

Students

Administrative Procedure - Implementing a Food Allergy Management Program 1

The following procedure implements policy 7:285, *Food Allergy Management Program*, which is based upon the joint State Board of Education (ISBE) and Ill. Dept. of Public Health (IDPH) publication, *Guidelines for Managing Life-Threatening Food Allergies in Schools (ISBE/IDPH Guidelines)*, available at: www.isbe.net/Documents/food_allergy_guidelines.pdf (105 ILCS 5/2-3.149(b)). The District's Food Allergy Management Program is developed and collectively implemented by local school officials, District staff, students and their families, and the community. This administrative procedure contains three sections as follows:

1. Glossary of Terms
2. Food Allergy Management Program
3. Individual Food Allergy Management (Three Phases)
 - Phase One: Identification of Students with Food Allergies
 - Phase Two: Prevention of Exposure to Known Allergens
 - Phase Three: Response to Allergic Reactions

All references to the *ISBE/IDPH Guidelines* within the procedures will refer to the specific section title or Appendix with the page number in parenthesis.

Glossary of Terms

The Glossary at Appendix J of the *ISBE/IDPH Guidelines* is incorporated here by reference.

Food Allergy Management Program (Program) - The overall process that the Superintendent and other District-level administrators use to implement policy 7:285, *Food Allergy Management Program*, which is based upon the *ISBE/IDPH Guidelines*.

Food Allergy Management Committee (Committee) - A District-level team that the Superintendent creates to develop a Food Allergy Management Program. It monitors the District's Food Allergy Management Program for effectiveness and establishes a schedule for the Superintendent to report information back to the Board. It is not required by State law, but it is a best practice method to ensure the Program's continued legal compliance and alignment with governance principles.

Individual Food 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.

Individual Health Care Plan (IHCP) - A document that outlines a food allergic student's needs, and at minimum, includes the precautions necessary for food allergen avoidance and emergency procedures and treatments. Its function is similar to a 504 Plan (see below). **Important:** Consult the Board Attorney about whether the Program should implement a 504 Plan or IHCP. This Program's

The footnotes should be removed before the material is used.

procedures implement 504 Plans only. Insert IHCP in place of or in addition to 504 Plan in this document if the District will also implement IHCPs.

504 Plan - A document that outlines a food allergic student's needs, necessary accommodations, and individual staff member responsibilities. Its function is identical to an IHCP while also including procedural protections (see above). This Program's procedures implement 504 Plans only. **Important:** Consult the Board Attorney about whether implementing only 504 Plans is the best method. Many attorneys agree that a 504 Plan is the best (although not universal) practice for a student with a diagnosis of an allergy. ²

504 Team - A building-level team that implements the phases of Individual Food Allergy Management in a student's 504 Plan. Insert "IHCP Team" in place of or in addition to "504 Team" if the district will also implement IHCPs. **Note:** If the District implements IHCPs, gathering information, identifying methods to prevent exposure, and assigning staff responsibilities will rely heavily on the Nurse/DSP, not a 504 Team.

Food Allergy Management Program

This section relies heavily upon District-level administrators to implement the Program even if the District has no students with food allergies (105 ILCS 5/2-3.149). This is because 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 (p. 7). This section references the *ISBE/IDPH Guidelines* and aligns with governance principles so that District-level administrators can: (a) integrate the Program into the District's existing policies and procedures, (b) engage in ongoing monitoring of the Program, (c) assess the Program's effectiveness, and (d) inform the Board about the Program along with recommendations to enhance its effectiveness.

Note: Modify this section based upon the District's specific implementation needs. The only mandate in 105 ILCS 5/2-3.149 is that school boards implement a policy based upon the *ISBE/IDPH Guidelines* by January 1, 2011. Implementation methods are infinite; this Program provides one method.

The footnotes should be removed before the material is used.

