LEGAL REF.: 105 ILCS 5/10-23.13(b), 5/10-20.59, and 5/21B-25(G).
405 ILCS 49/, Children's Mental Health Act.
740 ILCS 110/, Mental Health and Developmental Disabilities Confidentiality Act.

CROSS REF.: 6:65 (Student Social and Emotional Development), 6:270 (Guidance and Counseling Program), 7:100 (Health, Eye, and Dental Examinations; Immunizations; and Exclusion of Students), 7:280 (Communicable and Chronic Infectious Disease), 7:340 (Student Records)

Students

Administrative Procedure - Protocol for Responding to Students with Social, Emotional, or Mental Health Needs [1]

Student Support Committee

Each Building Principal shall annually appoint a building-level Student Support Committee that shall have the tasks described in this Administrative Procedure. Committee members must be school staff members who are qualified by professional licensing or experience to address issues concerning students who may have social, emotional, or mental health needs. As needed on a case-by-case basis, the Student Support Committee may request the involvement of the Building Principal, relevant teachers, and the parents/guardians. Records produced and shared among Committee members may be subject to laws governing student records. Confidential information given by a student to a therapist is governed by the Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/.

Children's Mental Health Partnership's Plan and Annual Progress Reports

The Illinois Children's Mental Health Partnership (ICMHP) develops and updates its statewide Children's Mental Health Plan (CMH Plan). The CMH Plan is a statewide strategic blueprint or *roadmap* to promote and improve the children's mental health system and covers a range of recommendations and strategies necessary to reforming the children's mental health system in Illinois. By Dec. 30 of each year, the ICMHP must submit an annual progress report to the Governor for approval. The Student Support Committee will monitor the annual ICMHP progress report, available at: www.icmhp.org/our-work/our-annual-reports. The CMH Plan is available at: www.dhs.state.il.us/page.aspx?item=68168. After reviewing both websites, the Student Support Committee will decide how to implement its recommendations and strategies as appropriate within the resources available in the District.

Referrals

Staff members should refer a student suspected of having social, emotional, or mental health needs to the building-level Student Support Committee. The Student Support Committee will review information about a referred student, including prior interventions, and suggest appropriate steps for referral and follow-up. The Student Support Committee may offer strategies to a referred student's classroom teachers and parents/guardians about ways they can manage, address, and/or enhance the student's social and emotional development and mental health. In addition, the Student Support Committee may recommend coordinated educational, social work, school counseling, student assistance services, and/or a case study evaluation, as well as referrals to outside agencies.

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[1] The Children's Mental Health Act, 405 ILCS 49/, amended by P.A. 102-899, eff. 1-1-23, requires districts to have a protocol for responding to children with social, emotional, or mental health needs, or a combination of such needs, that impact learning ability. The complexity and scope of such a protocol will vary from district to district. At minimum, the superintendent should consider including the first three sections of this sample procedure.

The Children's Mental Health Act also requires every district to have a policy for incorporating social and emotional development into the district's educational program. See sample policy 6:65, *Student Social and Emotional Development.*

Referrals under this procedure are unrelated to the special education evaluation process and do not trigger the District's timeline for evaluations. However, the use of these procedures shall not circumvent the special education process. See Administrative Procedure 6:120-AP1, *Special Education Procedures Assuring the Implementation of Comprehensive Programming for Children with Disabilities.*

School Counseling, School Social Work, School Psychological, and School Nursing Services [2]

The Student Support Committee may request school counselors, school social workers, school psychologists, and school nurses to provide support and consultation to teachers and school staff about strategies to promote the social and emotional development and mental health of all students. They may also be requested to provide screening and early detection approaches to identify students with social, emotional, and mental health needs.

School counselors, school social workers, school psychologists, and school nurses will inform parents/guardians of all issues that pose a health and/or safety risk; they will inform the Building Principal of any health or safety risks that are present in the school.

Psycho-Educational Groups [3]

As appropriate, the Student Support Committee may recommend that a student participate in a variety of psycho-educational groups. These groups are typically led by school counselors, social workers, or psychologists, but are not structured as therapeutic services. Groups are designed to help students better understand issues and develop strategies to manage issues of concern to them that may, if not addressed, interfere significantly with the students' educational progress or school adjustment. Groups have a written curriculum that guides discussion over a set period of time, generally five weeks. A student may participate in a group without parent/guardian permission for one such time period; subsequent enrollment in the same group requires parent/guardian permission.

