

District 228 Food Allergy Management Plan

With important information, guidelines and resources to manage food allergies and other special dietary needs in District 228 schools

Board Approved
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Geneseo CUSD#228 Food Allergy Management Plan

Foreword

In November 2014, the Geneseo CUSD #228 Wellness Sub-Committee met for their annual meeting. The Wellness Sub-Committee's goal, as part of District 228's focus on health and wellness of students and staff, was to develop a food allergy management plan that would positively influence the learning environment in all District 228 schools so all teachers could focus on teaching, and students could focus on learning in a safe and caring environment. This plan was designed specifically to address food allergies, but can be used as a stepping-stone for the successful management of other food-related issues (diabetes, celiac disease and gluten sensitivities, etc.).

In creating this plan, the committee reviewed the [ISBE guidelines](#), the [Center for Disease Control guidelines](#), plans from several other districts, and input from the community, specifically families of children with severe food allergies. The committee **did not seek to create allergen-free schools**. Instead the approach was to develop guidelines that would allow District 228 schools to be allergy friendly, allergy aware, and ensure that:

- Students are safe and able to learn academically and grow socially and emotionally in their schools.
- Our school community would gain better understanding of the needs of students with food allergies and other special dietary needs.
- Parents of those students would gain comfort from wider understanding of their children's needs, and would be able to easily access resources available to protect the health of children at school.
- Staff would have easy-to-follow guidelines for food in classrooms and around the schools.

The key to success are open lines of communication. This plan creates formal avenues for starting those discussions, but parents of children with food allergies are encouraged to talk to teachers, administrators, nurses and other school officials about individual needs. All staff members are highly 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.

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Food Allergies in Schools

In implementing this Food Allergy Management Plan, District 228 recognizes the necessity to create clear and consistent District-wide guidelines to help our administrators, teachers, students, and parents protect those with food allergies. Food allergies can be life threatening. They occur when the body's immune system reacts to the protein component in certain foods as if it were harmful. A reaction can occur within minutes or hours after exposure to an allergen. Some individuals may react to just touching or inhaling the allergen; for others, consumption of just a miniscule amount of allergenic food - be it peanuts, milk, wheat, or some other food -- can cause death. The severity of a reaction is not predictable; every allergic reaction can become a life-threatening reaction. Below is a position statement from The American Academy of Pediatrics for the treatment of anaphylaxis in schools.

WHAT IS ANAPHYLAXIS?

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

Organ	Symptoms
Lungs	Short of breath; wheezing; repetitive cough
Heart	Pale, blue or flushed skin; faint; weak pulse; irregular heartbeat; dizzy
Throat	Tightness or closing of throat; hoarseness, other voice change; trouble swallowing; feeling that something is stuck in throat; not talking
Mouth	Swelling of the tongue and/or lips
Nose	Itchy/runny nose; sneezing
Skin	Hives or rash; widespread redness; swelling of any body part
Gut	Stomach/abdominal cramps; vomiting; severe diarrhea
Brain	Feeling anxiety, confusion, that something bad is about to happen

When in doubt, medical advice indicates that it is better to give the student's prescribed epinephrine auto-injector and then call 911. Fatalities occur when epinephrine is withheld. In addition, never send a student to the nurse's office alone.

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This plan strives to address and respect the emotional as well as the physical needs of students. Fear of allergic reactions can drastically alter a student's behavior or academic performance. School social workers and guidance counselors are available to work with families with food-allergic or food-sensitive students.

The District 228 Food Allergy Management Plan strikes a balance between the right and convenience of all students to eat what they like and the food-allergic student's right to health, safety and social normalcy in the school setting. These guidelines also foster developmentally appropriate increased independence so that students will reach the long-term goal of self-management of their allergic conditions.

