

Danville School District #118

Anaphylaxis Prevention, Response, and Management Program

Overview

According to the Centers for Disease Control (CDC), studies show that approximately 4-6% of children in the United States are affected by food allergies. Sixteen to eighteen percent of children with food allergies have had a reaction from accidentally eating food allergens while at school. Additionally, 25% of the severe and potentially life threatening reactions (anaphylaxis) reported at school happened in children with no previous diagnosis of food allergy. Every food-allergic reaction has the possibility of developing into a life-threatening reaction and even with proper treatment can be fatal. A life threatening reaction can occur within minutes or hours after exposure to the allergen. Some individuals may react to touching or inhaling the allergen, while for others, consumption of a miniscule amount of an allergenic food can cause death.

While there are many possible reactions to food, it is important to understand why a food allergy is different. Individuals with a food allergy have an immediate, immune-mediated reaction to specific foods. Although any food can cause a food allergy, the most common food allergies in childhood are milk, egg and peanut. Other common allergens include wheat, soy, fish, shellfish and tree nuts. Allergies to seeds, such as sesame and mustard, also seem to be on the rise. When a child has a food allergy, the only current management to prevent a reaction is strict avoidance. Children may have life-threatening reactions with the ingestion of even very small amounts of a food allergen. This may happen when foods are cross-contaminated, or when food labels are not accurate or available. Some foods contain unexpected ingredients, such as milk protein in low fat luncheon meats.

Additionally, some non-food products used in schools such as clay, paste or finger paints can also contain allergens that may or may not be identified on the label. Latex can also cause anaphylactic reaction. Upon exposure to the allergen, symptoms affecting the cardiovascular system, respiratory system, skin, gastrointestinal tract may develop and a life-threatening reaction may occur.

It is the policy of the Illinois State Board of Education, according to [Public Act 102-0413](#), that each school district must have an anaphylaxis policy. Illinois School Code ([105 ILCS 5/2-3.182\(a-g\)](#) and [Section 22-30](#)) require that all public schools, nonsectarian nonpublic schools, and charter schools create and implement policies concerning anaphylaxis prevention and treatment. These policies must also be reviewed and reevaluated every three years and be updated to reflect any necessary and appropriate revisions.

The key to success is open lines of communication. This plan creates formal avenues for starting those discussions. Parents of children with food allergies are encouraged to talk to teachers, administrators, nurses and other school officials about the individual needs of their child. Staff, too, are encouraged to reach out to parents of children with food allergies if they have any questions or concerns about helping students manage their allergies in school.

Parents of students with known life-threatening allergies and/or anaphylaxis should provide the school with written instructions from the student's health care provider for handling anaphylaxis and all necessary medications for implementing the student-specific order on an annual basis. This may be provided as part of a student's Individualized Education Program or Section 504 Plan. This anaphylaxis response policy is not intended to replace student-specific orders or parent-provided individual medications.

In creating this plan, information from several sources was reviewed and utilized including: the Food Allergy Research & Education (FARE) website, the Illinois State Board of Education model policy for schools, the Centers for Disease Control and Prevention (CDC), as well as plans from several peer districts. Danville District 118 hopes that the guidelines will allow schools to be allergen-safe, and ensure that:

- Students are safe and able to learn academically and grow emotionally and socially in schools.
- Our school community would gain a better understanding of the needs of students with food allergies and other special dietary needs.
- Parents of students with allergies would gain comfort that the district has established procedures and protocols to safeguard all children and staff.
- Staff would have easy-to-follow guidelines for food in classrooms and around the schools.

** The term allergen-safe refers to an environment that is made as safe as possible from food allergens. The phrase should not be interpreted to mean an allergen-free environment totally safe from food allergens. There is no failsafe way to prevent an allergen from inadvertently entering a school or ECE program facility.*

Policy Limitations

Parents of students with known life-threatening allergies and/or anaphylaxis should provide the school with written instructions from the student's health care provider for handling anaphylaxis and all necessary medications for implementing the student-specific order on an annual basis. This may be provided as an Individual Health Care Plan, an Emergency Action Plan, or as part of a student's Individualized Education Program or Section 504 Plan.