Students in a group who present significant concern and for whom therapeutic services must be considered will be referred to the social workers, psychologists, or school counselors for individual consultation. (See above description of these services.)

Erin's Law Counseling Options, Assistance, and Intervention [4]

The Student Support Committee shall identify District and community-based counseling options for students who are affected by sexual abuse and grooming behaviors, along with options for victims of sexual abuse to obtain assistance and intervention. Community-based options must include a Children's Advocacy Center[5] and sexual assault crisis center(s) that serve the District, if any.

School and Community Linkages

When possible, the Student Support Committee shall seek to establish linkages and partnerships with diverse community organizations with the goal of providing a coordinated, collaborative early intervention social and emotional development and mental health support system for students that is

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[2] See policy 7:250, *Student Support Services,* at f/ns 3-6, for information about the roles and licensure of school support personnel, including school counselors, school social workers, school psychologists, and school nurses.

[3] Omit this section if the school does not have a psycho-educational program in place.

[4] Required by *Erin's Law*, 105 ILCS 5/10-23.13(b)(2), (3), and (5), amended by P.A. 102-610.

[5] To identify a Children's Advocacy Center (CAC) that may serve the district, see www.childrensadvocacycentersofillinois.org/about/map. For more information on CACs, see policy 5:90, *Abused and Neglected Child Reporting*, and administrative procedure 5:90-AP, *Coordination with Children's Advocacy Center.*

integrated with community mental health agencies and organizations and other child-serving agencies and systems.

LEGAL REF.: 105 ILCS 5/10-23.13.
405 ILCS 49/, Children's Mental Health Act.

Students

Anaphylaxis Prevention, Response, and Management Program [1]

School attendance may increase a student's risk of exposure to allergens that could trigger anaphylaxis. Students at risk for anaphylaxis benefit from a School Board policy that coordinates a planned response in the event of an anaphylactic emergency. Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. Common allergens include animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat. A severe allergic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can also occur up to one to two hours after exposure to the allergen.

While it is not possible for the District to completely eliminate the risks of an anaphylactic emergency[2] when a student is at school, an Anaphylaxis Prevention, Response, and Management Program using a cooperative effort among students' families, staff members, students, health care providers, emergency medical services, and the community helps the District reduce these risks and provide accommodations and proper treatment for anaphylactic reactions. [3]

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

[1] 105 ILCS 5/2-3.190(d), added by P.A. 102-413 and renumbered P.A. 102-813, required school boards to update or implement an anaphylactic policy by 8-17-22 (six months after the Ill. State Board of Education (ISBE) distributed its model on 2-17-22) in accordance with the model policy developed by ISBE, titled *Anaphylaxis Response Policy for Illinois Schools*, (*ISBE Model*), available at: www.isbe.net/Documents/Anaphylactic-policy.pdf. Administrative procedures referencing the *ISBE Model* must support this policy in order to comply with the law. See the discussion in f/n 4 below and 7:285-AP, *Implementing an Anaphylaxis Prevention, Response, and Management Program* for a sample implementation procedure.

The law requires the *ISBE Model*, and in turn a district's policy based on the *ISBE Model*, to include: (a) a procedure and treatment plan, including emergency protocols and responsibilities for school nurses and other appropriate school personnel, for responding to anaphylaxis, (b) requirements for a training course for appropriate school personnel on prevention and responding to anaphylaxis, (c) a procedure and appropriate guidelines for the development of an individualized emergency health care plan for children with a food or other allergy that could result in anaphylaxis, (d) a communication plan for intake and dissemination of information provided by Illinois regarding children with a food or other allergy that could result in anaphylaxis, including a discussion of methods, treatments, and therapies to reduce the risk of allergic reactions, including anaphylaxis, (e) strategies for reducing the risk of exposure to anaphylactic causative agents, including food and other allergens, and (f) a communication plan for discussion with children who have developed adequate verbal communication and comprehension skills and with the parents or guardians of all children about foods that are safe and unsafe and about strategies to avoid exposure to unsafe food. 105 ILCS 5/2-3.190(b), added by P.A. 102-413 and renumbered by P.A. 102-813.