Actor	Action
<p>Superintendent or designee</p>	<p>Establish a District-wide Food Allergy Management Committee (Committee) to operate as a Superintendent committee. Consider including:</p> <ul style="list-style-type: none"> District-level administrators Building Principals (Building Principals are mandatory for successful implementation of the Program) District Safety Coordinator (see 4:170-AP1, <i>Comprehensive Safety and Security Plan, Part C, District Safety Coordinator and Safety Team; Responsibilities</i>) District 504 Coordinator (see 6:120, <i>Education of Children with Disabilities</i> and 6:120, AP1, E1 <i>Notice to Parents/Guardians Regarding Section 504 Rights</i>) Staff members Parents/Guardians Community members Students <p>Chair and convene Committee meetings for the purpose of implementing the Program. Note: The Committee is not required by State law. However, establishing it provides a best practice for aligning with governance principles and examining implementation issues specific to each individual school district. While smaller school districts, i.e., one-building districts, may be able to implement a Program through one meeting, larger school districts will likely require the uniform coordination that this Committee provides. Some school districts may choose to use the modifiable <i>ISBE/IDPH Guidelines</i> document, available at: www.isbe.net/Pages/Food-Allergy-Guidelines.aspx, and add or delete items as necessary to the specific needs of the school district.</p> <p>Inform the School Board of the Committee’s progress and needs by adding information items to the Board’s agendas as needed.</p>
<p>Food Allergy Management Committee</p>	<p>Identify existing policies, procedures, and exhibits that affect implementation of the Program, including, but not limited to:</p> <ul style="list-style-type: none"> 1:20, <i>District Organization, Operations, and Cooperative Agreements</i> 2:20, <i>Powers and Duties of the School Board; Indemnification</i> 2:240, <i>Board Policy Development</i> 4:110, <i>Transportation</i> 4:120, <i>Food Services</i> 5:100, <i>Staff Development Program</i> 5:100-AP, <i>Administrative Procedure - Staff Development Program</i> 6:65, <i>Student Social and Emotional Development</i> 6:120, <i>Education of Children with Disabilities</i> 6:120-AP1, <i>Administrative Procedure - Special Education Procedures Assuring the Implementation of Comprehensive Programming for Children with Disabilities</i> 6:240, <i>Field Trips</i> 7:180, <i>Prevention of and Response to Bullying, Intimidation, and Harassment</i>

Actor	Action
	<p>7:250, <i>Student Support Services</i> 7:270, <i>Administering Medicines to Students</i> 7:270-AP1, <i>Administrative Procedure - Dispensing Medication</i> 7:270-E, <i>School Medication Authorization Form with the Emergency Action Plan</i> 8:100, <i>Relations with Other Organizations and Agencies.</i></p> <p>Recommend, through the Superintendent, any policy changes to the School Board for consideration. See policy 2:240, <i>Board Policy Development.</i></p> <p>Recommend to the Superintendent any amendments to administrative procedures. Note: To minimize paper and confusion, the Committee may want to replace 7:270-E, <i>School Medication Authorization Form</i> with the <i>ISBE/IDPH Guidelines’</i> sample form, <i>Emergency Action Plan (EAP)</i> at App. B-5 (p. 48) and available at: www.isbe.net/Documents/food_allergy_emer_action_plan.pdf.</p> <p>The Committee should also assess the feasibility of adding staff training during a Periodic Emergency Response Drill (App. B-3, p. 44) to the District’s School Safety Drill Plan (see 4:170-AP1, <i>Administrative Procedure - Comprehensive Safety and Security Plan, F</i>). Adding this suggested drill is not required and exceeds the mandate contained in 105 ILCS 128/. If added, revise paragraph E of 4:170-AP1, <i>Administrative Procedure - Comprehensive Safety and Security Plan</i> to include the applicable School Administrators and Nurse/Designated School Personnel (DSP) Checklist items (p. 24 and 32).</p> <p>Convene a District-wide meeting with all Building Principals, other appropriate administrative and special education staff, and the Board Attorney to discuss this Program, the <i>ISBE/IDPH Guidelines</i>, and prepare each individual Building Principal to implement it in his or her building. Note: The Board Attorney will be a necessary participant in the District’s efforts to manage food allergy management issues. The Superintendent may want to authorize individual Building Principals to consult with the Board Attorney in some circumstances. If so, the Superintendent should outline this process during this meeting.</p> <p>Educate and train all staff by coordinating, through the Superintendent or Building Principals, the required in-service training program(s) for staff working with students. The in-service must be conducted by a person with expertise in anaphylactic reaction management and include administration of medication with an auto-injector (105 ILCS 5/10-22.39(e)). <i>Person with expertise</i> is not defined, but the use of the word <i>expertise</i> suggests that using a lay person to provide training is not appropriate. Use the list of training resources in App. I. (p. 71) and see the Potential Sources for Food Allergy Education, available at: www.isbe.net/Documents/food_allergy_educ_sources.pdf. This training should also include:</p> <ul style="list-style-type: none"> • How to recognize symptoms of an allergic reaction • Review of high-risk areas

