

# District 39 Resource Guide For Supporting Children with Life-Threatening Allergies

**The purpose of this manual is as to provide a guideline for supporting children with life-threatening allergies in school. This resource is to assist teams in developing individual plans for children.**

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## General Information about Allergies

The first part of this guide is intended to give the reader general information about allergies, the importance of prevention and general considerations when planning for children with life-threatening allergies.

### Food Allergy Facts

Food allergies are presenting increasing challenges for schools. Because of the life-threatening nature of these allergies and the increasing prevalence, school districts and individual schools need to be ready for the entry of students with food allergies. A recent study reported that 25% of all reactions in the past two years occurred at school (Journal of Allergy and Clinical Immunology, Nowak-Wegrzyn, Anna, et al, 2000; 105:S182). More importantly, of the reactions happening at school 79% occurred within the classroom (The Journal of School Nursing, Vol. 20, Number 5 page 268).

Food allergies affect 8% of children under age three, 6%-8% of school age children and 2.5% of adults. According to published studies, allergy prevalence has increased significantly in the last five years. Forty to fifty percent of those persons with a diagnosed food allergy are judged to have a high risk of anaphylaxis (a life threatening allergic reaction). Every food allergy reaction has the possibility of developing into a life threatening and potentially fatal anaphylactic reaction. A life threatening reaction can occur within minutes or even hours after exposure to the allergen.

Allergic reactions to foods vary among students and can range from mild to severe life threatening anaphylactic reactions. Some students, who are very sensitive, may react to just touching or inhaling the allergen. The severity of a reaction is not predictable. Because there is a cumulative effect from past exposures to an allergen, the severity of a future exposure cannot be predicted.

- **Eight foods (peanut, tree nut, milk, egg, soy, wheat, fish, and shellfish) account for 90% of total food allergies.**
- **Peanut and tree nuts account for 92% of severe and fatal reactions, along with fish and shellfish.**
- **The student with an undiagnosed food allergy may experience his/her first food allergy reaction at school.**

Many students with food allergies who have experienced a life threatening (anaphylactic) reaction may be aware of their own mortality. The emotional, as well as the physical, needs of the child must be respected. Children with food allergies are at-risk for eating disorders or teasing. School social workers are available to work with families when teasing concerns are indicated.

Bee/insect stings, as well as medications and latex, have the potential of causing a life threatening allergic reaction.

## **Anaphylaxis**

Anaphylaxis is a potentially life threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock that are potentially fatal.

Anaphylaxis typically occurs either immediately or up to two hours following allergen exposure. Anaphylaxis is often treated with the administration of epinephrine, a prescribed medication that immediately counteracts the life threatening symptoms. Epinephrine is administered by an injection that is easily administered.

In about one third of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two or four hours later. **It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved.** When in doubt, medical advice indicates that it is better to give the student's prescribed EpiPen and seek medical attention. Fatalities occur when epinephrine is withheld.

## **Individual Health Care Plan**

An Individual Health Care Plan puts in writing what the school can do to accommodate the individual needs of a child with a life-threatening allergy. Prior to entry into school (or immediately after the diagnosis of a life-threatening allergic condition), the parent/guardian should meet with the building nurse to develop an individualized health care plan. This plan details the preventative steps a school will take to help protect a student with life threatening allergies.

Included within the Individual Health Care Plan is an Emergency Action Plan. The Emergency Action Plan details specifically what steps staff must take in the event of an emergency.

*For school staff purposes, the Individual Health Care Plan and the Emergency Action Plan together are components of a 504 Plan. For more general information about 504 Plans please visit the special services link on the District website <http://www.wilmette39.org/specialservices/504plans.htm>.*

## Importance of Prevention

**Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex. Avoidance is the key to preventing a reaction.**

School is a high-risk setting for accidental ingestion of a food allergen, due to such factors as the large number of students, increased exposure of the food allergic student to food allergens, as well as cross-contamination of tables, desks, and other surfaces. Other high-risk areas and activities for the student with food allergies include: the cafeteria; food sharing; hidden ingredients; craft, art, and science projects; bus transportation; fundraisers; bake sales; parties and holiday celebrations; field trips; and substitute teaching staff being unaware of the food allergic student.

Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (touch) exposure or, in rare cases, inhalation exposure. The amount of food needed to trigger a reaction depends on multiple variables. Each food allergic person's level of sensitivity may fluctuate over time. The symptoms of a food allergy reaction are specific to each individual. He/she should be medically evaluated.

*District procedures shall be in place at school to address allergy issues in the classrooms and Physical Education, food service/cafeteria, for art, science, and mathematics projects, crafts, outdoor activity areas, school buses, field trips, and before and after-school activities.*

## **General Guidelines**

This next section serves as a guide to outline the range of responsibilities District 39 staff can have concerning a child with a life-threatening allergy. Note that each child's team ultimately determines the responsibilities of individual staff members. This guide will help teams determine which accommodations are necessary for a given child.

## **Guidelines for Students with Life-threatening Allergies**

The long-term goal is for the student with life threatening allergies to be independent in the prevention, care, and management of their food allergies and reactions based on their developmental level. To this end students with life-threatening allergies are asked to follow these guidelines.

- It is important not trade or share foods.
- Wash hands or use hand wipes before and after eating.
- Learn to recognize symptoms of an allergic reaction and notify an adult immediately if a reaction is suspected.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Develop a relationship with the building nurse and at least one other trusted adult in the school to assist in identifying issues related to the management of the allergy in school.
- Do not eat anything with unknown ingredients or ingredients known to contain an allergen.
- Develop a habit of always reading ingredients before eating food.
- You should not board the bus if you are experiencing any symptoms of an allergic reaction.
- If medically necessary, the student is responsible for carrying medications(s). If a Medic Alert bracelet is provided by the parent, the child is responsible for wearing the ID at all times.
- Empower the student to self-advocate in situations that they might perceive as compromising their health.

## Guidelines for Parents/Guardians

Parents are asked to assist the school in the prevention, care, and management of their child's food allergies and reactions. Additionally, parents are encouraged to foster independence on the part of their child, based on her/his developmental level. To achieve this goal, parents are asked to follow these guidelines.

- Inform the building nurse in writing of your child's allergies prior to the opening of school (or immediately after a diagnosis). In addition, provide:
  - medication orders from the licensed provider
  - up-to-date EpiPens and other necessary medication(s)
  - annual updates on your child's allergy status
  - a current picture of your child, for the IHCP, to post in school and bus
  - if the child carries medication, periodically check for expiration dates and replace medication as needed.
- Provide a Medic Alert bracelet for your child.
- Participate in developing an Individual Health Care Plan, which includes an Emergency Action Plan, with the building nurse.
- Notify supervisors of before and after school activities, and/or PTA/O lunch clubs, regarding your child's allergy and provide necessary medication.
- Introduce your child to the bus driver and head cook to explain your child's allergy.
- While the school will not exclude an allergic student from a field trip, a parent may choose to do so. Be willing to go on your child's field trips if requested.

### Food at School:

- If needed, help decide upon an "allergy-free" eating area in the cafeteria.
- Provide safe classroom snacks for your own child.
- For lunch at school call the head cook to review menus and then reconfirm daily food choices, eating a lunch provided by the school may not be appropriate.

**It is important that children take increased responsibility for their allergies as they grow older and as they become developmentally ready. Consider teaching your child to:**

- Understand the seriousness and recognize the first symptoms of an allergic/anaphylactic reaction and notify an adult immediately.
- Carry his/her own EpiPen when appropriate (or know where the EpiPen is kept), and be trained in how to administer her/his own EpiPen, when this is an age-appropriate task.
- Recognize safe and unsafe foods and do not share snacks, lunches, or drinks.
- Encourage the habit of reading ingredient labels before eating food.
- Understand the importance of hand washing before and after eating.
- Report teasing, bullying, and threats to an adult authority.
- Inform other of your allergy and specific needs.

### **Guidelines for School Administration**

Administrators are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal, administrators are asked to consider these guidelines when developing an Individual Health Care Plan for a student with a life-threatening allergy.

- The Individual Health Care Plan (for prevention) and an Emergency Action Plan are components of the 504 Plan for managing life-threatening allergic reactions.
- Offer training and education for staff regarding:
  - Allergies, insect stings, medications, latex, *etc.*
  - Emergency and Risk reduction procedures.
  - How to administer an EpiPen for an emergency.
  - Special training for food service personnel and lunch/recess monitors.
- Provide emergency communication devices for all school activities, including gym, lunch recess and transportation that involve a student with life-threatening allergies.
- Have stickers attached to all building phones that instruct how to dial 911 and how to contact the building nurse.
- If medically necessitated in the 504 Plan, arrange for an allergy free table in the lunchroom and/or provide an allergy free lunch substitute.
- Have wipes available for student use in the lunchroom.
- Have the custodian wash doorknobs, tables, desks, and other potentially contaminated surfaces when cleaning the classroom, as needed.

