Administrative Procedure - Anaphylaxis Prevention, Response, and Management Program

The following procedure implements Board ~~policy~~ Policy 7.285, *Anaphylaxis Prevention, Response, and Management Program*, which is based upon the Ill. State Board of Education's (ISBE) *Anaphylaxis Response Policy for Schools* (*ISBE Model*), available at: www.isbe.net/Documents/Anaphylactic-policy.pdf (105 ILCS 5/2-3.~~182~~190, amended by P.A. 104-391). The District's Anaphylaxis Prevention, Response, and 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. Anaphylaxis Prevention, Response, and Management Program
3. Individual Allergy Management (Three Phases)
   Phase One: Identification of Students with Allergies
   Phase Two: Plan to Reduce Risk of Allergic Reactions
   Phase Three: Response to Allergic Reactions

Glossary of Terms

The Terms Related to This Model Anaphylaxis Response Policy of the *ISBE Model* (p. 4) is incorporated here by reference. In this procedure, the term **epinephrine ~~injector~~ delivery system** is used in lieu of **epinephrine auto-injector** (*ISBE Model*, p. 4) because that is the term used in the School Code~~, but they have the same meaning~~.

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

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

CDC Guidelines - The *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*, published by the Centers for Disease Control and Prevention (2013) and available at: ~~www.cdc.gov/healthyschools/foodallergies/pdf/20_316712-A_FA_guide_508tag.pdf~~www.cdc.gov/school-health-conditions/media/pdfs/20_316712-A_FA_guide_508tag.pdf. The CDC Guidelines are referred to in the *ISBE Model* as "a full food allergy and prevention of allergen exposure plan." The CDC Guidelines are focused on the management of food allergies, but they also mention other allergens that may result in anaphylaxis (p. 21).

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

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

Individual Health Care Plan (IHCP) - A document that outlines an allergic student's needs, and at minimum, includes the precautions necessary for allergen avoidance and emergency procedures and treatments. Its function is similar to a 504 Plan (see below).

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

504 Plan - A document that outlines an 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 Attorney for the District 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.

504 Team - A building-level team that implements the phases of Individual 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/Designated School Personnel (DSP), not a 504 Team.

Anaphylaxis Prevention, Response and Management Program

This section relies heavily upon District-level administrators to implement the Program even if the District has no students with food or other allergies. 105 ILCS 5/2-3.~~182~~190, amended by P.A. 104-391. 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. CDC Guidelines, p. 9. This section references the *ISBE Model* 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.

Actor	Action
Wellness Committee	Identify existing policies, procedures and exhibits which affect implementation of the Program, including, but not limited to: 1.20, *District Organization, Operations, and Cooperative Agreements* 2.20, *Powers and Duties of the School Board; Indemnification* 2.240, *Board Policy Development* 4.110, *Transportation* 4.120, *Food Services* 5.100, *Staff Development Program* 5.100-AP1, *Staff Development Program* 6.65, *Student Social and Emotional Development* 6.120, *Education of Children with Disabilities*

Actor	Action
	6.120-AP1, *Special Education Procedures Assuring the Implementation of Comprehensive Programming for Children with Disabilities* 6.240, *Field Trips* 7.180, *Prevention of and Response to Bullying, Intimidation, and Harassment* 7.250, *Student Support Services* 7.270, *Administering Medicines to Students* 7.270-AP1, *Dispensing Medication* 7.270-AP2, *Checklist for District Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon* 7.270-E1, *School Medication Authorization Form with the Allergy and Anaphylaxis Emergency Plan (AAEP)* 8.100, *Relations with Other Organizations and Agencies*. At least once every three years, recommend to the Superintendent any necessary policy changes that must be brought to the School Board for consideration. See Board ~~policy~~ Policy 2.240, *Board Policy Development*. Recommend to the Superintendent any amendments to administrative procedures. Convene a District-wide meeting with all Building Principals, other appropriate administrative and special education staff, and the Attorney for the District to discuss this Program, the *ISBE Model*, and prepare each individual Building Principal to implement it in his or her building. **Note**: The Attorney for the District will be a necessary participant in the District's efforts to manage anaphylaxis management issues. The Superintendent may want to authorize individual Principals to consult with the Attorney in some circumstances. If so, the Superintendent should outline this process during this meeting. Educate and train all staff by coordinating, through the Superintendent or Building Principals, the required annual 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~~b-5)(2) added by P.A. 103-542). This training will also be incorporated into new school employee training. **Note:** State law requires the in-service training to be conducted every two years, but the ISBE Model states that schoolwide training be conducted annually, when new employees are onboarded, and when an individual is identified as being at risk. Person with expertise is not defined, but the use of the word expertise suggests that using a lay person to provide training is not appropriate. 23 Ill. Admin. Code 1.540(e)(6) provides a school nurse or physician with knowledge of allergies and anaphylaxis and CPR and AED certification who possesses skill in administering or demonstrating the use of epinephrine injector devices shall certify by written signature that the personnel being trained passed the test required under Section 22-30(h)(7) of the Code. This training should also include (CDC Guidelines, p. 36):