Best Practices in District 228:

The following practices will be followed in District 228 schools:

- Address life-threatening allergic reaction prevention in all classrooms and other instructional areas, lunchrooms, outdoor activity areas, school buses; during field trips; and with all classroom projects and crafts.
- Adapt curriculum by substituting non-food items, and replace food awards and rewards in the classroom with non-food items.
- Establish and enforce facility guidelines, in place 24/7, that control the food snacks brought by students (or those who rent the facilities) into classrooms.
- Establish designated areas (in addition to the lunchroom) where potentially allergenic food can be eaten, sold for fundraisers, and provided for events/activities. Create signage for those designated areas.
- Develop protocols for appropriate cleaning methods for lunchtime, and following events in designated areas that involve food.
- Communicate with any organizations renting space to ensure they are aware of food allergy issues and the policies and procedures in place for food use in District 228 facilities.
- Determine who should be familiar with an individual student's 504 Plan, Individual Health Care Plan, and Emergency Care Plan.
- Continue in educating all staff about signs and symptoms of anaphylaxis. Training will include: how to recognize symptoms of an allergic reaction; review of high-risk areas; steps to prevent allergen exposure; how to respond to an emergency; how to administer an epinephrine auto-injector; how to respond to a student with a known allergy as well as a student with a previously unknown allergy.

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Overview of Laws

Federal Legislation: Certain federal laws may be relevant to District 228’s responsibilities for meeting the needs of students with severe food allergies.

Section 504 of the Rehabilitation Act of 1973 prohibits all programs and activities receiving federal financial assistance, including public schools, from discriminating against students with disabilities as defined in the law. A student with a disability under Section 504 is defined as one who has a physical or mental health impairment (in this case, life-threatening food allergy) that “substantially limits a major life activity.” (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et. seq.).

WHAT ARE MAJOR LIFE ACTIVITIES?

Major life activities covered by the Section 504 definition as amended by the ADAAA include, but are not limited to: caring for one’s self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activities also include the operation of major bodily functions, including, but not limited to: functions of the immune system; normal cell growth; digestive, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

“Substantially limited” is not defined in Section 504 regulations but generally means an individual is unable to perform a major life activity that the average person in the general population could perform.

In order to determine eligibility criteria as outlined in the regulations, an individual assessment of the student is required.

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

Americans with Disabilities Act Amendment Act of 2008 (ADAAA) made several changes to both the ADA and the Rehabilitation Act that impacted students with food allergies. The amendments created a list of major life activities that could be limited by a disability. Eating and breathing are on this list. The amendments added wording to include impairments that are episodic and require schools to ignore the ameliorative effects of medication when determining eligibility (PL 110-325 (S 3406)).

Individuals with Disabilities Education Act of 2004 (IDEA) provides financial assistance to state and local agencies for educating students with disabilities that significantly interfere with learning. Children are eligible if they fit into one or more of the 13 categories of disability defined in the law and if, because of their disability, they require specialized instruction (20 U.S.C. § 1400 et. seq.; 34 C.F.R. § 300 et. seq.).

Illinois State Legislation:

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

House Bill 5892 was signed into law on July 30, 2014 and effective August 1, 2014. The law allows trained school personnel to administer epinephrine to quell an allergic reaction, even if the staff member is not a nurse.

Student Safety Plans

When District staff receives notice that a child has a life-threatening food allergy, they will work with parents/guardians to gather documents, information, and medications to develop and implement an appropriate safety plan. There are three different plans applicable for students with allergies. **Parents begin the process** for developing a plan by following the steps below:

1. Notify the District of their child's allergy:

- *When entering the District for the first time*, indicate the presence of an allergy or other food related medical condition on the "Background Information" page of the registration packet.
- *When a student already enrolled in the District is diagnosed for the first time*, contact the school nurse/health aide.

2. Provide the school nurse with the following (which must be updated yearly or when a there is a change):

- Allergy History Form
- Emergency Care Plan
- Medication forms:
 - Permission to Administer Over-the-Counter Medication (covers all other necessary medications for the student during the school day, including antihistamine medications)
 - Permission to Self Administer Asthma Medication and Epinephrine Auto-injector (if parents would like child to carry medication)
 - Permission to Administer of Prescribed Medication
- At least one up-to-date epinephrine auto injector (it is recommended that you provide two or more, based on your child's activities and travel throughout the school day)
- Other medications required by the student
- Other information as requested by the District staff

Once the nurse has all necessary information, school staff will work with parents/guardians to develop the appropriate plan or plans for the child.

Food Allergy & Anaphylaxis Emergency Care Plan

All students with allergies must have an emergency care plan on file. For some children this information is the only plan necessary. The Food Allergy and Anaphylaxis Emergency Care Plan form must be completed by a licensed health care provider. This plan (which sometimes is referred to an Emergency Action Plan) also requires the signature of the child's parent or guardian.