The *ISBE Model* is primarily focused on item (a). Little to no guidance for schools regarding items (b) – (f) exists in it other than to generally cite to voluminous resources made available by the Centers for Disease Control and Prevention (CDC) and National Association of School Nurses (NASN). See f/n 3, below. This policy and its implementing procedures are designed to supplement the *ISBE Model* and further lead school officials to resources regarding items (b) – (f). 105 ILCS 5/2-3.182(b)(1-6), added by P.A. 102-413 and renumbered by P.A. 102-813.

[2] The *ISBE Model* does not provide a specific definition for *anaphylactic emergency,* but it appears to use that term and *anaphylaxis* interchangeably.

[3] This ends statement requires board work and should be discussed (what effect or impact will this district statement have on the students and the community?) and altered accordingly before board adoption. The *ISBE Model* provides that students at risk for anaphylaxis benefit from a policy that coordinates a planned response in the event of an anaphylactic emergency, and it emphasizes that an emergency plan should include all stakeholders. For more information on ends statements and governance, see IASB's *Foundational Principles of Effective Governance* at: www.iasb.com/conference-training-and-events/training/training-resources/foundational-principles-of-effective-governance/.

The Superintendent or designee shall develop and implement an Anaphylaxis Prevention, Response, and Management Program for the prevention and treatment of anaphylaxis that: [4]

1. Fully implements the Ill. State Board of Education (ISBE)'s model policy required by the School Code that: (a) relates to the care and response to a person having an anaphylaxis reaction, (b) addresses the use of epinephrine in a school setting, (c) provides a full food allergy and prevention of allergen exposure plan, and (d) aligns with 105 ILCS 5/22-30 and 23 Ill.Admin.Code §1.540. [5]
2. Ensures staff members receive appropriate training, including: (a) an in-service training program for staff who work with students that is conducted by a person with expertise in anaphylactic reactions and management, and (b) training required by law for those staff members acting as *trained personnel*, as provided in 105 ILCS 5/22-30 and 23 Ill.Admin.Code §1.540. [6]
3. Implements and maintains a supply of undesignated epinephrine in the name of the District, in accordance with policy 7:270, *Administering Medicines to Students*. [7]
4. Follows and references the applicable best practices specific to the District's needs in the Centers for Disease Control and Prevention's *Voluntary Guidelines for Managing Food*

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The clause "using a cooperative effort among students' families, staff members, students, health care providers and emergency medical services, and the community" is optional and can be removed. The purpose of the clause is to share responsibility for management among all stakeholders.

[4] 105 ILCS 5/10-20. To balance the requirement to implement a policy based upon the *ISBE Model* (105 ILCS 5/2-3.190(d)) with the practicalities of managing a district, this paragraph delegates the board's implementation duty to the superintendent.

[5] Number one outlines the goals that the legislature directed ISBE to include in the topics covered by the *ISBE Model*. 105 ILCS 5/2-3.190(b), added by P.A. 102-413 and renumbered by P.A. 102-813. The *ISBE Model* is based on the *Virginia Dept. of Education Anaphylaxis Policy*, available at: www.doe.virginia.gov/support/health_medical/anaphylaxis_epinephrine/, and it incorporates NASN recommendations for a comprehensive anaphylaxis school policy. See the *NASN Sample Anaphylaxis Policy*, at: www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis. Boards may add further expectations and include additional goals that reflect those expectations here. Ensure that any additional expectations or goals align with policy 7:270, *Administering Medicines to Students*.