Actor	Action
	• A review of policies and building procedures • An overview of food allergies • Definitions of key terms, including *food allergy*, *major allergens*, *epinephrine*, and *anaphylaxis* • The difference between a potentially life-threatening food allergy and other food-related problems • Signs and symptoms of a food allergy reaction and anaphylaxis (see *ISBE Model*, p. 5) and information on common emergency medications • General strategies for reducing and preventing exposure to allergens (in food and non-food items) • Policies on bullying and harassment and how they apply to children with food allergies • The District's emergency plans, including who will be contacted in the case of an emergency, how staff will communicate during a medical emergency, and what essential information they will communicate Monitor the Program by assessing its effectiveness at least once every three years. Incorporate updated medical best practices into all areas of the Program. Establish a schedule for the Superintendent to report any recommendations to enhance the Program's effectiveness to the Board for consideration.
Building Principal	Inform the school community about the Program by providing the information to students and their parents/guardians. For a sample letter, see www.stlouischildrens.org/sites/legacy/files/2022-09/FAMEToolkit2022-section3-Admin.pdf, p. 14. Inform the school community of the opportunities to better understand food allergy management issues. Implement the Program in the building by meeting with the School Nurse in the building to examine the *ISBE Model*. Identify: Best practices that apply to the conditions in the school building, including classrooms and the cafeteria, as well as on school transportation, at school-sponsored events (including activities before and after school, and field trips), and during physical education/recess to reduce exposure to allergens. See ISBE Model, p.3, and CDC Guidelines, p. 43-45. Items from the actions for School Administrators and Registered School Nurses that apply to the working conditions in the school settings listed immediately above. CDC Guidance, p. 59-64.

Actor	Action
	Educate staff members about the Program and their likely involvement with the daily management of food (or non-food) allergies for individual students (Individual Allergy Management). CDC Guidelines, p. 27-31. Inform staff members about constructive classroom rewards, see: www.actionforhealthykids.org/activity/healthy-active-non-food-rewards/. Identify at least two employees in the building, in addition to the School Nurse, to be trained in the administration of epinephrine by auto-injection. Only *trained personnel* may administer epinephrine to a student believed to be having an anaphylactic reaction. (ISBE Model, p. 6). For training requirements, see 7:270-AP2, *Checklist for District Supply of Undesignated Medication(s)*. Note: Although 105 ILCS 5/22-30 permits any "personnel authorized" under a student's specific individual plan to administer an undesignated epinephrine injector, the ISBE Model makes no such distinction and requires all personnel administering epinephrine (whether prescribed to a student or undesignated) to a student to complete the training required of trained personnel. Annually notify parents/guardians in the student handbook(s) of Board ~~policy~~ Policy 7~~:~~.285, *Anaphylaxis Prevention, Response, and Management Program*, and include the contact information of a staff member who parents/guardians can contact if they have questions about how the policy applies to their child. To increase awareness of the bullying issues faced by students with allergies, consider including information for students and their parents/guardians about the goals established in Board ~~policy~~ Policy 7~~:~~.180, *Prevention of and Response to Bullying, Intimidation, and Harassment*.
School Board	Monitor Board policy 7.285, *Anaphylaxis Prevention, Response, and Management Program*, at least once every three years, and consider changes recommended by the Committee. See Board ~~policy~~ Policy 2~~:~~.240, *Board Policy Development*. Consider all policy changes recommended by the Superintendent. Provide the appropriate resources for the Superintendent to successfully implement the Program.