Individual Health Care Plan (IHCP)

A school representative will meet with the parent or guardian to develop an Individual Health Care Plan (IHCP), which creates strategies for managing the student's food allergy, either prior to entry into school or immediately after diagnosis. An IHCP indicates, in writing, what the school will do to accommodate the individual needs of the student.

The IHCP includes an ***Emergency Care Plan*** (see above), which details the specific steps staff must take in the event of an allergic reaction. The IHCP should include (but not be limited to) steps for risk reduction and emergency response during the school day, while traveling to and from school, during school-funded events and while on field trips. It will identify where the epinephrine auto-injector (and any backup devices) should be stored and how devices will be monitored for expiration. It will be signed by the parent/guardian and nurse/health aide.

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504 Plan

The District and parents meet to determine if the child qualifies as a person with a disability under Section 504 of the *Rehabilitation Act of 1973*. The District assembles a multidisciplinary team, which will include a variety of school staff and the parents to determine this eligibility. If the child is found eligible, the team works to develop a plan, which will include the necessary accommodations, aids, and services.

First Allergic Reactions - Responding to Students with Undiagnosed Allergies

Identification of students at risk of anaphylaxis cannot be predicted, and it is possible that a student who has not been identified could have his or her first reaction at school. That is why all staff are trained to recognize the symptoms of an allergic reaction and on the use of epinephrine auto-injectors by the District 228 nursing staff. Students with any symptoms should be escorted to the nurse's office with an adult, and there should be no hesitation to administer epinephrine. There are extra, undesignated EpiPen/AuviQ devices at each school, in the nurse's office for this situation.

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Protocols for Food in Classrooms

In focusing on overall health of students and creating the optimal teaching and learning environment during school hours, the District establishes the following guidelines for food in classrooms at the three different grade levels which include elementary (pre-k-5), middle school (6-8), and high school (9-12).

Elementary:

Daily Snacks

We recognize at the elementary level that daily snacks play an important role in the physical development and well being of children. The following protocols will be followed for daily snacks in all elementary classrooms:

- Teachers have the option to determine if there will be snacks allowed during class.
- No snacks of the “homemade” variety will be allowed into classrooms.
- ANY SNACK that is brought into an elementary classroom must be found on the **district approved snack list** (see Appendix A).

Holiday Parties:

- If food is made available in classrooms, all students will wash hands or use hand sanitizer, and desks/computers will be disinfected with approved cleaning agents.
- A School Messenger is sent in advance to parents and teachers prior to the holiday party reminding families of allergy protocols (teacher sends reminder).
- All food made available to students for holiday parties must be pre-packaged and labeled with ingredients.

Elementary School Protocols for Children With a Known Food Allergy:

- School nurse and building principal meet with child’s teachers.
- School nurse and building administration meets with the Food Service Director to establish lunchroom procedures.
- School Messenger sent to parents from teacher announcing the known allergen in classroom.
- Teacher reviews sack lunch storing protocols for classroom.
- Teacher establishes hand washing protocols and desk cleaning protocols.

Middle School and High School:

- All food items must be pre-packaged, labeled with ingredients, and found on the approved District 228 Safe Snack List. **NO HOMEMADE FOOD PRODUCTS WILL BE ALLOWED IN CLASSROOMS.**
- If food is made available in classrooms, all students will wash hands or use hand sanitizer, and desks/computers will be disinfected with approved cleaning agents.

General Protocols For All School Buildings:

- Students shall not bring food to share in the classrooms.
- Teachers shall exercise discretion in providing food products as part of the curriculum or classroom rewards. No student should be excluded from a learning activity because a food product containing the known allergen is used as part of a teaching lesson. The Teacher will find alternative resources/materials to deliver instruction.
- Teachers’ desks are considered their work space; teachers who work in their classroom during lunch without students present shall, before students return to the classroom, thoroughly clean their desk and other workspace touched while eating (with approved cleaning wipes), and wash their hands before returning to work with students.
- Teachers are expected to communicate with families of students with severe allergies and building administrators prior to any food being made available in classrooms.

General Guidelines and Role Responsibilities

The District 228 staff has a wide range of responsibilities concerning students with life-threatening food allergies. This guide will help stakeholders determine which accommodations are necessary and options that are beneficial for a given student, based on factors including the student's age, allergens involved, and the facilities at the school.

Other Events Held in District 228 Facilities:

When outside organizations hold events in District 228 facilities, terms of District 228 facility rental agreements will include information about the restrictions on food in classrooms.

