management Plan.
2. Participate in in-service training on the identification of anaphylaxis, risk-reduction and emergency response procedures.
3. Review the Food Allergy Action Plan and/or 504 Plan with the building nurse, for any indicated students.
4. Clearly identify who is responsible for keeping the EpiPen or other medication, and where it will be kept.
5. Collect necessary equipment and medications from the student prior to the activity and return the medications to the student after the activity.
6. Make certain that emergency communication device (*e.g.*, walkie-talkie, intercom, cell phone, PDA, *etc.*) is always present.
7. Cover or tape Medic Alert identifications or use alternative identification. They must not be removed for activities.
8. Call 911 if you suspect a life-threatening allergic reaction and know your location. If you use an EpiPen, call 911.

Guidelines for Recess/Lunch Room Supervisors

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

1. Review the District 58 Food Allergy Management Plan.
2. Participate in in-service training on the identification of anaphylaxis, risk-reduction, emergency response procedures and confidentiality.
3. Review your role in a severe allergy situation with school staff.
4. Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the building office or school nurse.
5. Provide emergency treatment, dial 911, then inform the principal when the nurse is not available.
6. Know that sometimes a student having an allergic reaction may withdraw, run, go to the washroom, *etc.*, and should be monitored.
7. Be aware of the location of EpiPens and other medications.
8. Allow children whose parents have requested the allergen-free table to sit at the allergen-free table.
9. Exempt students with food allergies from cleaning lunch tables.
10. Encourage hand washing or use of hand wipes for students after eating, as directed by the building administrator.

Guidelines for the Custodial Staff

Custodial Staff Checklist

1. Review the District 58 Food Allergy Management Plan.
2. Participate in all in-service training on the identification of food-allergic reactions, risk-reduction and emergency response procedures.
3. Take all complaints seriously from any student with a life-threatening allergy. Immediately advise office nurse or attending staff member of situation.
4. Clean tables and chairs according to established routine with school district cleaning agents, with special attention given to designated allergen-free eating areas. Use separate cloths for allergen safe tables (Appendix F)
5. Clean classrooms, desks, computer keyboards, doorknobs and lockers routinely with school district-approved cleaning agents, with special attention to classrooms attended by students with food allergies.



Downers Grove Grade School District 58 Student Information and Emergency Form

FOR OFFICE USE		
<input type="checkbox"/> Birth Cert	<input type="checkbox"/> Residency	<input type="checkbox"/> Medical Records
Start Date _____	Homeroom _____	
Bus Route AM _____	Bus Route PM _____	
Bus Stop AM _____		
Bus Stop PM _____		

Last Name _____ First Name _____ Middle Name _____ Grade _____

Birthdate _____ Birth City _____ Gender _____ Language Spoken at Home _____

Address _____ City _____ Zip _____

Home Phone _____ Mother's Maiden Name _____ Medicaid # _____ **If born outside the US, number of consecutive years attending US schools _____**

Student Lives with _____

Father _____ Cell # _____ Work # _____

Relationship to Child _____ Email _____ Employer _____

Mother _____ Cell # _____ Work # _____

Relationship to Child _____ Email _____ Employer _____

Other Parent/Guardian1 _____ Cell # _____ Work # _____

Relationship to Child _____ Email _____ Employer _____

Other Parent/Guardian2 _____ Cell # _____ Work # _____

Relationship to Child _____ Email _____ Employer _____

Other Parent/Guardian Mailing Name _____ Address _____

City _____ State _____ Zip _____

1. Emergency Contact _____ Relationship To Child _____

Contact Phone # _____ Contact Cell Phone # _____

2. Emergency Contact _____ Relationship To Child _____

Contact Phone # _____ Contact Cell Phone # _____

Please list siblings their gender and DOB _____

Medical Considerations and/or Comments: _____

I give permission for my child's work to be displayed. Yes / No

I give permission for my phone number to appear in the school directory. Yes / No