[6] Number two includes the biennial in-service training program required by 105 ILCS 5/10-22.39(e) and training required by 105 ILCS 5/22-30(g) for those staff members who will be *trained personnel*, authorized by 105 ILCS 5/22-30(b-10), to provide or administer undesignated epinephrine in specific situations. The law authorizes *school nurses* and *trained personnel* to administer undesignated epinephrine. See sample policy 5:100, *Staff Development Program* (at f/n 5 if the board does not list all training in the policy), and 7:270-AP2, *Checklist for District Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon*. 105 ILCS 5/22-30(b-5) does not specifically state that staff members authorized to administer (student-specific) epinephrine under a student's specific individual plan must also complete the more rigorous training required for *trained personnel*. However, the *ISBE Model* is clear that "[o]nly trained personnel should administer epinephrine to a student believed to be having an anaphylactic reaction," and it requires each building-level administrator to identify at least two employees, in addition to the school nurse (if any), to be *trained personnel*. The more in-depth training for staff members who may administer epinephrine (whether student-specific or undesignated) is also a best practice emphasized in the *CDC Guidelines*, which is referenced in the *ISBE Model* (see f/n 8, below).

[7] Optional. Delete number three if a board has not adopted the **School District Supply of Undesignated Epinephrine Injectors** subhead in policy 7:270, *Administering Medicine to Students*.

Allergies in Schools and Early Care and Education Programs and the *National Association of School Nurses Allergies and Anaphylaxis Resources/Checklists*. [8]

5. Provides annual notice to the parents/guardians of all students to make them aware of this policy. [9]
6. Complies with State and federal law and is in alignment with Board policies.

Monitoring [10]

Pursuant to State law and policy 2:240, *Board Policy Development*, the Board reviews and makes any necessary updates to this policy at least once every three years. The Superintendent or designee shall assist the Board with its review and any necessary updates.

LEGAL REF.: 105 ILCS 5/2-3.190, 5/10-22.39(e), and 5/22-30.
23 Ill.Admin.Code §1.540.
Anaphylaxis Response Policy for Illinois Schools, published by ISBE.

CROSS REF.: 4:110 (Transportation), 4:120 (Food Services), 4:170 (Safety), 5:100 (Staff Development Program), 6:120 (Education of 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), 8:100 (Relations with Other Organizations and Agencies)

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[8] Number four refers to the CDC's *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*, at: www.cdc.gov/healthyschools/foodallergies/pdf/20_316712-A_FA_guide_508tag.pdf (*CDC Guidelines*), which is cited in the *ISBE Model* as a resource for a "full food allergy and prevention of allergen exposure plan." Adopting the entire, voluminous *CDC Guidelines* document as policy is not practical. The *CDC Guidelines* also state that not every recommendation will be appropriate or feasible for every district's needs. The *National Association of School Nurses Allergies and Anaphylaxis Resources/Checklists*, at: http://www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis, are also linked as a resource in the *ISBE Model*. The *ISBE Model* acknowledges that not all schools have access to school nurses or other health staff on a regular basis, and it encourages districts to take this into consideration when developing building-level plans.

[9] Number five is required by 105 ILCS 5/2-3.190(c), added by P.A. 102-413 and renumbered by P.A. 102-813. The notification must include contact information for parents/guardians to engage further with the district to learn more about individualized aspects of the policy. For ease of administration, districts may want to include this notification in student handbook(s). The Ill. Principal's Association (IPA) maintains a handbook service that coordinates with **PRESS** material, *Online Model Student Handbook* (MSH), at: www.ilprincipals.org/resources/model-student-handbook.

[10] 105 ILCS 5/2-3.190(e), added by P.A. 102-413 and renumbered by P.A. 102-813, provides that ISBE shall review and update its model policy at least once every three years. Although this section does not expressly state that boards must also conduct a review within this time frame, that is the logical conclusion based on a board's duty in 105 ILCS 5/10-16.7 to direct the superintendent through policy. The policy should be updated in accordance with any revisions made to the *ISBE Model*.

Students

Administrative Procedure - Anaphylaxis Prevention, Response, and Management Program [1]

The following procedure implements 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 5/2-3.190, added by P.A. 102-413 and renumbered by P.A. 102-813). 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** 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

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[1] "**Note:**" messages appear throughout this procedure to highlight legal issues and available customization options. This format is a departure from the **PRESS** publication's general format, which usually provides finished procedures that are ready for immediate use and implementation. This procedure follows the legal requirements for what an anaphylaxis prevention, response, and management program must include, but development and implementation of the actual program is subject to a district's resources and circumstances, i.e., the size of the school district, conditions in individual buildings, and an individual student's needs.