Checklists: Specific Guidelines for Different Roles

The District has established best practices for individuals who interact with or are involved in caring for students who have food allergies. These guidelines include specific checklists that will help all stakeholders understand their roles and responsibilities.

See Appendix C for job specific checklists and guidelines.

Forms and Letters List

The following documents will be compiled for any child with a food allergy. These documents will help ensure that the school has the correct medical information on the student's condition and will be used to educate staff and others as necessary, to establish necessary avoidance precautions for risk-reduction, and to create an appropriate Individualized Health Plan and emergency-response procedures. Documents include:

- ✓ Allergy History Form
- ✓ Field Trip Assessment Questionnaire (for teachers to complete and provide to parent)
- ✓ School Medication Form

All forms and letters are included in Appendix D.

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Appendix A: District 228 Approved Safe Snack List

Geneseo Safe Snack List (nut-free products)

Only items on this list will be accepted in the classroom

Food **must** be store bought in specific brand names and come in original packaging (not homemade)

1. **Fruits and vegetables:** examples – apples, oranges, bananas, fruit cups, Jell-O cups, applesauce, carrots, broccoli, cauliflower, and raisins.
2. **Dairy/cheese:** Kraft, string or cubed cheese, yogurt, Go-Gurt, pudding cups, plain or strawberry cream cheese.
3. **Crackers:** Ritz, Pepperidge Farm Goldfish, Wheat thins, Sunshine Cheez-its or Nabisco Nips, Townhouse, Nabisco or Keebler gram crackers (Bug bites, Scooby doo, Spiderman), Cheez-it and Munchies Party Mix, Nabisco Air Crisps, Kraft Handi-snacks: Pretzels with cheese & breadsticks with cheese, Barnum animal crackers, Nabisco teddy grahams.
4. **Cereal:** General Mills Wheat, Rice or Corn Chex, Golden Grahams, Plain Cheerios, Cinnamon Toast Crunch, Kix, Trix, Lucky Charms, Quaker Oatmeal Squares, Post Alpha Bits, Kellogg's Fruit Loops, Kellogg's Nutri-Grain cereal cars-apple, blueberry, strawberry, cherry.
5. **Frozen snacks:** Dole, Edy's & Breyers fruit bars, Healthy Choice or Yoplait Greek Frozen yogurt, Minute Maid juice bars, orangeade, limeade cups, Luigi's or Marino's Italian ice cups, Popsicles, Bomb Pops, Sherbet cups, Swiss Miss Fudge bars, Philly Swirl frozen treats, vanilla ice cream (Breyers, Blue Bunny).
6. **Fruit snacks:** Welch's, GM, Kellogg's, or Betty Crocker.
7. **Chips:** Pringles, Frito Lay brand: Cheetos, Doritos, Sunchips, Potato Chips, Ruffles, Tostitos, Rold Gold or Kitchen cooked pretzels, Pirate Booty, Chester popcorn, Kitchen Cooked popcorn.
8. **Cookies:** Oreos-regular or golden, original or mini Chips Ahoy, Keebler mini fudge strips, Pepperidge farm ginger bread cookies, Keebler vanilla wafers, Nabisco 100 cal packs: Oreo thin crisps, shortbread crisps, Chips Ahoy thin crisps.
9. **Candy:** Starburst, Skittles, Original Swedish fish, Tootsie roll brand, Life Savers, Airheads, Twizzlers, Nerds & Nerds Rope, Pop rocks, Rolos, Junior Mints, Ring Pops, Laffy Taffy, Sweet Tarts, Smarties, Pixie stix, Runts, Mike and Ikes, Dum Dum suckers, Jolly Ranchers, Trolli & Haribo gummies, DOTS brand, Sunrise candy corn, Starburst jelly beans, Spangler candy canes, Spangler Saf-T-Pops, Wonka Swee Tarts, Fun dip, Hershey's milk chocolate kisses, Hershey plain chocolate bars (not king or mini), Hershey chocolate chips, Tootsie caramel apple suckers, Sour patch kids, Charms lollipops.
10. **Other:** Kellogg's plain Rice Krispie treats, The Bakery brand Mini Cupcakes (Walmart), Pop tart crisps, Joy or Keebler sugar cones, Hershey's chocolate syrup, Reddi-wip whipped topping, Kraft marshmallows, Pillsbury, Betty Crocker, or Hy-Vee vanilla or chocolate frosting, Mission flour tortillas, salsa, lunch meats, Kraft ranch dressing, Lender's bagels, Enjoy Life brand (Schnucks, Hy-Vee).
11. **Drinks:** water, low fat or skim milk, juice boxes.