I give permission for my child's photograph and/or audio/video taping to be displayed or used in district publications and/or on the district web site, and/or by the media in print or online. Yes / No (I understand permission is granted if no choices are selected)

<p>Doctor's Name _____ Doctor's Phone # _____</p> <p>Emergency Consent:</p> <p>I hereby certify that I have legal custody of this child and authorize the school, in case of emergency and I cannot be reached, to 1) contact and release my child for care to the persons listed as emergency contacts; and/or 2) take such action as may be deemed necessary including transportation of the student to a hospital or medical center; and/or 3) authorize emergency treatment by qualified paramedics or by a licensed medical doctor in the event of a medical emergency which, in the opinion of the school official, paramedics or attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.</p> <p>Parent/Guardian Signature _____ Date _____</p>

Annual Severe Allergy Survey – Parent Information

SCHOOL YEAR _____

Please provide us with information about your child’s allergies. Annually, please update this form with new information. If there are questions, your school nurse will follow up with you.

Student Name _____ Grade _____

1. Please indicate what your child is allergic to by checking the appropriate box.

- peanuts
- tree nuts
- milk
- bee sting
- latex
- other _____

2. At what age did your child first experience d their allergic reaction? _____
Number of times and when _____

3. Please describe the type of allergic reaction he/she has had in the past?

- Itching, tingling, or swelling of lips, tongue, mouth
- Hives, itchy rash, swelling of the face or extremities
- Nausea, abdominal cramps, vomiting, diarrhea
- Tightening of throat, hoarseness, hacking cough
- Shortness of breath, repetitive coughing, wheezing
- Fainting, pale, blueness
- Other _____

4. Has your child seen a doctor for this allergy? Yes No

5. Has your child been seen at an emergency room because of an allergic reaction, and if so, what medication was given?

6. When was the last time your child had an allergic reaction?

7. How do you treat allergic reactions at home?

8. Does your child have an Epi-Pen at home? Yes No

9. If yes, does your child know how to use the Epi-Pen? Yes No

10. Please indicate when your child reacts to the allergen by checking the appropriate box

- eats it
- inhales it
- touches it
- other _____

11. May we share your child’s allergy information with his/her classmates and other school personnel?
 Yes No

Parent Signature _____ Date _____

DOWNERS GROVE GRADE SCHOOL DISTRICT 58
SCHOOL MEDICATION AUTHORIZATION FORM

STUDENT'S NAME _____ BIRTH DATE _____
ADDRESS _____
PHONE NUMBER _____ EMERGENCY PHONE # _____
SCHOOL _____ GRADE _____

TO BE COMPLETED BY PARENT

I _____, parent or guardian of _____ hereby authorize Downers Grove Grade School District #58 and its employees and agents, in my behalf and stead, to administer to my child, (or allow my child to self-administer, while under the supervision of the employees and agents of the School District) lawfully prescribed medication in the manner described below, or allow my child to self-administer inhaler medication or epinephrine auto-injector as needed without direct supervision if approved by the physician. I further acknowledge and agree that, when lawfully prescribed medication is so administered, I waive any claims I might have against the School District, members of the Board of Education, its employees and agents arising out of the administration of said medication. In addition, I agree to indemnify and hold harmless the School District, members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries including reasonable attorney's fees and costs expended in defense thereof, incurred or resulting from the administration of said medication. I/We hereby authorize School District 58 to contact our family/treating physician for any clarifying or emergent information concerning the administration of this medication.

