

## **Food Allergy Management Program**

The Winnetka Public Schools is committed to supporting our students with food allergies. The following guidelines are in keeping with the Winnetka Public Schools' philosophy, to meet each individual child's needs dependent on developmental level and age-appropriate, social and emotional needs, and meeting each unique individual situation. We are committed to working closely with parents in developing a Plan to provide a safe environment that will support the child and assist in developing self-care. The Board adopted policy 7:285, Food Allergy Management Program, on November 6, 2012.

The State Board of Education and Illinois Department of Public Health publication Guidelines for Managing Life-Threatening Food Allergies in Schools is available at:  
[http://www.isbe.net/nutrition/pdf/food\\_allergy\\_guidelines.pdf](http://www.isbe.net/nutrition/pdf/food_allergy_guidelines.pdf)

### **Identifying Students with Food Allergies**

- The parent will submit an Illinois Food Allergy Emergency Action Plan for their child at the beginning of the school year, or as needed when a student's allergy is identified. The nurse will review the student's plan annually with the parent. If needed, an Individual Health Care Plan and/or a Section 504 Plan for specific individual student accommodations will be completed.
- A copy of the student's plan, with the student's photo, will be given to all the student's teachers. The teachers will provide a mechanism to inform substitutes about student allergies. The nurse will inform other staff members about students with allergies, as needed and with the permission of the student's parents.
- The nurse will specifically inform teachers concerning any accommodations provided in a student's plan. The classroom teacher, in collaboration with the nurse and with input from the parents of the allergic child, will develop a classroom-specific protocol regarding the management of food in the classroom. The teacher will consult with the parent of students with food allergies and the nurse prior to any celebration involving the consumption of food. At the middle school level, students with contact allergies are responsible for wiping their desks. Allergen-free tables will be provided, as needed. A letter from the school nurse and / or the teacher will be sent to all classroom parents informing them that a student with a food allergy is a member of the class and the classroom will be designated as "allergen free".
- Homemade foods, including foods prepared by parents or staff, are not permitted for sharing among students. All group snacks or birthday/holiday treats must be commercially made and include an ingredient label printed on the packaging by the manufacturer. Food to be shared with students will be reviewed for proper labeling by entrance monitors, school nurses, and/or school principals.
- When food is prepared on District school grounds for sharing, staff will take responsibility for the ingredients. Parents will be proactively informed of the food and ingredients being served, and will be asked to sign a permission slip.
- For curriculum-related activities that involve student consumption of food and/or group sharing of food, when it is not possible to have manufacturer-printed ingredient labels, the

food will either be provided by caterers or restaurants, or prepared on school grounds according to the above procedure. Parents will be proactively informed of the food and ingredients being served, and will be asked to sign a permission slip.

- Classroom food distribution will be monitored by the teacher. All individual student allergy management plans will be implemented and adhered to diligently.

## **Preventing Exposure to Known Allergens**

The level of sensitivity and the types and severity of reactions vary considerably among individuals with food allergies. When a child has a food allergy, the only current management to prevent a reaction is strict avoidance. 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 just touching or inhaling the allergen while for others consumption of a miniscule amount of an allergenic food can cause death.

Bee/insect stings, as well as medications and latex, also have the potential of causing life-threatening reactions. The student must be identified as having a food allergy, one must read all labels, all surfaces/hands must be clean to prevent cross-contact of allergens, be aware of hidden allergens (e.g. art supplies, lotions, soaps) and the school community must be aware of the situation to help prevent the exposure.

- In all lunchroom areas peanut/nut-free or other allergen-free tables (or areas of tables) will be provided as developmentally appropriate and will be clearly identified. The allergen free table will be cleansed with District-approved cleaning agents solely for the purpose of cleaning the allergen-free tables. The allergen-free table will be located where it minimizes the isolation of allergic students. Staff and volunteers on lunch duty shall monitor the students' compliance with the food allergy protocol at allergen-free table(s). They should also be aware of any bullying or teasing behavior toward a food-allergic student and report any incidents to the administrator.
- The school cafeteria at Washburne has the responsibility to provide a safe, non-allergic meal to the student if it is determined that the condition is disabling. To do so, the school food service staff will make sure that all food items offered to the allergic student meet prescribed guidelines and are free of foods which are suspected of causing the allergic reaction. This means that the food labels or specifications will need to be checked to ensure that they do not contain traces of such substances. In some cases, the labels will provide enough information to make a reasonable judgment possible. If they do not provide enough information, it is the responsibility of the school food service to obtain the necessary information to ensure that no allergic substances are present in the foods served.
- Eating will not be allowed on routine school bus trips. Exceptions will be provided as needed (i.e., students with diabetes who may need a snack to treat a hypoglycemic episode or for circumstances where students are traveling for long periods of time). Parents are strongly encouraged to inform the bus and any substitute driver when possible about their child's food allergy. The student with life-threatening allergies should be encouraged to sit in the front of the bus.
- The student's EpiPen and the Illinois Food Allergy Emergency Action Plan will be sent on all field trips. The nurse will review with the teacher the signs and symptoms of an allergic reaction and administration of an EpiPen prior to the trip. Planning for the field trip will include designation of persons carrying an EpiPen. The teacher will carry a mobile phone (or other means of communication) and will be instructed to follow the Plan and to call 911 in the event of a suspected allergic reaction. Plans for lunch and snack will be discussed prior to the field trip. If eating takes place outside of school, the same precautions in place at school will be followed on the field trip. While eating on the bus is not permitted, if lunch or snack must be held on the bus because of weather or unforeseen conditions, the allergic student(s)

will sit in an area designated to maintain necessary safety and separation from any possible allergens. Lunches of children with food allergies should be stored separately to minimize cross-contamination. All students on the field trip will be asked to bring a peanut/nut-free lunch as stated on the field trip parent permission form.