**If a student has a documented allergy to any of the above items,
that item is not allowed in the classroom as a snack option.**

Please always check labels as ingredients can change.

Items may NOT contain nuts or be made in a facility that uses shared equipment

*Geneseo CUSD #228 does not promote certain brand names
nor does it consider all items on this Safe Snack List to be healthy.*

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Appendix B: Resources

District 228 relied on many great resources in developing this plan. We encourage parents of children with allergies to access these networks for information and support:

- [Food Allergy Research and Education \(FARE\)](#): A national organization dedicated to advocacy and education.
- [Illinois State Board of Education Guidelines](#)
- [Centers for Disease Control Guidelines](#)
- [Recommended Practices for Reducing the Risk of Exposure to Food Allergens](#): A resource included in the CDC guidelines, this document outlines recommended practices and accommodations for the classroom, cafeteria, transportation, school events, and physical education and recess to reduce the risk of exposure to food allergens and keep children with food allergies safe and included.
- [Food Allergy Awareness](#): A presentation for elementary school students.
- [Discovery Channel Documentary, “An Emerging Epidemic: Food Allergies in America”](#): FARE partnered with the Discovery Channel to produce this one-hour documentary, which explores what it is like to live with life-threatening food allergies, how families and individuals managing food allergies are working to raise awareness in their communities, and the research underway to find effective treatments and a cure.
- [How to C.A.R.E.™ for Students with Food Allergies: What Educators Should Know](#): This free online interactive course teaches educators how to prepare for food allergy and anaphylaxis. It is specifically designed for school personnel – administrators, nurses, teachers, and other staff – in the United States.
- [Food Allergy Bullying \(Video\)](#)
- [Thank You for Keeping Us Safe and Included \(Video\)](#)
- [Other Food Allergy Videos](#)
- [Medic Alert](#)

Links to additional food-related health issues:

- [Autism](#)
- [Celiac Disease](#)
- [Diabetes](#)
- [Eosinophilic Esophagitis](#)

Links to general healthy-living/healthy child resources:

- [Let’s Move!](#) The First Lady’s initiative to combat childhood obesity.
- [Fruits & Veggies: More Matters](#)
- [Healthy Schools Campaign](#)

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Appendix C: Checklists

Parent General Checklist

	Inform the nurse/health aide of your child's allergies prior to the first day of student attendance (or as soon as possible after a diagnosis).
	Complete and return all necessary forms: Allergy History Form, the Emergency Care Plan (ECP) and medication forms.
	Provide the school with up-to-date epinephrine auto-injectors; give them to the school nurse/health aide before the first day of student attendance, noting their expiration dates to replace when necessary.
	Consider scheduling a 504 Plan or Individual Health Care Plan (IHCP) meeting in the spring, and then reviewing the plan with the classroom teacher prior to the first day of student attendance in the fall. Plan meetings may, include nurse/health aide and other staff who will be in contact with the child. At the meeting, you will discuss development and implementation of ECP, IHCP or 504 Plan; establish prevention plan.
	Decide if additional antihistamine and epinephrine auto-injectors will be kept in the school, aside from the one in the nurse's office or designated area, and if so, where. In the event of a field trip, coordinate with the classroom teacher to ensure coverage of epinephrine (e.g., you may send an additional "field trip" epinephrine auto-injector). Provide clear, complete information on the Field Trip Permission Form.
	Periodically (perhaps halfway through the year) review prevention and ECP with the nurse/health aide, teacher and other staff.
	Consider providing a medical alert bracelet for your child.
	Be willing to go on your child's field trips, if possible and if requested.
	Provide the nurse/health aide with the licensed medical provider's statement if student no longer has allergies.
	Discuss emergency procedures for transportation companies with school personnel. Review transportation requirements/situation for student. Provide school bus driver with the Emergency Care Plan (ECP), Individual Health Care Plan (IHCP) or 504 Plan.
	After an allergic reaction, participate in a Return to School Review. If the reaction occurs outside of school, inform the school nurse to initiate this review (which includes a meeting with the nurse, school administrator, and any teachers involved, as well as an update of the Allergy History Form and, if necessary, replacement of epinephrine auto-injector or other rescue medications).

