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Procedures for Supporting Children with Life-Threatening Allergies

Adapted from Illinois State Board of Education and Illinois Department of Public Health 2010 *Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools*

INTRODUCTION

Allergies present an increasing challenge for schools, and identification of students at risk of a life-threatening allergic reaction cannot be predicted. Because of the nature of these allergies and their increasing prevalence, **Lincolnshire-Prairie View School District 103** must be prepared to provide treatment to allergic children, reduce the risk of an allergic reaction and accommodate students with allergies whether it be food allergy, latex allergy or insect sting.

Under Public Act 96-0349, school boards in Illinois are required to adopt policies that promote both prevention and management of life-threatening allergic reactions also known as anaphylaxis. On November 8, 2010, **Lincolnshire-Prairie View School District 103** adopted Policy 7:285 Food Allergy Management Program.

This procedure outlines guidelines and best practices for **District 103 schools** to follow primarily in the area of food allergies. With acknowledgement that there are similarities in treatment of other life-threatening allergies (i.e. latex, insect stings), schools must also prevent and /or provide treatment in response to these potentially life-threatening reactions.

FOOD ALLERGY INFORMATION

Allergy prevalence has increased significantly since 1998. 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.

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 sesame and mustard also appear to be on the rise.

ALLERGIC REACTION CHARACTERISTICS

Allergic reactions to foods, latex or insect stings vary and can range from mild to severe life-threatening reactions. During an allergic reaction to a specific food, the immune system

recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators, such as histamine. Ingestion of the food allergen is the principal route of exposure leading to allergic reaction. The symptoms of a food allergic reaction are specific to each individual. Research indicates that exposure to food allergens by touch or inhalation is unlikely to cause a life-threatening reaction. However, if children touch the allergen and then place their fingers in or near their nose or mouth, the allergen could become ingested and could cause a life-threatening reaction.

Allergies can affect almost any body part 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:

Hives	Wheezing
Itching (any body part)	Throat tightening
Runny nose	Swelling (of any body part)
Vomiting, Diarrhea	Red, watery eyes
Stomach cramps	Difficulty swallowing
Change of voice/hoarseness	Difficulty breathing
Coughing	Sense of doom

When the symptoms are rapid in onset and severe, the medical diagnosis is anaphylaxis. With anaphylaxis there is risk of death. Death could be immediate or may happen two to four hours later due to a late phase reaction. ***It is imperative that following the administration of epinephrine, the student be transported by Emergency Medical Services (EMS) to the nearest hospital emergency department even if symptoms have been resolved.*** A single dose from an epinephrine auto injector 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.

Anaphylaxis appears to be much more likely among children who have already experienced an anaphylactic reaction. Anaphylaxis does not require the presence of any skin symptoms, such as hives or itching. In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma. When in doubt, it is important to give the student's prescribed epinephrine auto-injector and seek medical attention. Fatalities have been associated with delay in epinephrine administration.

FOOD ALLERGIES IN SCHOOL

Schools are prohibited by federal law from discriminating against students with food allergies and are required to provide them with the same educational services and activities that other students receive. **While the students are in the custody of the school, the school has the responsibility to keep them safe.** School personnel should be aware of the student's allergy and allergic symptoms, and treatment plan. This information will be developed and strictly followed through an Emergency Action Plan (EAP). In addition, each child may have an Individual Health Care Plan (IHCP) or Section 504 Plan.

When a child has a food allergy, the only current management to prevent a reaction is strict avoidance. Studies have shown that accidental food exposures do occur in the school setting. Even with the best of plans, accidental ingestions may happen. Accidents are more likely to happen when there is an unplanned event/celebration with food, or in high risk situations such as cafeterias, hidden ingredients, arts and crafts projects, science projects, bus transportation, field trips, fundraisers, bake sales, homemade foods/beverages brought into classrooms/schools, or staff being unaware of food allergic students. A reaction may occur with ingestion, through cross contamination of foods, when food labels are not available or are inaccurate, or with insufficient cleaning of hands and /or surfaces.

The management of a student with food allergies may be impacted by a number of factors, such as the age of the student, the allergens involved and the facilities at the school.

WHAT THE SCHOOLS CAN OFFER: SECTION 504 Plan AND INDIVIDUALIZED HEALTH CARE PLAN (IHCP)

The purpose of the **IHCP** and the **504 Plan** is essentially the same: to document the special health care needs of the student; to describe any special requirements or safety measures to be implemented in the school setting or on school-sponsored activities; and to document the responsibilities of the school staff.