Parent's Signature & Date _____

TO BE COMPLETED BY PHYSICIAN

NAME OF MEDICATION _____
DOSAGE _____ TIME _____
DURATION OF ADMINISTRATION _____
TYPE OF SICKNESS OR ILLNESS _____
MUST THIS MEDICATION BE ADMINISTERED DURING THE SCHOOL DAY IN ORDER TO ALLOW THE CHILD TO ATTEND SCHOOL? Yes ___ No ___
ARE THERE ANY SIDE EFFECTS TO THE MEDICATION?..... Yes ___ No ___
IF YES, PLEASE SPECIFY _____
MAY THE STUDENT SELF-ADMINISTER THE MEDICATION?.....Yes ___ No ___
MAY THE STUDENT MAINTAIN AND STORE THE MEDICATION ON HIS/HER PERSON OR IN AN AREA WHICH IS READILY ACCESSIBLE?..... Yes ___ No ___

Doctor's Name (print) _____ Doctor's Signature/Date _____
Address _____
Phone/FAX _____

06/2006



**Annual Physician's Statement for Children
Requiring Menu Modifications or Substitutions during the School Day**

Please complete and return ONLY if you are requesting a lunch meal substitution for your child.

Child's Name:	
Grade:	
School:	
Phone #:	

I consent to the sharing of relevant medical information between the school and the physician's office.

Parent Signature

Print Parent Name

Date

Phone Number

- Check box if you wish Food Service Department to contact you regarding the availability of Safe Meals.

<i>All below sections must be completed by physician.</i>				
	Food Allergy	Circle Severity *		
Child's condition requiring menu modification or substitution:*		S	N	I
		S	N	I
		S	N	I
		S	N	I
		S	N	I
Explanation for the restrictions of the child's diet:				
The food or foods to be omitted from the child's diet:				
Food or foods that must be substituted and/or modified:				

*Circle appropriately for each allergy

S = Severe

N = Non-Severe

I =Intolerance

Severe – allergy causing anaphylactic shock

Non-severe – allergy not causing anaphylactic shock

Intolerance – an adverse digestive response

Licensed Physician Signature

Print Physician Signature

Date

Phone Number

NOTE – This form MUST be updated yearly



Lunchroom Table Preference Form

Date: _____

Dear Parents of: _____

For students who have a life-threatening allergy, we will provide an allergen-free table at lunch. Please sign and return this notice to the Health Office indicating where you would like your child to be seated. If you wish to change your preference, we ask that you send us written notification.

_____ allergen-free table

_____ regular lunchroom table

Please note that your child will sit at the allergen-free table until this form is returned.

Sincerely,

Parent Signature

Date



Downers Grove School District 58

FORM F

**Extra Curricular Permission Form for Students
with Severe Allergies**

School Year _____

Student Name _____

Emergency Parent Phone _____

Dear Parents,

If you indicated on the school emergency form that your child has a severe allergy or asthma, please indicate your preference for treatment during this activity. **You must return this signed form before your child can participate in any after-school physical activity.** Please check one and sign below.

_____ My child **does not** have a severe allergy.

_____ My child does not require medication after school or during this extra-curricular activity for the treatment of his/her severe allergy.

_____ My child requires the use of an EpiPen and/or Benadryl for the treatment of severe allergy during the extra-curricular activity. He/she will carry and administer his/her own medication according to Doctor's orders. I have completed or am including an EpiPen carry and/or self-administration form signed by myself and my child's physician **Please note: If your child does not have his/her medication with him/her, he/she will not be allowed to participate.**

_____ My child requires the use of an EpiPen and/or Benadryl for the treatment of severe allergy during the extra-curricular activity. I give my permission for the school nurse or office staff to provide the EpiPen and/or Benadryl stored in the Health Office to my child prior to the activity. My child will transport and staff will administer. **I also recognize that I am responsible for returning the medications to the Health Office the following day for use during school hours.**

It is helpful if the parent provides a second EpiPen and/or Benadryl to be kept in the nurse's office.

Please note: Students who self-carry or transport medication may hand it to the coach/staff member prior to the start of the activity. The coach/staff member will place it in the emergency bag for ease of access should an emergency occur. At the end of the activity, the student must retrieve the medication from the coach.