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Classroom Teacher General Checklist

	Do not question or hesitate to immediately initiate an Emergency Care Plan (ECP) if a student reports symptoms or exhibits signs of an allergic reaction
	Keep the student's EAP, Individual Health Care Plan (IHCP) and/or 504 Plan accessible in the classroom. Carefully and review and follow all plans.
	All staff should take the online training modules for: (1) food allergy management; and (2) anaphylaxis.
	Seek assistance if student has ingested, or is suspected to have ingested, a known allergen.
	Ensure an adult accompanies students with suspected allergic reactions to the nurse's office.
	Participate in any team meetings for the student with food allergies, in-service training or a meeting for a student's re-entry after a reaction.
	Do not offer food to students.
	Leave information for substitute teachers in an organized, prominent, and accessible format. Follow District guidelines for substitute teacher folders.
	Do not send students with food allergies home on the bus if they report any symptoms of an allergic reaction, no matter how minor.
	Make sure you have a supply of approved wipes. Use approved wipes to clean your desk after eating at desk.
	After an allergic reaction, participate in a Return to School Review as requested, initiated by the school nurse. The review includes a meeting with the student (if appropriate), parent/guardian, nurse, and school administrator, as well as an update of the Allergy History Form and, if necessary, replacement of epinephrine auto-injector or other rescue medications.
	Field trip arrangements should include notifying the school nurse of any field trips at least 1 week in advance, completing the field trip questionnaire form at least 1 week in advance for parents, and any student that carries an epi-pen should be assigned to a certified staff member.

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Nurse/Health Aide General Checklist

Attend (and possibly schedule) meetings to review, update and/or develop a 504 Plan or Individual Health Care Plan for students with food allergies.
Review Allergy History Form, Food Allergy Emergency Care Plan (ECP), IHCP and/or 504 Plan for every student with severe food allergies that require epi-pens. Distribute final copies of these forms to classroom teachers, coaches, and other staff as needed.
Contact teachers who have students with food allergies/sensitivities/issues and ensure they are educated about the needs of those students.
If required and desired by parents, facilitate conversations between parents and teachers.
Ensure that appropriate personnel know the location of medication and ECPs.
Ensure epinephrine auto-injectors and antihistamines are stored in a secure, unlocked designated area. Track medications for expiration dates and arrange for them to be current.
Establish a contingency plan in the case of a substitute nurse/health aide.
Establish a means of communication with playground staff and PE teachers.
Establish procedures to ensure that medical information, including the ECP, for a student having a reaction is sent with Emergency Medical Service (EMS).
Assist in the identification of designated areas in the building where potentially allergenic food can be eaten, sold for fundraisers, and provided for events/activities.
Prior to the first day of student attendance, provide training for school personnel about how to prevent, recognize and respond to food allergy reactions. Training should include: <ul style="list-style-type: none">• How to recognize symptoms of an allergic reaction (foods, insect stings, medications, latex)• How to respond to an emergency.• How to administer an epinephrine auto-injector.
In the event of an allergic reaction, contact the student's parent or guardian.
Review Field Trip Assessment Questionnaire and Field Trip Permission Forms when students with food allergies participate in field trips.

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School Administrator General Checklist

Supervise and implement the District's Food Allergy Management Plan.
Meet with parent/guardian and appropriate staff members to establish/review Allergy History Form, Emergency Care Plan (ECP), an Individual Health Care Plan (IHCP) and/or 504 Plan for allergic student.
Prior to the first day of student attendance, ensure nurse provides training and education for staff, including food service personnel, on school board policy and procedures for food allergies.
Ensure substitute teachers, nurses/health aides and lunchroom supervisors understand their role and how to implement an ECP, IHCP and/or 504 Plan.
Ensure that relevant health concerns, ECP, IHCP and/or 504 Plans and Allergy History Form are disseminated to appropriate staff prior to the first day of student attendance, or upon receipt of new information.
Notify parent/guardian when a new nurse/health aide is hired or changes position.
Inform parent/guardian if any student experiences an allergic reaction.
In the event of first allergic reaction at school, suggest resources to parents. Recommend ECP, IHCP or 504 Plan to parents. If parents are not cooperative, implement a simple ECP stating to immediately call 911 upon recognition of any symptoms along with informing the parent/guardian of the student's plan.
After an allergic reaction, participate in a Return to School Review, initiated by the school nurse, which includes a meeting with the student (if appropriate), parent/guardian, nurse, and any teachers involved, as well as an update of the Allergy History Form and, if necessary, replacement of epinephrine auto-injector or other rescue medications.
Communicate to families the procedures for medication and form drop-off.