This anaphylaxis response policy is not intended to replace student-specific orders or parent-provided individual medications. This model policy is intended to supplement the standing protocol in place for schools that already have undesignated epinephrine. This policy should address all school-sponsored activities (including transportation to and from school, field trips, and sporting events) in alignment with School Code (105 ILCS 5/2- 3.182(a-g) and Section 22-30).

This policy addresses a school's response to anaphylactic reactions in a typical setting of a school and may not specify extenuating circumstances that may occur in a standard school setting. Schools should address anaphylactic emergencies in memoranda of understanding and contract agreements as they consider their response plan to take into account contracted providers who may have a presence in your buildings and provide health care. Not all schools have a school nurse or certified health staff on a regular basis. Schools are encouraged to take this into consideration in developing plans for the district. If your school has a school-based health center, consider collaboration to develop a comprehensive plan.

Glossary of Terms

Anaphylaxis - A severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. An anaphylactic reaction can occur up to one to two hours after exposure to the allergen. Common allergens include animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat.

Anaphylaxis Prevention, Response, and Management Program (Program) - The overall process that the Superintendent and other District-level administrators use to implement policy 7:285, Anaphylaxis Prevention, Response and Management Program, which is based upon the ISBE Model.

Anaphylaxis Prevention, Response, and Management Committee (Committee) - A District-level team that the Superintendent creates to develop an Anaphylaxis Prevention, Response, and Management Program. It monitors the District's Anaphylaxis Prevention, Response, and Management Program for effectiveness and establishes a schedule for the Superintendent to report information back to the Board once every three years.

CDC Guidelines - The Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs, published by the Centers for Disease Control and Prevention (2013) and available at: www.cdc.gov/healthyschools/foodallergies/pdf/20_316712-A_FA_guide_508tag.pdf.

Individual Allergy Management - The process at the building level used to manage and prevent anaphylaxis. The process identifies: (a) students with allergies, (b) procedures to prevent exposure to known allergens, and (c) appropriate responses to allergic reactions. It is synonymous with the third section in this sample administrative procedure.

Individualized Educational Program/Plan (IEP)-A plan or program developed to ensure that a child who has a disability identified under the law and is attending a public elementary or secondary school receives specialized instruction and related services.

504 Plan - A document that outlines an allergic student's needs, necessary accommodations, and individual staff member responsibilities.

504 Team - A building-level team that implements the phases of Individual Allergy Management in a student's 504 Plan.

Overview of Anaphylaxis and Food Allergies

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 may include:

- 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

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.
2. The school nurse will send home a letter informing parents of what forms and medication need to be provided to the school.
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.
4. The school will identify a core team to work with the parents and students to establish a prevention plan. Information and interventions may be documented on a Section 504 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 principal will designate school personnel who have been trained to administer medications in an emergency situation.
7. 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 *Anaphylaxis Prevention, Response, and Management Program*.

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 ensure other stakeholders are fulfilling their responsibilities.

Nurse

When it comes to the care of students with life-threatening allergies at school, Danville School District 118 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).
- Assist with and participate in the meeting to develop the 504 Plan 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 the 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 504 Plans with appropriate school staff so they can review the plans.
- Post in the nurse's office and label the location of 504 Plans 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.

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 504 Plan 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 Section 504 Plan of any student in the classroom with life threatening allergies.
- Keep accessible the student's 504 Plan 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.
- Inform parents of the student with allergies in advance of any in class events where food will be served.
- Reinforce school guidelines on bullying and teasing to avoid stigmatizing or harassing students with food allergies.
- 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 and participate in the district's monthly celebration plan.
- Collaborate with the nurse prior to planning a field trip.