The first paragraph's second sentence is optional. Remove it if the board removed the optional clause discussed in f/n 2 of sample policy 7:285, *Anaphylaxis Prevention, Response, and Management Program* (Program). The purpose of the sentence is to allocate responsibility for allergy management among the district, staff, and allergic students and their families and alert the community that successful implementation relies upon everyone to understand the seriousness of food and non-food allergies.

The Ill. State Board of Education (ISBE)'s *Anaphylaxis Response Policy for Schools* (*ISBE Model*) does not prescribe or suggest any particular sample forms to be used as part of a district's Program. This procedure suggests sample forms that are made available through resources cited by the *ISBE Model*. Given the expansion of State law to address not only food allergies, but other allergies that could result in anaphylaxis, districts should ensure that whatever forms they use can accommodate both food and non-food allergies.

Complicating this issue, 105 ILCS 5/22-30(b-5) still refers to the *Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form* (*Ill. EAP*), which was included in an appendix to the now-retired publication, *Procedures for Managing Life-Threatening Food Allergies in Schools* (2010). The *Ill. EAP* form and other forms that appeared in the 2010 publication are no longer accessible on the ISBE website. The sample exhibit 7:285-AP, E, *Allergy and Anaphylaxis Emergency Plan*, referenced in these procedures is similar, but not identical to, the retired *Ill. EAP* form. Consult the board attorney for guidance on the continued use of the *Ill. EAP* or use of another form.

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 policy 7:285, *Anaphylaxis Prevention, Response and Management Program*, which is based upon the *ISBE Model*.

Anaphylaxis Prevention, Response, and Management Committee (Committee) - A District-level team that the Superintendent creates to develop 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.

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. 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). **Important**: Consult the Board Attorney about whether the Program should implement a 504 Plan or IHCP. This Program's 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 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 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 Allergy Management in a student's 504 Plan. Insert "IHCP Team" in place of or in addition to "504 Team" if the district will

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[2] Prior to the 2008 amendments to the Americans with Disabilities Act, courts frequently found that allergies were not disabilities under Section 504 (see, e.g., Smith v. Tangipahoa Parish Sch. Bd., 2006 WL 3395938 (D.Ct. LA 2006)). As a result, schools commonly drafted Individual Health Care Plans (IHCP) and Emergency Action Plans (EAP) for allergic students instead of Section 504 Plans. The ADA Amendments Act of 2008 (Pub. L. 110-325) significantly broadened the definition of *substantially limits* to include disabilities that are inactive or in remission. These amendments generally support Section 504 entitlement for students with allergies because an allergic reaction will *substantially limit* the major life activity of *breathing* when anaphylaxis occurs.

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)[3], 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 5/2-3.190, added by P.A. 102-413 and renumbered by P.A. 102-813. 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.

Note: Modify this section based upon the District's specific implementation needs. The only mandate in 105 ILCS 5/2-3.190 was that school boards implement a policy based upon the ISBE Model by 8-17-22. Implementation methods are many; this Program provides one method.

Actor	Action
Superintendent or designee	Establish a District-wide Anaphylaxis Prevention, Response, and Management Committee (Committee) to operate as a Superintendent committee. Consider including: District-level administrators Building Principals (Building Principals are mandatory for successful implementation of the Program) District Safety Coordinator (see 4:170-AP1, Comprehensive Safety and Security Plan, Part C, District Safety Coordinator and Safety Team; Responsibilities) District 504 Coordinator (see 6:120, Education of Children with Disabilities and 6:120, AP1, E1 Notice to Parents/Guardians Regarding Section 504 Rights) Staff members, e.g., school nurse/health aide, teachers, paraprofessionals, food service staff, bus drivers, athletic coaches Parents/Guardians Community members, e.g., individuals with expertise in allergens and anaphylaxis Students 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 ISBE Model document, available at: www.isbe.net/Documents/Anaphylactic-policy.pdf, or create a document that is consistent with the requirements of the ISBE Model, but also reflects the specific needs of the school district.

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[3] The term *designated school personnel* does not appear in the *ISBE Model* or *CDC Guidelines*, but it is used in this procedure to refer to staff members who are assigned duties because a district does not have a nurse on staff.