Actor	Action
	<ul style="list-style-type: none"> • Steps to take to prevent exposure to allergen • 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 • Information to increase awareness of bullying and sensitivity to issues that students with food allergies face in the school setting <p>Consider implementing the Nurse/DSP checklist item (p. 22) addressing the above issues by informing staff of the goals established in each of the following Board policies:</p> <p>6:65, <i>Student Social and Emotional Development</i>. This policy requires the District’s educational program to incorporate student social and emotional development into its educational program and be consistent with the social and emotional development standards in the Illinois Learning Standards.</p> <p>7:180, <i>Prevention of and Response to Bullying, Intimidation, and Harassment</i>. This policy prohibits students from engaging in bullying, intimidation, and harassment, which diminish a student’s ability to learn and a school’s ability to educate. It states that preventing students from engaging in these disruptive behaviors is an important District goal. Note: Including bullying and sensitivity awareness in the required in-service exceeds State law requirements. Because State law requires districts to have policies addressing bullying (105 ILCS 5/27-23.7) and social and emotional development (405 ILCS 49/) and the Guidelines highlight that increasing awareness of these issues is a best practice consideration, the required in-service is a logical place to include this education. Be sure the referenced board policies contain the locally adopted policy language.</p> <p>Provide community outreach through Building Principals by providing information to students and their parents/guardians about the Program. Establish linkages and partnerships with organizations that can assist the Committee or Building Principals with the goal of providing a coordinated, collaborative education and outreach system to all members of the school community to better understand food allergy management issues in the school setting (App. I, p.71). Provide and inform Building Principals, when possible, of opportunities to “close the food allergy knowledge gap” (p. 21, citing a <i>Gupta, et. al, BMC Pediatrics</i> report that the general population has many misconceptions about food allergies). See Potential Sources for Food Allergy Education, available at: www.isbe.net/Documents/food_allergy_educ_sources.pdf.</p> <p>Monitor the Program by periodically assessing its effectiveness.</p> <p>Incorporate updated medical best practices into all areas of the Program.</p> <p>Establish a schedule for the Superintendent to report any recommendations to enhance the Program’s effectiveness to the Board</p>

Actor	Action
	for consideration.
Building Principal	<p>Inform the school community of the Program by providing the information to students and their parents/guardians. For a sample letter, see App. C-1 (p. 58). Inform the school community of the opportunities to better understand food allergy management issues.</p> <p>Implement the Program in the building by meeting with the Nurse/DSP and special education staff in the building to examine the <i>ISBE/IDPH Guidelines</i>. Identify and follow:</p> <ul style="list-style-type: none"> All best practices that apply to the conditions in the school building to reduce exposure to allergens (p. 20). All items from the School Administration Nurse/DSP Checklists that apply to the working conditions in the school building (p. 22-24, 32-33). <p>Educate staff members about the Program and their likely involvement with Individual Food Allergy Management (p. 20-40). Inform staff members about Constructive Classroom Rewards (App. G, p. 67-69), at: www.isbe.net/Documents/const_clsrm_rewards.pdf.</p> <p>Inform staff members and volunteers to first use the epinephrine auto-injector and then call 911 any time an allergic reaction is suspected, and review the <i>ISBE/IDPH Guidelines</i>, specifically Food Allergies (p. 9-12). Note: Fatalities occur when epinephrine is delayed or withheld (p. 21).</p> <p>Add information about the District’s Program and any other building-related specifics of the Program to student handbooks. To increase awareness of the bullying issues faced by students with food allergies, consider including information for students and their parents about the goals established in Board policy 7:180, <i>Prevention of and Response to Bullying, Intimidation, and Harassment</i>. See Nurse/DSP Checklist (p. 22).</p>
School Board	<p>Monitor 7:285, <i>Food Allergy Management</i>, and make changes recommended by the Committee. See policy 2:240, <i>Board Policy Development</i>.</p> <p>Consider all policy changes recommended by the Superintendent.</p> <p>Provide the appropriate resources for the Superintendent to successfully implement the Program.</p>

Individual Food Allergy Management

This section’s procedures are implemented each time the school identifies a student with a food allergy. It follows Board policy 6:120, *Education of Children with Disabilities* and references additional considerations based upon the *ISBE/IDPH Guidelines*. It relies heavily upon Building Principals and Nurse/Designated School Personnel (DSP) to identify the necessary accommodations for each student and determine which staff members are responsible to provide them. Accommodations are impacted by a number of factors, e.g., the student’s age, the allergen(s) involved, the facilities at each school building, etc.