Recess/Lunchroom 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
- 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:

- Maintain a policy of no food eating on school buses.
- 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 completed paperwork and documentation requested by the school nurse.
- Provide current EpiPen and other necessary medication(s).

- Participate in developing a Section 504 Plan with the nurse(s) and other school personnel. Communicate proactively with any District 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.

Students

Students must be an active part, if possible, in their own care and the control of potentially life threatening 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.

Possible Documentation for Students with Life-Threatening Allergies

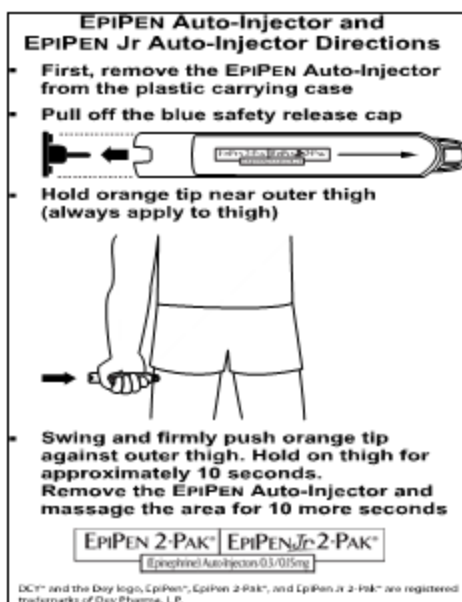
504 Plan – The intent of Section 504 of the Rehabilitation Act of 1973 is to provide students with disabilities equal access to educational programs, services and activities. Students with disabilities may not be denied participation in school programs and activities solely on the basis of disability.

Responding to Anaphylaxis

If student-specific orders are on file they should be followed for students with known life threatening allergies and/or anaphylaxis.

For suspected anaphylaxis without specific orders:

1. Based on symptoms, determine that an anaphylactic reaction is occurring. Direct one specific person to contact the office/nurse.
2. Act quickly. It is safer to give epinephrine than to delay treatment. **This is a life and death decision.**
3. Determine the proper dose and administer epinephrine. Note the time.
4. Direct a specific person to call 911 and request medical assistance. Advise the 911 operator that anaphylaxis is suspected and that epinephrine has been given.
5. Stay with the person until emergency medical services (EMS) arrives.
6. Monitor their airway and breathing.
7. Reassure and calm person as needed.
8. Office personnel will call parent/guardian.
9. If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine 5 to 15 minutes after the initial injection. Note the time.
10. Administer CPR if needed.
11. EMS will transport individual to the emergency room. Document individual's name, date, and time the epinephrine was administered on the used epinephrine auto-injector and give to EMS to accompany individual to the emergency room.
12. Even if symptoms subside, 911 must still respond and individual must be evaluated by a physician. A delayed or secondary reaction may occur.
13. Document the incident and complete the incident report.
14. Replace epinephrine stock medication as appropriate.



Post Event Actions

- Once epinephrine is administered, local Emergency Medical Services (911) shall be activated and the student transported to the emergency room for follow up care. In some reactions, the symptoms go away, only to return one to three hours later. This is called a “biphasic reaction.” Often these second-phase symptoms occur in the respiratory tract and may be more severe than the first-phase symptoms. Therefore, follow up care with a health care provider is necessary. The student will not be allowed to remain at school or return to school on the day epinephrine is administered.
- Document the event
- Complete incident report
- Replace epinephrine stock medication immediately

Storage, Access and Maintenance

Epinephrine should be stored in a safe, unlocked and accessible location, in a dark place at room temperature (between 59-86 degrees F). Epinephrine should **not** be maintained in a locked cabinet or behind locked doors. Staff should be made aware of the storage location in each school. It should be protected from exposure to heat, cold or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures. The expiration date of epinephrine solutions should be periodically checked; the drug should be replaced if it is approaching the expiration date. The contents should periodically be inspected through the clear window of the auto-injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit.