All students will be encouraged to wash their hands before and after eating and throughout the school day.

## **Responding to Allergic Reactions with Prompt Recognition of Symptoms and Treatment**

The symptoms of a food-allergic reaction are specific to each individual. Even a trace amount of food can, in some instances, quickly lead to fatal reactions. The severity and progression of an allergic reaction is unpredictable. Allergies can affect almost any part of the body and cause various symptoms. Anaphylaxis involves the most dangerous symptoms including, but not limited to: breathing difficulties, a drop in blood pressure, or shock, which are potentially fatal.

Common signs and symptoms of allergic/anaphylactic reactions may include:

- Mouth – itching, tingling, or swelling of lips, tongue, mouth
- Nose – hay fever-like symptoms: runny, itchy nose, sneezing, watery/red eyes
- Skin – hives, itchy rash, swelling of the face or extremities, flushing
- Gut –nausea, abdominal cramps, vomiting, diarrhea
- Throat – hacking cough, tightening of the throat, hoarseness, difficulty in swallowing
- Lungs – shortness of breath, repetitive cough, wheezing
- Heart – weak pulse, low blood pressure, fainting, pale, blueness
- Mental – anxiety, “sense of impending doom,” lethargy

When the symptoms are rapid in onset and severe, the medical diagnosis is anaphylaxis. With anaphylaxis there is always the risk of death. Anaphylactic reactions must be treated by prompt administration of epinephrine. The reaction in most cases occurs immediately. Death could be immediate or may happen two to four hours later. The most dangerous symptoms include breathing difficulties and a drop in blood pressure leading to shock. It is imperative that to follow the student’s plan. After the administration of epinephrine, the student must be transported by the paramedics to the nearest hospital emergency department even if symptoms have been resolved. A single dose from an epinephrine auto-injector (EpiPen) may provide a 10-15 minute (or less) window of relief. A second dose of epinephrine may be required if symptoms do not lessen or if medical help does not arrive quickly.

The student’s own EpiPen and / or medications will be present in his or her frequented classroom with their plan attached. If developmentally appropriate and approved by the parent, the student may carry their own EpiPen/medications and Plan as well as self-advocate. The school staff supports all students in their individual needs. District owned EpiPens will be available in the nurses office and emergency bag, all common lunch time eating areas, the art room, and, if needed, in the door way to wooded playground areas.

When allergic symptoms are suspected in a student, the teacher or staff member supervising the student shall activate that student’s plan with the appropriate medical emergency response. The school nurse shall be contacted as soon as possible. Parents will be informed whenever allergic symptoms are suspected in a student with diagnosed allergies.

Per District policy all administration of medication requires prior written authorization by parent and Doctor.

## **School District Supply of Undesignated Epinephrine Auto-Injectors**

The Superintendent or designee shall implement Section 22-30(f) of the School Code and maintain a supply of undesignated epinephrine auto-injectors in the name of the District and provide or administer them as necessary according to State law. *Undesignated epinephrine auto-injector* means an epinephrine auto-injector prescribed in the name of the District or one of its schools. A school nurse or trained personnel, as defined in State law, may administer an undesignated epinephrine auto-injector to a person when they, in good faith, believe a person is having an anaphylactic reaction.

This section of the policy is void whenever the Superintendent or designee is, for whatever reason, unable to: (1) obtain for the District a prescription for undesignated epinephrine auto-injectors from a physician or advanced practice nurse licensed to practice medicine in all its branches, or (2) fill the District's prescription for undesignated school epinephrine auto-injectors.

Upon any administration of an undesignated epinephrine auto-injector, the Superintendent or designee(s) must ensure all notifications required by State law and administrative procedures occur.

Upon implementation of this policy, the protections from liability and hold harmless provisions as explained in Section 22-30(c) of the School Code apply.

No one, including without limitation parents/guardians of students, should rely on the District for the availability of an epinephrine auto-injector. This policy does not guarantee the availability of an epinephrine auto-injector; students and their parents/guardians should consult their own physician regarding this medication.

## **Educating and Training All Staff about Management of Students with Food Allergies**

Educating and training of school staff includes the administration of medication with an EpiPen, and providing an in-service training program for staff that work with the student. All staff members will be trained by the school nurse on the management of student allergies. The training will address prevention efforts, information about common allergens, recognition of signs of an allergic reaction including anaphylaxis, how to administer an EpiPen, review of high-risk areas, and steps to take to prevent exposure to allergens. The training will be provided annually at the start of the school year. The District will retain documentation of those personnel who have received training on a yearly basis. All substitute nurses will be instructed on care, management of anaphylaxis, and awareness of plans for allergic students.

*Plan revised 10/2016*