

Students

Administrative Procedure – Anaphylaxis Prevention, Response, and Management

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: <https://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 Cooperative's Anaphylaxis Prevention, Response, and Management Program is developed and collectively implemented by local cooperative officials, Cooperative 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 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 Executive Director and other Cooperative-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 Cooperative-level team that the Executive Director creates to develop an Anaphylaxis Prevention, Response, and Management Program. It monitors the Cooperative's Anaphylaxis Prevention, Response, and Management Program for effectiveness and establishes a schedule for the Executive Director 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 Food Allergy Management – The process at the program 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.

Anaphylaxis Prevention, Response and Management Program

This section relies heavily upon Cooperative administrators to implement the Program even if the Cooperative 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 Cooperative administrators can: (a) integrate the Program into the Cooperative'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
Executive Director or designee	<p>Establish a Cooperative-wide Anaphylaxis Prevention, Response, and Management Committee (Committee). This committee should include the Certified School Nurse and designated Cooperative administrators.</p> <p>Chair and convene Committee meetings for the purpose of implementing the Program.</p> <p>Inform the Board of the Committee's progress and needs by adding information items to the Board's agendas at least once every three years.</p>
Anaphylaxis Prevention, Response, and Management Committee	<p>Identify existing policies, procedures and exhibits which affect implementation of the Program, including, but not limited to:</p> <p>1:20, <i>Special Education Cooperative Organization and Operations</i> 2:20, <i>Powers and Duties of Cooperative Boards; Indemnification</i> 2:240, <i>Board Policy Development</i> 4:110, <i>Transportation</i> 5:100, <i>Staff Development Program</i> 5:100-AP, <i>Staff Development Program</i></p>

	<p>6:65, <i>Student Social and Emotional Development</i> 6:120, <i>Education of Children with Disabilities</i> 6:120-AP1, <i>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> 7:250, <i>Student Support Services</i> 7:270, <i>Administering Medicines to Students</i> 7:270-AP1, <i>Dispensing Medication</i> 7:270-AP2, <i>Checklist for Cooperative Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon</i> 7:270-E, <i>Medication Authorization Form</i> 7:285-AP, E, <i>Allergy and Anaphylaxis Emergency Plan</i> 8:100, <i>Relations with Other Organizations and Agencies.</i></p> <p>At least once every three years, recommend, through the Executive Director, any necessary policy changes to the Governing Board for consideration. See policy 2:240, <i>Board Policy Development</i>.</p> <p>Recommend to the Executive Director any amendments to administrative procedures.</p> <p>Educate and train all staff by coordinating, through the Executive Director or Program Coordinators, 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 employee training. The training should include (CDC Guidelines, p.36):</p> <ul style="list-style-type: none"> • A review of policies and building procedures • An overview of food allergies • Definitions of key terms, including <i>food allergy</i>, <i>major allergens</i>, <i>epinephrine</i>, and <i>anaphylaxis</i> • 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 <i>ISBE Model</i>, 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 Cooperative'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 <p>Provide community outreach through Program Coordinators by providing</p>
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	<p>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 Cooperative'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).</p> <p>Monitor the Program by assessing its effectiveness at least once every three years.</p> <p>Incorporate updated medical best practices into all areas of the program.</p> <p>Establish a schedule for the Executive Director to report any recommendations to enhance the Program's effectiveness to the Board for consideration.</p>
Program Coordinator	<p>Inform the program 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 program community of the opportunities to better understand food allergy management issues.</p> <p>Implement the Program by meeting with the Nurse or, if a nurse is not available, other designated school personnel (DSP) in the building to examine the <i>ISBE Model</i>. Identify and follow:</p> <ul style="list-style-type: none"> All best practices that apply to the conditions in the program, including classrooms and the eating areas, 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 <i>ISBE Model</i>, 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. <p>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/</p> <p>Identify at least two employees in the program, in addition to the Nurse/DSP, to be trained in the administration of epinephrine by auto-injection. Only <i>trained personnel</i> may administer epinephrine to a student believed to be having an anaphylactic reaction. (<i>ISBE Model</i>, p. 6). For</p>

	<p>training requirements, see 7:270-AP2, <i>Checklist for District Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon</i>.</p> <p>Annually notify parents/guardians in the student handbook(s) of policy 7:285, <i>Anaphylaxis Prevention, Response, and Management Program</i>, 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, <i>Prevention of and Response to Bullying, Intimidation, and Harassment</i>.</p>
Board	<p>Monitor 7:285, <i>Anaphylaxis Prevention, Response, and Management Program</i>, at least once every three years, and consider changes recommended by the Executive Director. See policy 2:240, <i>Board Policy Development</i>.</p> <p>Consider all policy changes recommended by the Executive Director.</p> <p>Provide the appropriate resources for the Executive Director to successfully implement the Program.</p>

Individual Allergy Management

This section's procedures are implemented each time the program 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 Program Coordinators 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	<p>Inform the Program Coordinator of the student's food allergy.</p> <p>Complete health information and medication authorization forms. Return them to the Program Coordinator or Nurse/DSP.</p> <p>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.</p> <p>Participate in all meetings to assess and manage the individual student's health needs.</p>