Actor	Action
	Inform the School Board of the Committee's progress and needs by adding information items to the Board's agendas at least once every three years.
Anaphylaxis Prevention, Response, and Management Committee	Identify existing policies, procedures, and exhibits that 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-AP, Staff Development Program 6:65, *Student Social and Emotional Development* 6:120, *Education of Children with Disabilities* 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*[4] 7:270-E1, *School Medication Authorization Form* 7:285-AP, E, *Allergy and Anaphylaxis Emergency Plan* 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 policy 2:240, *Board Policy Development.* Recommend to the Superintendent any amendments to administrative procedures. Note: The Committee may want to utilize 7:285-AP, E, Allergy and Anaphylaxis Emergency Plan (AAEP), for allergy management purposes. The sample exhibit is an adaptation of the American Academy of Pediatrics' sample emergency action plan form, Allergy and Anaphylaxis Emergency Plan available at: https://downloads.aap.org/AAP/PDF/AAP_Allergy_and_Anaphylaxis_Emergency_Plan.pdf; it includes the parent/guardian acknowledgment of district immunity and the hold harmless/indemnification agreement required by 105 ILCS 5/22-30 and 5/22.21b. See 7:270, Administering Medicines to Students, at f/n 7, for more information. The Committee should also assess the feasibility of adding staff training during a Periodic Emergency Response Drill (CDC Guidelines, p. 50) to the District's School Safety Drill Plan (see 4:170-AP1, *Comprehensive Safety and Security Pl*an, paragraph F., **School Safety Drill Plan**). Adding this suggested drill is not required and exceeds the mandate contained in 105

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[4] Delete this procedure from the list if a board has not adopted the School District Supply of Undesignated Epinephrine Injectors subhead in sample policy 7:270, Administering Medicines to Students (see f/n 12). See also sample policy 7:285, Anaphylaxis Prevention, Response, and Management Program, at f/n 7.

Actor	Action
	ILCS 128/. If added, revise paragraph **E., Annual Safety Review** of 4:170-AP1, *Comprehensive Safety and Security Plan* to include the applicable bolded items (a)-(f) listed in the CDC Guidelines on preparation for food allergy emergencies (p. 31-34). Convene a District-wide meeting with all Building Principals, other appropriate administrative and special education staff, and the Board Attorney to discuss this Program and the ISBE Model, and to 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 anaphylaxis 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. 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 injector (105 ILCS 5/10-22.39(e)). 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. Consider the list of training resources in the CDC Guidelines (p. 100-101). This training should include (CDC Guidelines, p. 36): • 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 Consider implementing the above issues by informing staff of the goals established in each of the following Board policies: 6:65, *Student Social and Emotional Development*. 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 Ill. Learning Standards. 7:180, *Prevention of and Response to Bullying, Intimidation, and Harassment*. This policy prohibits students from engaging in bullying, intimidation, and harassment, which diminish a

Actor	Action
	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 CDC 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 locally adopted board policies contain the referenced policy language. Provide developmentally appropriate allergy education for students as part of a curriculum topic, e.g., health, physical education, general science, consumer science, character education, so that students can: (1) identify signs and symptoms of anaphylaxis, (2) know and understand why it is wrong to tease or bully others, including people with allergies, (3) know and understand the importance of finding a staff member who can help respond to suspected anaphylaxis, and (4) understand rules on hand washing, food sharing, allergen-safe zones, and personal conduct.[5] Provide community outreach through Building Principals by providing information to students and their parents/guardians about the Program. A successful Program needs support and participation from parents of children with and without allergies. Parents and families need to learn about the District's food allergy policy and practices through communications from administrators, school health staff, classroom teachers, and food service staff. See CDC Guidelines, p. 38 and p. 100-102 (National Nongovernmental Resources, including resources for Parent Education). 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.

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

[5] Optional. Including food allergy awareness education in the curriculum exceeds State law requirements; it is included in the *CDC Guidelines* as a best practice. *CDC Guidelines*, p. 38.