Each school should maintain documentation that stock epinephrine has been checked on a monthly basis to ensure proper storage, expiration date, and medication stability.

Training

Only trained personnel should administer epinephrine to a student believed to be having an anaphylactic reaction. Training shall be with all staff yearly.

Standing Orders

Standing orders are written to cover multiple people as opposed to individual-specific orders, which are written for one person. Danville School District 118 shall designate an authorized medical provider (MD, DO, PA, or NP with prescriptive authority) to prescribe non-student specific epinephrine for the school, to be administered to any student believed to be having an anaphylactic reaction on school grounds. Standing orders must be reviewed annually and with any change in prescriber.

Danville District 118 Allergen & Free Food Preparation Procedure

(Provided by the Food Service Department)

Goal: To identify children who require specific allergen-free foods and/or a plan regarding preparing meals that meet the special dietary needs of the children.

Responsible party: The procedure will be monitored by the Food Service Department Allergy Coordinator with support from the Special Education department and direction of the Director of Food Service.

Procedure:

Step 1: All staff who prepare or serve food are trained in all the foodservice processes annually, including cleaning/sanitizing, preparation, and service to prevent cross-contact of allergens and serving of food to students with specific allergies.

Step 2: A Medical Authority Modified Meal Request Form is required when a parent requests special food substitution for any reason, medical or religious. This form is completed by the child's doctor or medical provider. The form is submitted to the Special Education Director who will share the necessary information with the Food Service Department.

Step 3: When a student is identified with special dietary needs the Special Education Director contacts the Food Service Department with the dietary information and school location of the student.

- This information is distributed by the FS Allergy Coordinator. The reported allergies are charted according to school and given to each school Kitchen Manager (s), and Warehouse Secretary.
- The WHS secretary is the liaison for Food Services to the District Head Nurse. The FS-WHS provides the Product formulation statements for all food items serviced by FS, enter all new allergies for students into Skyward for FS and share recipes for the monthly menus.
- Kitchen Manager posts the most current list of students and their specific allergies in the kitchen and on the clipboards for the cashier to have when they are serving or checking out the students.
- Spreadsheets are provided to the school whenever an update is provided.
- When the Kitchen Manager becomes aware of a reported allergy that is not included on the allergy list the student will be escorted to the building nurse so she can be made aware and call the parent for more information.

Step 4: Specific allergen-free foods are stocked at the locations when allergy substitutions are required.

The Allergy Coordinator will monitor the process monthly at each school:

- Will complete a monthly review of new and ongoing reported food allergies using Skyward and information given by the Special Education Department
- Will confirm each school has the foods available to serve the children who have allergies. If a school requires additional inventory, they will submit a request to the Food Service Secretary who will order additional items from the vendor or SD118 Warehouse. This will ensure each school has the substitutes needed to serve the children.
- Will continue to review the food products provided by the vendors for changes in ingredients and new products.

Step 5: In the event that the allergy is mistakenly given to the child and the child consumes the food, the following steps should be taken:

1. Make sure the child is taken to the school nurse or principal for evaluation.
2. Contact the Director of Food Service and the immediate Area Supervisor with details of the accident, child's name, food consumed, time it occurred, and visible symptoms.
3. Complete an Accident Report form.

Step 6: SKYWARD & CASHIER process:

1. Each student in District 118 will have a student ID card when receiving a meal from the cafeteria.
2. Each student in District 118 with an allergy will also have a RED dot on the card which is to assist in identifying the students with allergies when the POS is unavailable during meal service time.
3. If a student loses his/her card a temporary yellow card will be provided until a new ID is available. The temporary card will have a RED dot to identify and list the allergies on the back.
4. When students transfer schools within the district their ID cards will transfer with them. Although the card will list the wrong school it will still register correctly in SKYWARD based on the school secretary transferring the student.
5. The Kitchen Managers will print and post new copies of the student allergy list whenever they receive a revised list from the FS Allergy Coordinator