A **504 Plan** is a written document individualized for a student that specifies the educational or related aids and services that the school will provide in order to ensure that the child enjoys full, equal and safe participation in all activities during the school day. The parents generally play a collaborative role in the development of the written plan. In order to qualify for Section 504 protection, an individual must meet the definition of *disability*. One must demonstrate *a physical or mental impairment that substantially limits*, on a permanent or temporary basis, one or more *major life activities*. Students with severe, life-threatening food allergy are generally considered disabled under 504, because the physical impairment (severe food allergy) substantially limits the major life activities of breathing and eating.

An **IHCP** can also be offered to manage students with food allergies. An **IHCP** is a written document developed collaboratively by the school's nurse, the student's family, other school staff and the healthcare providers. The IHCP identifies a student's health care needs, the implications of those needs in the school environment and how the school will meet those needs.

GENERAL GUIDELINES

FOR PARENTS/GUARDIANS

Parents/guardians are an active part of the team that keeps their child safe while under the supervision of the school district. Parents are asked to assist the school in the prevention, care and management of their child's food allergies and reactions. It is important for parents/guardians to age-appropriately educate their food allergic child, foster independence on the part of their child, based on his/her developmental level, and communicate information received from the child's physician to the school's nurse. Parents of students with life-threatening allergies are asked to follow these guidelines:

CHECKLIST FOR PARENT/GUARDIAN OF CHILDREN WITH FOOD ALLERGIES:

- Inform the school nurse of the child's allergies prior to the beginning of the school year (or as soon as possible after a diagnosis).
- Annually complete and return the Emergency Action Plan (EAP) and Allergy History Form in a timely manner.
- Advocate for the needs of your child with discussion and formulation of a preventive plan. Communicate with all staff members, including the school's nurse, who will be in contact with your child.
- Provide a current picture of the child for Emergency Action Plan (EAP).
- Provide current epinephrine auto injectors, antihistamine and/or inhaler or other medication as prescribed, and replace when expired.
- Decide, with the nurse if additional antihistamine and epinephrine auto injectors will be kept at the school (aside from the one in the nurse's office or designated area).
- Consider providing an identifier of your child's medical condition, such as a medical alert bracelet to be worn daily.
- Provide allergen-free snacks for your child with a long shelf life which will be available in the event of an unplanned special classroom event or in case his/her snack becomes cross-contaminated.
- Discuss the planned allergen-free snacks in the classroom with your child. Let your child know where the "safe" foods will be kept for him/her at school.
- Consider attending your child's field trips or participating in class events/ parties, if possible and if requested.
- Consider the extent of the child's participation in the school lunch program versus providing lunch from home.

- Provide nurse/designated school personnel with the licensed medical provider's statement if student no longer has allergies.
- Review transportation needs and special situational circumstances for student, as necessary.
- Periodically, review the prevention and EAP with the staff with whom your child interacts, such as bus drivers, coaches, activity leaders.
- Periodically, teach/review with your child the "Student With Food Allergies Checklist" included in this packet.

FOR STUDENTS

The long-term goal is for the student with life-threatening allergies to be as independent as possible in the prevention, care, and management of his/her food allergies and reactions based on age and developmental level. Students with life-threatening allergies are asked to be aware of the accommodations provided, so that they may assist appropriately in following these guidelines:

CHECKLIST FOR STUDENT WITH FOOD ALLERGIES:

- Wash hands or use hand wipes before and after eating.
- Request and/or read ingredient information before eating food. If unsure, DO NOT TAKE or EAT the food.
- DO NOT trade or share food or drinks.
- Be aware of the environment and of situations that could cause an allergic reaction. Help adults around you keep you safe.
- Recognize the first symptoms of an allergic/anaphylactic reaction, and promptly inform an adult as soon as symptoms appear or an accidental exposure occurs.
- Know where your epinephrine auto injector is kept. Carry your rescue/emergency medications when allowed and appropriate.
- Have a discussion with the nurse and another trusted adult in the school in order to assist in identifying issues related to the management of your food allergy in school.
- Wear a medical alert bracelet, or medical identifier at all times, as provided by parents.
- Never board the bus if experiencing any symptoms of an allergic reaction.
- Report teasing, bullying or threats to an adult authority.