~~2.~~ Individual Allergy Management

This section's procedures are implemented each time the school identifies a student with a food allergy. It follows Board ~~policy~~ Policy 6~~:~~.120, *Education of Children with Disabilities*, and references additional considerations based upon the ISBE Model. It relies heavily upon Building Principals and School Nurses 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.

A. Phase One: Identification of Students with Allergies

Actor	Action
Parents / Guardians	Inform the Building Principal of the student's food allergy.

Actor	Action
	Complete a Student Health History Form and School Medication Authorization Form (see Exhibit 7~~:~~.270-E1, School Medication Authorization Form). Return them to the School Nurse. **Note:** The Food Allergy & Anaphylaxis Emergency Care Plan should be used in conjunction with Exhibit 7~~:~~.270-E1, *School Medication Authorization Form*. If the District participates in the U.S. Dept. of Agriculture's Child Nutrition Programs and the student has a disability that requires meal modifications, complete a medical statement signed by a licensed healthcare provider. CDC Guidelines, p. 28. See https://www.isbe.net/Documents/2017-ACCOM-MANUAL-SP40.pdf for information and the Medical Authority Modified Meal Request Form at: www.isbe.net/_layouts/Download.aspx?SourceUrl=/Documents/Medical-Authority-Modified-Meal-Request-Form.docx. Cooperate with school staff to provide the medical information necessary directly from the student's health care provider to develop plans for managing individual care and emergency actions. CDC Guidelines, p. 27. Participate in all meetings to assess and manage the individual student's health needs
Building Principal and/or School Nurse	Follow the District's procedural safeguards for convening a meeting to assess the individual student's allergy management needs.
IHCP (Individual Health Care Plan) Team	1. Gather appropriate health information by using the completed: General Registration Information Form and Student Health History Form. 2. Identify all necessary accommodations and complete an Food Allergy & Anaphylaxis Emergency Care Plan and Individual Health Care Plan. For meal substitutions, the parent/guardian must submit a medical statement signed by a licensed healthcare provider. 3. Assign responsibilities to individual staff members for providing the identified accommodations. Remember that accidental exposures are 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. 4. Identify willing staff members (i.e., student's teacher and principal designees) in addition to the School Nurse trained in emergency response to respond to any allergic reactions the student may have. Only trained personnel may administer epinephrine to a student believed to be having an anaphylactic reaction. ISBE Model, p. 6. **Note**: Consult the Attorney for the District 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

Actor	Action
	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. 5. Provide the required procedural safeguard notices if a related service under the Individuals with Disabilities Education Act or if the student has a disability under Section 504. See 23 Ill. Admin. Code §226.510; Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Parts 104 and 300); and 6:120-AP1, E1, *Notice to Parents/Guardians Regarding Section 504 Rights*.

B. Phase Two: Prevention of Exposure to Known Allergens

Actor	Action
Building Principal and/or School Nurse	Convene a meeting to educate all the staff members who will provide the IHCP accommodations about their responsibilities. Ensure individual staff members perform their responsibilities and provide the necessary accommodations for the student's individual health needs. Facilitate the dissemination of accurate information in the building about the student's allergy while respecting privacy rights. Consider providing a medical alert to other parents/guardians that does not name the student when requested by the parent/guardian of the student with the allergy. See CDC Guidelines, p. 71, #5. The communication should inform other students and their parents/guardians about the importance of keeping their educational setting free of the food allergen. For a sample letter, see Notification of a Food Allergy in the Classroom – Parent Letter, available at: www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis. Prepare a list of answers to anticipated questions about managing the student's health needs. Check with the School Nurse 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: 1. Consulting the Attorney for the District. 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.
IHCP Team	Implement and follow all identified responsibilities in the IHCP. Understand that accidental exposures are more likely to occur when an unplanned event occurs, which makes is critical to follow the exact accommodations in the student's Plan. Practice emergency procedures outlined in the student's Food Allergy & Anaphylaxis Emergency Care Plan or Individual Health Care Plan and be prepared to follow them