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Custodial Staff General Checklist

	Review the District 228 Food Allergy Management Plan and direct any questions to the principal or school nurse/health aide.
	As requested, participate in all in-service training on the identification of food-allergic reactions, risk-reduction and emergency response procedures.
	Take all complaints seriously from any student with a life-threatening allergy. Immediately advise school staff member of any situations.
	Clean tables and chairs routinely after each lunch sitting, using District-approved cleaning agents.
	Use separate cleaning supplies designated specifically for allergen-free eating areas.
	Clean classrooms, desks, doorknobs and lockers routinely with District-approved cleaning agents. A504 Plan or Individual Health Care Plan (IHCP) may direct the frequency of cleaning of any given area or classroom.
	Designated areas (those areas of the building, in addition to the lunchroom, that allow potentially allergenic foods) should be cleaned daily using District-approved cleaning agents and procedures. Nurse/health aide will provide list of designated areas that require daily cleaning.

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Cafeteria Workers General Checklist

Review the District 228 Food Allergy Management Plan and direct any questions to the principal or school nurse/health aide.
Implement all recommendations and requirements for students with an Emergency Care Plan (ECP), Individual Health Care Plan (IHCP) and/or 504 Plan.
Be aware of where antihistamine and epinephrine auto-injectors are located so that they are accessible to food-allergic students.
Ensure that you receive the required training on epinephrine auto-injector use and anaphylaxis.
Take all complaints seriously from any student with a life-threatening allergy. Contact principal, other school administrator or school nurse/health aide immediately if you receive a complaint or hear a concern from a student.
When in doubt about a reaction, administer epinephrine auto-injector and call 911.
Accompany students with suspected allergic reaction to the nurse/health aide from the playground or lunchroom or call for help from the school nurse or administrator. An adult must be with the student at all times. Students experiencing an allergic reaction must not be left alone.
Recognize specific tables and trays or areas of the lunchroom that have been designated as allergen safe. Reinforce that only students with allergen-free lunches eat at any designated allergen-free tables.
Encourage hand washing or use of hand wipes for students after eating.
Notify parent of any food ingredient changes that will affect the student in regards to his/her food allergy. (Food Service Director).

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Coaches/Activity Leaders Checklist

	<p>Ask an administrator or school nurse/health aide to provide you with specific information pertaining to all students with life-threatening allergies, if parent/guardian agrees. Review the Emergency Care Plan (ECP), Individual Health Care Plan (IHCP) and/or 504 Plan with nurse/health aide.</p>
	<p>Identify who is responsible for keeping epinephrine auto-injector(s) during sporting events or activities. Ensure a current epinephrine auto-injector is readily accessible for food-allergic students. An adult staff member, trained in its use, must be onsite.</p>
	<p>Make certain that an emergency communication device (e.g., intercom, cell phone) is always available.</p>
	<p>Get emergency forms and IHCP of participating students with food allergies or other food-related medical conditions from the school nurse/health aide.</p>
	<p>Medical alert identification is not required to be removed for activities. Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry.</p>
	<p>Provide a roster of all participants to the school nurse.</p>

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Transportation Checklist

Designate the school district transportation director to communicate regularly with the private sector bus company regarding training for school bus drivers on managing life-threatening food allergies
Provide each school bus driver with the Emergency Care Plan (ECP), Individual Health Care Plan (IHCP) or 504 Plan for every student with food allergies on his/her assigned route.
Provide school bus driver training in risk reduction procedures, recognition of allergic reactions, and specific implementation of EAP for students on their specific routes.
A student with a suspected allergic reaction, already in progress, must not board the bus.
Do not leave a student having a suspected allergic reaction alone. Call 911 if needed.
Maintain policy of no food consumption on school buses, unless medically necessary.
Provide functioning emergency communication device (e.g., cell phone, two-way radio).
Ensure careful attention to cleaning bus surfaces, including seats and handrails.