Program Coordinator and/or Nurse/DSP	Follow the Cooperative's procedural safeguards for convening a meeting to assess the individual student's allergy management needs.
IEP Team	<p>For a student with an existing IEP determine:</p> <ol style="list-style-type: none"> 1. Whether the student's allergy requires <i>related services</i> to ensure the provision of a "free appropriate public education" (FAPE) and/or 2. Whether the student's allergy requires appropriate <i>reasonable accommodations</i> for the student's disability. <p>If the answer to either of the above questions is negative:</p> <ul style="list-style-type: none"> • Notify the parent/guardian in writing of the reasons for the denial and the right to appeal • Provide any required procedural safeguard notices <p>If the answer to either of the above questions is positive:</p> <ul style="list-style-type: none"> • Gather the appropriate health information by using the health information, medication authorization and IHCP forms • Identify all necessary accommodations in the IEP. For meal substitutions, the parent/guardian must submit a medical statement signed by a licensed healthcare provider. • 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, <i>Putting Guidelines into Practice: Actions for School Administrators and Staff</i>, p. 59-80. • Assign responsibilities to individual staff members for providing the identified accommodations. • Identify willing team members trained in emergency response to respond to any allergic reactions the student may have. Only <i>trained personnel</i> may administer epinephrine to a student believed to be having an anaphylactic reaction. <i>ISBE Model</i>, p. 6. • Provide the required procedural safeguard notices

Phase Two: Plan to Reduce Risk of Allergic Reactions

Actor	Action
Program Coordinator and Certified School	Convene a meeting to educate all staff members who will provide the identified IEP accommodations about their responsibilities.

Nurse	<p>Ensure individual staff members are properly trained and perform their responsibilities and provide the necessary accommodations for the student's individual health needs.</p> <p>Facilitate the dissemination of accurate information in the building about the student's food allergy while respecting privacy rights.</p> <p>Provide a medical alert to the 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 <i>Notification of a Food Allergy in the Classroom – Parent Letter</i>, available at: www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis.</p> <p>Prepare a list of answers to anticipated questions about managing the student's health needs.</p> <p>Identify 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 with 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 may require
IEP Team	Implement and follow all identified responsibilities in the IEP. Practice emergency procedures outlined in the student's IHCP and be prepared to follow them.
Parent/Guardian	Implement and follow the applicable items at: https://www.foodallergy.org/resources/getting-started-school , to assist the Cooperative 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 Team	Follow the student's IEP and IHCP

<p>Nurse/DSP or any Staff Member trained in the Cooperative's emergency response procedures (if a Nurse is not immediately available)</p>	<p>If the student does not have an IHCP and there is a suspected case of anaphylaxis, and the Cooperative does not maintain an undesignated supply of epinephrine (<i>ISBE Model</i>, p. 5-6):</p> <ol style="list-style-type: none"> 1. Instruct another staff member to call 911 immediately. 2. Stay with the person until emergency medical services (EMS) arrive. 3. Monitor the person's airway and breathing. 4. If school nurse or other <i>trained personnel</i> are not at the scene, implement local emergency notification to activate the nurse or <i>trained personnel</i> to respond. 5. Direct a staff member to call parent/guardian (if applicable). 6. Administer CPR, if needed. 7. EMS transports individual to the emergency room. Document the individual's name, date, time of onset of symptoms, and possible allergen. 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. 8. Do not allow a student to remain at school or return to school on the day epinephrine is administered.
<p>Anyone implements item #1 of the first numbered list</p> <p>Nurse/DSP or other <i>Trained Personnel</i> implements the remaining items</p>	<p>If the Nurse or <i>trained personnel</i> have a good faith belief that a person is having an anaphylactic reaction, and the Cooperative needs to use its undesignated (not student-specific) supply of epinephrine to respond (<i>ISBE Model</i>, p. 5-6):</p> <ol style="list-style-type: none"> 1. Call the Nurse or front office personnel and advise of the emergency situation so that <i>trained personnel</i> can be activated to respond with undesignated epinephrine dose(s). 2. Instruct someone to call 911 immediately. 3. Implement the Cooperative's undesignated epinephrine standing protocol. See 7:270-AP2, <i>Checklist for Cooperative Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon</i>. 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

	<p>after the initial injection. Note the time.</p> <p>10. Administer CPR, if needed.</p> <p>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.</p> <p><u>Post-Event Actions</u></p> <ol style="list-style-type: none"> 1. Document the incident and complete all reporting requirements. See 7:270-AP2, <i>Checklist for Cooperative Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon</i>. 2. Replace epinephrine stock medication, according to the Cooperative's standing protocol. Reorder epinephrine stock medication, as necessary.
Nurse/DSP	<p>If a student has no IHCP, provide the parent/guardian with the IHCP and Allergy History forms and refer them to the process outlined in the Identification of Students with Allergies phase above.</p> <p>After each allergy emergency, review how it was handled with the Program Coordinator, 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.</p> <p>Assist students with allergies with transitioning back to school after an emergency. CDC Guidelines, p. 63.</p> <p>Storage, Access, and Maintenance of Undesignated Supply of Epinephrine (105 ILCS 5/22-30(f); ISBE Model, p. 6-7)</p> <ol style="list-style-type: none"> 1. Store, access, and maintain the stock of undesignated epinephrine injectors as provided in the Cooperative'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.

	<p>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.</p> <p>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.</p> <p>4. Dispose of epinephrine injectors in a sharps container.</p>
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LEGAL REF: 105 ILCS 5/2-3.182, 5/10-22.21b, 5/10-22.39(e), and 5/22-30.
23 Ill.Admin.Code §1.540
Anaphylaxis Response Policy for Illinois Schools, published by the Ill. State Board of Education.

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