C. Phase Three: Response to Allergic Reactions

Actor	Action
IHCP Team	Follow the student's Food Allergy & Anaphylaxis Emergency Care Plan or Individual Health Care Plan.
Anyone implements item #1 of the first numbered list School Nurse or other *Trained Personnel* implements the remaining items	If the Nurse or *trained personnel* have a good faith belief that a person is having an anaphylactic reaction, and the District needs to use its undesignated (not student-specific) supply of epinephrine to respond (ISBE Model, p. 5-6): 1. Call the Nurse or front office personnel and advise of the emergency situation so that trained personnel can be activated to respond with undesignated epinephrine dose(s). 2. Instruct someone to call 911 immediately. 3. Implement the District's undesignated epinephrine standing protocol. See 7~~:~~.270-AP2, *Checklist for District Supply of Undesignated Medication(s)*. 4. Select the appropriate dose according to the standing protocol and administer epinephrine. Note the time. Act quickly. It is safer to give epinephrine than to delay treatment. This is a life-and-death decision. 5. Stay with the person until EMS arrives. 6. Monitor the person's airway and breathing. 7. Reassure and attempt to calm the person, as needed. 8. Direct another staff member to call the parent/guardian, or emergency contact (if known). 9. If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine five to 15 minutes after the initial injection. Note the time. 10. Administer CPR, if needed.

	11. EMS transports the individual to the emergency room. Document the individual's name, date, and time the epinephrine was administered on the epinephrine injector that was used and give to EMS to accompany individual to the emergency room. Even if symptoms subside, EMS must still respond, and the individual must be evaluated in the emergency department or by the individual's health care provider. A delayed or secondary reaction may occur, which can be more severe than the first-phase symptoms. Post-Event Actions 1. Document the incident and complete all reporting requirements. See 7:270-AP2, *Checklist for District Supply of Undesignated Medication(s),*. 2. Replace epinephrine stock medication, according to the District's standing protocol. Reorder epinephrine stock medication, as necessary.
School Nurse	If the student has no Food Allergy & Anaphylaxis Emergency Care Plan or Individual Health Care Plan, provide the parents/guardians with these documents in addition to the *Student Health History* forms and refer them to the process outlined in **Phase One: Identification of Students with Allergies** phase above. After each allergy emergency, review how it was handled with the Building Principal, health aides/assistants (if applicable), parents/guardians, staff members involved in the response, and the student to identify ways to prevent future emergencies and improve emergency response. CDC Guidelines, p. 63. Collaborate with the students' medical provider as needed to determine if a new or different plan is advised. Assist students with allergies with transitioning back to school after an emergency. CDC Guidelines, p. 63. Storage, Access, and Maintenance of Undesignated Supply of Epinephrine (105 ILCS 5/22-30(f); ISBE Model, p. 6-7) 1. Store, access, and maintain the stock of undesignated epinephrine injectors as provided in the District's standing protocol. 2. Maintain the supply of undesignated epinephrine in accordance with the manufacturer's instructions. Epinephrine should be stored in a safe, unlocked, and accessible location in a dark place at room temperature (between 59-86 degrees F). Epinephrine should not be maintained in a locked cabinet or behind locked doors. Trained staff

	should be made aware of the storage location in each school. It should be protected from exposure to hot, cold, or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures. The expiration date of epinephrine solutions should be periodically checked; the drug should be replaced if it is approaching the expiration date. The contents should periodically be inspected through the clear window of the injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit. 3. Regularly (e.g., monthly) check stock epinephrine to ensure proper storage, expiration date, and medication stability. Maintain documentation when checks are conducted. Expired injectors or those with discolored solutions or solid particles should not be used. 4. Dispose of epinephrine injectors in a sharps container.

LEGAL REF.: 105 ILCS 5/2-3.182, 5/10-22.21b, 5/10-22.39, and 5/22-30.
23 Ill. Admin. Code §1.540
Anaphylaxis Response Policy for Illinois Schools, published by the Ill. State Board of Education.