Actor	Action
Building Principal	Inform the school community of the Program by providing the information to students and their parents/guardians. For an outline of a sample letter, see www.stlouischildrens.org/sites/default/files/pdfs/FAMEToolkit2017-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 Nurse or, if a nurse is not available, other designated school personnel (DSP) and special education staff in the building to examine the *ISBE Model*. Identify and follow: All 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. All 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. 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 healthy and active non-food rewards, see: www.actionforhealthykids.org/activity/healthy-active-non-food-rewards/ Identify at least two employees in the building, in addition to the Nurse/DSP, 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 Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon*. **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 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 7:180, *Prevention of and Response to Bullying, Intimidation, and Harassment.*
School Board	Monitor policy 7:285, *Anaphylaxis Prevention, Response, and Management Program*, at least once every three years, and consider changes recommended by the Committee. See 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.

Individual Allergy Management

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

Actor	Action
Parent/Guardian	Inform the Building Principal of the student's food allergy. Complete an Allergy History Form, (for a sample, see the *Family Allergy History Form*, available at: www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis and AAEP. Return them to the Building Principal or Nurse/DSP. 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 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 Nurse/DSP	Follow the District's procedural safeguards for convening a meeting to assess the individual student's allergy management needs.
IEP or 504 Team	Modify this section if the District implements IHCPs. See **Glossary** above for more information. For a student who is not already identified as a student with a disability, 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, *Education of Children with Disabilities*). For a student with an existing IEP or Section 504 plan, or who qualifies for one on the basis of his or her allergy, determine: 1. Whether the student's allergy requires *related services* to ensure the provision of a "free appropriate public education" (FAPE), and/or 2. Whether the student's allergy requires appropriate *reasonable*

Actor	Action
	accommodations for the student's disability. 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 §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*. **If the answer to either of the above questions is positive:** 1. Gather appropriate health information by using the completed *Allergy History Form* and AAEP. 2. Identify all necessary accommodations and complete a 504 Plan (use the District's established forms). For meal substitutions, the parent/guardian must submit a medical statement signed by a licensed healthcare provider. 3. Determine which staff provides 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. For staff members to consider, see CDC Guidelines, Sec. 3, *Putting Guidelines into Practice: Actions for School Administrators and Staff*, p. 59-80. 4. Assign responsibilities to individual staff members for providing the identified accommodations. Inform staff members absent 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. Only *trained personnel* may administer epinephrine to a student believed to be having an anaphylactic reaction. *ISBE Model*, p. 6. **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 §226.510; Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Parts 104 and 300); and 6:120-AP1, E1,

Actor	Action
	Notice to Parents/Guardians Regarding Section 504 Rights.

Phase Two: Plan to Reduce Risk of Allergic Reactions

Actor	Action
Building Principal and/or Nurse/DSP	Convene a meeting to educate all the staff members who will provide the identified 504 Plan accommodations about their responsibilities. Ensure individual staff members are properly trained and 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. **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 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, *Letter to Anonymous*, 107 LRP 28330 (FPCO 2007)). Provide a medical alert to parents/guardians that does not name the student. 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. **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

Actor	Action
	information from students' education records without the consent of a parent or eligible student, unless an exception applies. See policy 7:340, *Student Records*. Prepare a list of answers to anticipated questions about managing the student's health needs. 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: 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.
IEP or 504 Team	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 is critical to follow the exact accommodations in the student's 504 Plan. Practice emergency procedures outlined in the student's AAEP and be prepared to follow them. *ISBE Model*, p. 5.
Parent/Guardian	Implement and follow the applicable items at: www.foodallergy.org/resources/getting-started-school, to assist the District in managing food allergies in the school setting.
Student	Implement and follow developmentally appropriate steps for allergy self-management, such as reading labels, asking questions about foods in the school meal and snack programs, avoiding unlabeled or unknown foods, using epinephrine injectors when needed, and recognizing and reporting an allergic reaction to an adult. CDC Guidelines, p. 31.

Phase Three: Response to Allergic Reactions

Actor	Action
IEP or 504 Team	Follow the student's 504 Plan and AAEP.
Nurse/DSP or any Staff Member trained in the District's emergency response procedures (if a Nurse is not immediately available)	If the student does not have an AAEP and there is a suspected case of anaphylaxis, and the District does not maintain an undesignated supply of epinephrine (*ISBE Model*, p. 5-6): 1. Instruct another staff member to call 911 immediately. 2. Stay with the person until emergency medical services (EMS) arrive.