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Student Checklist

	Recognize the first symptoms of an allergic/anaphylactic reaction.
	Know where epinephrine auto-injectors are kept and who has access to the epinephrine auto-injector(s).
	Inform an adult as soon as exposure occurs or symptoms appear.
	Carry your own rescue medications when appropriate and approved.
	Do not share or trade snacks, lunches or drinks.
	Do not eat food on the school bus.
	Wash hands before and after eating.
	Report teasing, bullying and threats to classroom teacher, principal or other adult authority.
	Do NOT take or eat food offered to you.
	Learn to become a self-advocate as you get older (refer to parent guidelines.)
	Develop a relationship with the nurse/health aide and/or another trusted adult in the school, to assist in identifying issues related to the management of the allergy in school.

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Appendix D: Forms

ALLERGY HISTORY FORM Return to School Nurse

Dear Parent/Guardian of:

Date: _____

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

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

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

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

- 3) Please describe the signs and symptoms of the previous reactions:

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

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

- 6) How many times has your child required use of and epinephrine auto injector and how comfortable is your child with epinephrine auto injector use? Please explain.

- 7) Please describe your child's emotional response to having this condition.

*****If medication is required while your child is at school, a licensed medical provider and parent/guardian must complete the Emergency Care Plan (ECP)*****

Parent or Guardian: _____

Date: _____

FIELD TRIP ASSESSMENT QUESTIONNAIRE

The TEACHER planning the field trip should fill out this form. Attach to Permission Form for student with food related medical conditions or allergies. Parents should contact the field trip venue if they need additional information.

Child's name and allergies: _____

Trip Destination: _____

Teacher in Charge: _____

Field Trip Date: _____ Field Trip Time: _____

Destination Contact Person: _____

Telephone Number: _____

Date of Conversation: _____

Date of Telephone Conversation with Parent: _____

Child's parent Attending Yes _____ No _____

Nurse Attending: Yes _____ No _____

Questions

1. Will anyone at the field trip destination be distributing any food or beverage of any type, and what is it? If yes, please explain.
Yes _____ No _____

2. Will the children on the field trip be touching any type of food, and what is it? If yes, please explain.
Yes _____ No _____

3. Is there any food displayed at the site, and what is it? If yes, please explain.
Yes _____ No _____

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4. Are there any demonstrations or hands-on activities that involve food, and what are they? If yes, please explain.
Yes _____ No _____
5. Which trained adult will be responsible for the child with the food allergy?
6. How will snacks/lunches be stored on the bus ride to the field trip destination and how will the allergic child's snack/lunch be separated from the others?
7. Where will the children eat snack/lunch?
8. What provisions have been made for the students to wash their hands before and after eating?
9. Are the tables where the children eat able to be adequately washed with soap and water? If no, what type of barrier can be used on the tables?
Yes _____ No _____
10. Will medications, authorizations and emergency care plans be routinely sent with classroom teachers for all medically involved students when leaving the school ground for any reason including brief walks and hikes? If no, please explain.
Yes _____ No _____
11. Will all teachers and adults responsible for children on the field trip review the Emergency Response Protocol prior to the Field Trip or will the teacher in charge privately remind parent chaperones of the child's food allergy and to be sure not to give him/her any food? If no, please explain.
Yes _____ No _____
12. How will phone communication be endured in case of emergency?
13. What is location of the hospital nearest field trip?

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Geneseo Community Unit School District 228

7:270-E

School Medication Authorization Form

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

Student's Name: _____ Birth Date: _____

Address: _____ Home Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant, or advanced practice RN (Note: for asthma inhalers only, use the "Asthma Inhalers" section below):

Physician's Printed Name: _____ Office Phone: _____

Office Address: _____ Emergency Phone: _____

Medication name: _____ Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances: _____

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication: _____

Expected side effects, if any: _____

Is it necessary for this medication to be administered during the school day? Yes No

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Physician's signature _____ Date _____

Asthma Inhalers : Parent(s)/Guardian(s) please attach prescription label here:

For only parents/guardians of students who need to carry asthma medication or an epinephrine auto-injector:

I authorize the School District and its employees and agents, to allow my child or ward to carry and self-administer his or her asthma inhaler and/or use his or her epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30). **If you agree please initial:** _____

Parent/Guardian

For all parents/guardians:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer pursuant to State law, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. **I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and**

I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian printed name _____

Address (if different from Student's above): _____

Phone: _____ Emergency Phone: _____

Parent/Guardian signature _____ Date _____

Superintendent Review November 2010