Phase One: Identification of Students with Food Allergies

Actor	Action
Parent/Guardian	<p>Inform the Building Principal of the student’s food allergy.</p> <p>Complete Allergy History Form (App. B-8, p. 56 and available at: www.isbe.net/Pages/Food-Allergy-Guidelines.aspx) and School Medication Authorization Form (see 7:270-E, <i>School Medication Authorization Form</i>). Return them to the Building Principal or Nurse/DSP. Note: The Emergency Action Plan (EAP) (p. 48) may be used instead of 7:270-E, <i>School Medication Authorization Form</i>.</p> <p>Participate in all meetings to assess and manage the individual student’s health needs. Follow the <i>Parent/Guardian of Children with Food Allergies Checklist</i>. See <i>Guidelines</i>, p. 25.</p>
Building Principal and/or Nurse/DSP	<p>Follow the District’s procedural safeguards for convening a meeting to assess the individual student’s allergy management needs.</p>
IEP or 504 Team	<p>Modify this section if the District implements IHCPs. See Glossary above for more information.</p> <p>For a student who is not already identified as disabled, determine whether a referral for an evaluation is warranted using the District’s evaluation procedures for determining whether a student is a student with a disability within the meaning of IDEA or Section 504 (see Board policy 6:120, <i>Education of Children with Disabilities</i>).</p> <p>For a student with an existing IEP or Section 504 plan, or who qualifies for one on the basis of his or her food allergy, determine:</p> <ol style="list-style-type: none"> 1. Whether the student’s food allergy requires <i>related services</i> to ensure the provision of a “free appropriate public education” (FAPE), and/or 2. Whether the student’s food allergy requires appropriate <i>reasonable accommodations</i> for the student’s disability. <p>If the answer to either of the above questions is negative, notify the parent/guardian in writing of the reasons for the denial and the right to appeal. Provides any required procedural safeguard notices. See 23 Ill.Admin.Code Part 226; Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Parts 104 and 300); and 6:120-AP1, E1, <i>Notice to Parents/Guardians Regarding Section 504 Rights</i>.</p> <p>If the answer to either of the above questions is positive:</p> <ol style="list-style-type: none"> 1. Gather appropriate health information by using the completed Allergy History Form (App. B-8, p. 56) and Emergency Action Plan (EAP) (App. B-5, p.48). 2. Identify all necessary accommodations and complete a 504 Plan (use the District’s established forms or App. B-7, p. 52-55). For meal substitutions, see App. B-4, p. 45-46. 3. Determine which staff provides the identified accommodations. Remember that accidental exposures are

Actor	Action
	<p>more likely to happen when an unplanned event or non-routine event occurs, and special care should be taken to address procedures for staff members who provide transportation, substitute teaching, coaching or other activities, field trips, and classroom celebrations. For a list of staff members to consider, see <i>Creating a Safer Environment for Students with Food Allergies</i> (p. 19).</p> <ol style="list-style-type: none"> 4. Assign responsibilities to individual staff members for providing the identified accommodations (General Guidelines, p. 20-40). Inform absent staff members during the creation of the 504 Plan of their responsibilities. 5. Identify willing 504 Team members trained in emergency response to respond to any allergic reactions the student may have. See EAP, <i>Trained Staff Members</i> box (p. 49). Note: Consult the Board Attorney if options are limited or the classroom teacher is not willing to administer epinephrine. While classroom teachers are a logical choice to provide emergency response due to their continual close proximity to students, such an assignment may: (1) impact terms and conditions of employment and may trigger collective bargaining rights, and/or (2) violate 105 ILCS 5/10-22.21b, which states that under no circumstances shall teachers or other non-administrative school employees, except certified school nurses and non-certificated registered professional nurses, be required to administer medication to students. 6. Provide the required procedural safeguard notices. See 23 Ill.Admin.Code Part 226; Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Parts 104 and 300); and 6:120-AP1, E1, <i>Notice to Parents/Guardians Regarding Section 504 Rights</i>.