### **Plan for student transitions each spring for the next school year.**

#### **Administrator Guidelines for Substitute Teachers:**

- Make sure a contingency plan is in place for substitute teachers, nurses, or food service personnel.
- Concerning sub folders, make sure that a brightly colored sticker is attached to the substitute folder, alerting the substitute that a child in the classroom has a life-threatening allergy.
- Include the following statement in the sub folder, “If this is your first-time in this classroom, see the building nurse for training in implementing the Emergency Action Plan and how to administer an EpiPen. Do not eat lunch in the classroom, when there is a known allergy.”

#### **Specific Guidelines for Business Manager:**

Provide sound food handling practices to avoid cross-contamination with potential food allergens. (Food Allergy and Anaphylaxis Network video is available).

- Have cooks trained on safe food handling procedures pertaining to food allergies *e.g.* cross-contamination.
- Have cooks trained on proper cleaning and sanitation pertaining to food allergies.
- Provide information about reading product food labels and food allergens.
- Provide training for custodians on proper cleaning and sanitation pertaining to food allergies.
- 
- For non-English speaking staff provide a simple list of basic allergens (*e.g.* peanuts, milk, eggs) in their native language.

### **Guidelines for the Building Nurse**

When it comes to the school care of children with life-threatening allergies, nurses may carry the largest responsibility. Nurses are asked to assist the school team in both prevention and emergency care of children with food allergies and reactions. Nurses are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal, Nurses are asked to consider these guidelines when developing an Individual Health Care Plan for a student with a life-threatening allergy.

- Schedule a meeting including the classroom teacher (team), and the student's parent/guardian to develop the Individual Health Care Plan for the student.
- Use the District 39 Individual Health Care Plan and Emergency Action Plan and distribute final copies as needed.
- Conduct and track attendance of in-service training for staff that work with the child at beginning of school and after mid-year break. **All specific training protocol are available in the Health Office Procedure Manual.**
- In the nurse's office post and label location of Individual Health Care Plans and emergency medication *e.g.* EpiPen.
- For Benadryl and EpiPens stored in the health office, periodically check medications for expiration dates and arrange for them to be current.
- Make sure there is a contingency plan in place in the case of a substitute building nurse.
- Be able to communicate with playground staff and Physical Education teacher via communication device.
- Refer to the School Food Allergy Program, available in the health office, for any additional information, as needed.
- With parental permission, provide a poster in private areas of the front office, teachers lounge, and lunchroom that provides staff photos and immediate emergency care for children with life threatening allergies.

## **Guidelines for the Classroom Teacher**

Teachers are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal, teachers are asked to consider these guidelines as they work with their team to develop an Individual Health Care Plan for a student with a life-threatening allergy.

- Prior to the start of school, teachers will receive the 504 Plan (which includes the Individual Health Care Plan and Emergency Action Plan) of any student(s) in the classroom with life-threatening allergies.

*The 504 Plan is a legal document providing assurances about the necessary steps the school will take to help prevent an allergic reaction and what steps the school will take in the event of a specific emergency.*

- Participate in any team meetings for the student with life-threatening allergies and in-service training.
- Keep accessible the student's Individual Health Care Plan (which includes Emergency Action Plan) with photo in classroom.
- Be sure both student teacher and classroom aides are informed of the student's food allergies. (Seek training and information from nurse when notified).
- Leave information for substitute teachers in an organized, prominent, and accessible format for substitute teachers. Follow building guidelines for subfolders.
- Reinforce school guidelines on bullying and teasing to avoid stigmatizing, or harassing students with food allergies.
- Inform parents of the allergic child in advance of any in class events where food will be served.
- **Never question or hesitate to immediately initiate Emergency Action Plan if a student reports signs of an allergic reaction.**
- Students with food allergies should not be sent home on the bus if they report any symptoms of an allergic reaction, no matter how "minor".
- Secure lanolin free wipes (e.g. wet ones) from the "classroom supply list" for "in class" hand washing, anytime students come into contact with food in the classroom. Wipes may also be secured from the cafeteria or building nurse.