Parent Signature

Date

Parent Signature

Date

Food Allergy Action Plan

Name: _____ D.O.B.: ____ / ____ / ____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

Place
Student's
Picture
Here

Extremely reactive to the following foods: _____

THEREFORE:

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
 If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

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 and/or lips)
 SKIN: Many hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
 GUT: Vomiting, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
 -Antihistamine
 -Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth
 SKIN: A few hives around mouth/face, mild itch
 GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____
 Antihistamine (brand and dose): _____
 Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature _____

Date _____

Physician/Healthcare Provider Signature _____

Date _____

TURN FORM OVER

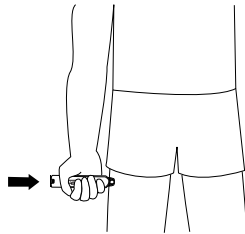
Form provided courtesy of FAAN (www.foodallergy.org) 7/2010

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



Remove caps labeled "1" and "2."

Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



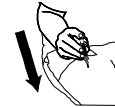
SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.



Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.



Adrenallick™ 0.3 mg and Adrenallick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: () -) Doctor: _____
Parent/Guardian: _____

Phone: () - _____
Phone: () - _____

Other Emergency Contacts

Name/Relationship: _____
Name/Relationship: _____

Phone: () - _____
Phone: () - _____

Appendix A: Return to School After a Reaction Checklist

1. Obtain as much accurate information as possible about the allergic reaction. Helpful information might include:
 - 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
2. Identify those who were involved in the medical intervention and those who witnessed the event.
3. Meet with the staff or parent/guardian to discuss what was seen and dispel any rumors.
4. 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.)
5. 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.
6. 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.
7. Explanations shall be age appropriate.
8. Review the Food Allergy Action Plan, Individual Health Care Plan (IHCP) and/or 504 Plan. Amend the student's IHCP and/or 504 Plan to address any changes that need to be made. If a student does not have an IHCP and/or 504 Plan, consider initiating one.
9. Review what changes need to be made to prevent another reaction; do not assign blame.

Appendix B: Older Students With Food Allergies

Food-allergic teens have unique needs because of the turbulent nature of the teenage years and the characteristics of a typical day of a middle school student. As a result, additional factors need to be regarded at the middle school level in order to provide the best care for food-allergic teens. The multidisciplinary team should consider the factors below when developing the school district's food-allergy policy, as it pertains to food- allergic teens.

Students move to different classrooms, frequently in larger buildings and campuses, presenting needs for updated avoidance strategies, epinephrine availability, and designated assistance.

Certain classes give rise to new avoidance issues. (i.e. chemistry/biology labs, home economics/culinary class, etc.)

The number of off-site school-sponsored functions increases. (i.e., travel, sometimes to other states and foreign countries; athletic games and competitions, sometimes in other towns; dances; etc.)

Risk-taking behaviors frequently accompany the independence of adolescent years. Identify appropriate staff for the emergency administration of the epinephrine auto-injector even when a student is able to self-administer life-saving medication. Although teenage students will more than likely be permitted to carry and self-administer emergency medications, those students must not be expected to have complete responsibility for the administration of the epinephrine auto-injector. A severe allergic reaction can completely incapacitate a student and inhibit the ability to self-administer emergency medication. The nurse/Designated School Personnel (DSP) must be available during school and school-sponsored functions to administer the epinephrine auto-injector in an emergency.

Appendix C: Cleaning Research

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 percent of the hands cleaned using water only still had detectable levels of allergen (peanut butter). Do not use water only to wash hands.

50 percent 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, T.T., Conover-Walker, M.K. Journal of Allergy and Clinical Immunology)

Appendix D: Emotional Wellness

Children can feel a range of emotions associated with their allergy: fear, sadness, anger, and loneliness. The two primary feelings are anxiety and depression.

Several factors can influence the intensity of these emotions, among them the child's own temperament, his experience with allergic reactions, his age and the attitudes of his parents and teachers. Children who are naturally more timid may need additional assurance or coaching to ward off anxiety, while children who are not naturally apprehensive may need parents and teachers to instill a sense of caution. A child who has experienced a severe allergic reaction is more likely to be anxious about his allergy.