Phase Two: Prevention of Exposure to Known Allergens

Actor	Action
Building Principal and/or Nurse/DSP	<p>Convene a meeting to educate all the staff members who will provide the identified 504 Plan accommodations about their responsibilities.</p> <p>Ensure individual staff members perform their responsibilities and provide the necessary accommodations for the student’s individual health needs (p. 20-40).</p> <p>Facilitate the dissemination of accurate information in the building about the student’s food allergy while respecting privacy rights.</p> <p>Note: Request permission from the Superintendent to consult the Board Attorney about best practices for disclosures to volunteers (e.g., field trip chaperones or room parents) of confidential medical information without</p>

Actor	Action
	<p>parental consent. Generally Building Principals have discretion, but these situations are fact specific. Ideally the District should attempt to get parental permission to disclose the information about the allergy, but practically this cannot always occur. Many agree that safety trumps confidentiality in these situations, especially when volunteers have a legitimate educational interest if knowledge of the information is related to their ability to perform their duties (See, <i>Letter to Anonymous</i>, 107 LRP 28330 (FPCO 2007)).</p> <p>Provide a medical alert to parents/guardians (App. B-9, p. 57) also available at: www.isbe.net/Pages/Food-Allergy-Guidelines.aspx that does not name the student. The communication should inform other students and their parents/guardians about the importance of keeping their educational setting free of the food allergen.</p> <p>Note: Request permission from the Superintendent to consult the Board Attorney about disclosures and providing joint communications from the Building Principal and the parent/guardian of the food allergic student. While joint communications allow the school to exchange the information needed to protect the food allergic student and balance competing educational interests without violating federal or State laws that govern student records, they can also present other risks (i.e., re-disclosure of the confidential information). See Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, and its implementing rules at 34 C.F.R. Part 99; Ill. School Student Records Act, 105 ILCS 10/, and its implementing rules at 23 Ill.Admin.Code Part 375. FERPA prohibits schools from disclosing personally identifiable information from students' education records without the consent of a parent or eligible student, unless an exception applies. See policy 7:340, <i>Student Records</i>.</p> <p>Prepare a list of answers to anticipated questions about managing the student's health needs.</p> <p>Check with the Nurse/DSP regarding any known competing educational interests with the student's health needs among other students attending the school (i.e., diabetes, service animals, etc.). Manage identified students' competing educational interests by:</p> <ol style="list-style-type: none"> 1. Consulting the Board Attorney. 2. Creating a method to monitor identified competing educational interests between students. 3. Responding to future unidentified competing educational interests and managing them immediately. 4. Modifying any other conditions as the facts of the situation require.

Actor	Action
IEP or 504 Team	<p>Implement and follow all identified responsibilities in the 504 Plan. Understand that accidental exposures are more likely to occur when an unplanned event occurs, which makes it critical to follow the exact accommodations in the student's 504 Plan (p.13).</p> <p>Practice emergency procedures outlined in the student's EAP and be prepared to follow them (App. B-3, p. 44).</p>
Parent/Guardian	<p>Implement and follow the applicable items in the <i>Parent/Guardian of Children with Food Allergies Checklist</i> (p. 25).</p>
Student	<p>Implement and follow the applicable items in the <i>Students with Food Allergies Checklist</i> (p. 26).</p>

Phase Three: Response to Allergic Reactions

Actor	Action
IEP or 504 Team	<p>Follow the student's 504 Plan and EAP.</p>
Anyone	<p>Any time an allergic reaction is suspected, administer the epinephrine auto-injector first, and then call 911. Fatalities occur when epinephrine is delayed or withheld (p. 21).</p>
Nurse/DSP	<p>Implement and follow the applicable items in the <i>Return to School After a Reaction Checklist</i> (App. B-2, p. 43). If the student has no EAP and IHCP or 504 Plan, provide the parent/guardian with the EAP (App. B-5, p. 48) and <i>Sample Allergy History</i> (App. B-8, p. 56) forms and refer them to the process outlined in the Identification of Students with Food Allergies phase above.</p> <p>Review <i>Special Considerations for the Student</i>; specifically, collaborate with the student's medical provider (p. 23).</p>

LEGAL REF: 105 ILCS 5/2-3.149.