Children look to the adults in their lives for cues on how to react to a situation. Confident and matter-of-fact handling of the child's allergy tells him that he can accept his allergy and meet new situations with confidence and sensible caution. Age-appropriate safety education throughout the early years with an allowance of greater responsibility as the child matures will help to build confidence and a sense of control.

Children don't want to be treated differently from classmates; they want to be part of the group and don't want their allergies highlighted. As a child matures, however, feelings of isolation or being different can develop into sadness and deepen into depression. If anxiety or depression affects schoolwork or relationships with friends or family members, parents/guardians may want to seek out professional assistance and support to help their child cope with these feelings.

Parents/Guardians also can help by showing children, through books and music examples of people with food allergies who have not let food allergies hinder them from pursuing their goals. Another way to help children cope with everyday situations is through role-playing: parents and children can practice what to do and say when faced with challenging situations. If a child is invited to a party where food is a big part of the celebration, parents/guardians can provide appealing and safe options so that the child doesn't feel left out, as well as provide or suggest food that all can eat.

Encouraging children to develop friendships and to participate in activities that they enjoy helps them to define themselves and to mature. Allergies are a part of life that they cannot ignore, but they are just one part. Parents/Guardians and teachers should help children focus on what they can do, not what they can't, and to cheer them on as they follow their dreams.

Support groups are available to help families and educators cope with the challenges of dealing with food allergies. Groups can be found by visiting the Food Allergy Initiative Web site (www.faiusa.org) or the Food Allergy and Anaphylaxis Network Web site (www.foodallergy.org).

Appendix E: Additional Resources

American Academy of Allergy, Asthma and Immunology (AAAAI)

555 East Wells Street

Suite 1100

Milwaukee, WI 53202-3823

414-272-6071

<http://www.aaaai.org>

http://www.aaaai.org/patients/resources/fact_sheets/food_allergy.pdf

http://www.aaaai.org/members/allied_health/tool_kit/ppt/

Children's Memorial Hospital

2300 Children's Plaza

Chicago, IL 60614

773- KIDS-DOC

<http://www.childrensmemorial.org>

Food Allergy Initiative

1414 Avenue of the Americas

New York, NY 10019

The largest private source of funding for food allergy research in the United States. Illinois Support Group Listings.

<http://www.faiusa.org>

Food Allergy and Anaphylaxis Network (FAAN)

10400 Eaton Place, Suite 107

Fairfax, VA 22030-2208

800-929-4040

Educational materials including facts and statistics, sample plans, books, presentation tools, posters, etc., for staff, parents and students. Illinois Support Group Listings.

<http://www.foodallergy.org>

FAANKids and FAAN Teen

Food allergy news from kids and teens from FAAN

<http://www.faankids.org>

<http://www.faanteen.org>

FDA Recall Web site

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

Pharmaceutical Companies and Medical Alert Jewelry

AdrenaClick

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

EpiPen and EpiPen Jr.

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

Twinject

www.twinject.com

www.twinjecttraining.com

MedicAlert Foundation

2323 Colorado Avenue

Turlock, CA 95382 (888) 633-4298

www.MedicAlert.org

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, H.A., Munoz-Furlong, A., Campbell, R.L., Adkinson, N.F. Jr., Bock, S.A., 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: Synonym 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 also can 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>

504 Plan: The Rehabilitation Act of 1973 Section 504 prohibits discrimination against a qualified, handicapped individual by any program that receives federal funds. Each school district has a 504 committee which will determine an individual student's eligibility. When a 504 Plan is being developed, it is based on the student's Food Allergy Emergency Action Plan (EAP) and also may encompass the student's Individual Health Care Plan (IHCP) and any other documents the parents/guardians and school deem relevant. The 504 Plan is a legal document and confers the right of establishing a grievance procedure for alleged violations of the plan. The student's parents/guardians are entitled to a due process hearing, which may include administrative and/or federal court procedures, if alleged grievances cannot be resolved through the school channels.

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 also can 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 that 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 that 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 also should include the review of important principles, such as never leaving a student experiencing any 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.