### **Snacks/Lunch Time**

- If the teacher discovers unknown or restricted food (as defined in Individual Health Plan) in the classroom, refer to the student's Individual Health Plan.
- If contamination of foods is suspected, have the student wipe down their own individual desk with their own wet wipes.
- Reinforce hand washing before and after eating.

### **Classroom Activities**

- Consider the presence of allergenic foods in classroom activities (e.g., arts and crafts, science projects, and celebrations, or other projects). Modify class materials as needed.
- If a food event has been held in an allergic child's classroom(s), have the custodian wash the tables and chairs.

- Try not to isolate or exclude a child because of allergies *e.g.* using candy as part of a math lesson.
- Encourage the use of stickers, pencils, or other non-food items as rewards instead of food.
- If an animal is invited to the classroom, special attention must be paid to other allergies children may have (*e.g.* dander) and to the animal's food (peanuts, soy milk).

### **Field Trips**

- Consider the student when planning a field trip due to a risk of allergen exposure.
- Collaborate with the building nurse prior to planning a field trip. Ensure Benadryl, EpiPen, and Emergency Action Plan are taken on field trips.
- Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- Invite parents of student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone(s). However, the parent's presence at a field trip is not required.
- Consider ways to wash hands before and after eating (*e.g.* provision of hand wipes, *etc.*)
- Identify one staff member who will be assigned the task of watching out for the student's welfare and handling any emergency.
- Plan for the availability of a communication device.

### **Guidelines for the Lunchroom**

Because a cook cannot guarantee that food served in the general lunch program is allergen free, parents or students may have access to reading food labels to identify these ingredients in the products used by a school's cafeteria. If medically necessitated through a 504 Plan, a cook will make available an allergy free lunch substitute. It is ultimately the responsibility of the parent to decide whether the child will buy the medically necessitated allergy free lunch substitute or bring a lunch to school.

### **Guidelines for Head Cooks**

- If requested meet with parent to discuss student's allergy.
- Review the Emergency First Aid Guidelines and a photograph of the student with life-threatening allergies (per parent permission).
- Maintain contact information for manufacturers of food products. (Consumer Hotline)
- Follow cleaning and sanitation protocol to prevent cross-contamination.
- Create specific kitchen areas that will be allergen safe *e.g.* allergen-free prep tables, fryers.
- Make appropriate substitutions or modifications for meals served to students with food allergies.
- Make available advanced copies of the menu to parents/guardian when requested.
- If requested, have safe meals for field trips.
- When necessary avoid the use of latex gloves by food service personnel. Order non-latex gloves instead.

### **Guidelines for Recess/Lunch Room Monitors**

Teachers and staff responsible for lunch and/or recess should be trained to recognize and respond to a severe allergic reaction or anaphylaxis.

- Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the building nurse.
- Encourage hand washing or use of hand wipes for students after eating.
- Thoroughly clean all tables and chairs after lunch.
- Reinforce that only children with "safe lunches" eat at the allergy free table.
- A Medic Alert bracelet should not be removed but may be covered.
- Adult supervisors may be asked to hold an EpiPen for a child.

### **Transportation Department Guidelines**

Provide training for all school bus drivers on managing life-threatening allergies. This includes sharing with bus drivers the allergy guidelines for bus drivers, the District 39 Emergency First Aid Guidelines, and a photograph of the student with life-threatening allergies (with parent permission).

#### **Guidelines for the School Bus Driver**

- Do not allow a student with a suspected allergic reaction, **already in progress**, to board the bus.
- Administer EpiPen and then Call 911 when allergic reaction is suspected.
- Maintain policy of no food eating allowed on school buses.
- Review the District 39 Emergency First Aid Guidelines and a photograph of the student with life-threatening allergies (per parent permission).

**Guidelines for Coaches and Supervisors of School Funded Activities**

- Review the Individual Health Care Plan and Emergency Action Plan with building nurse.
- Make certain that emergency communication device (*e.g.* walkie-talkie, intercom, cell phone, *etc.*) is always present.
- Call 911 if you suspect an allergic reaction.
- Clearly identify who is responsible for keeping the EpiPen and emergency medication and where it will be kept.
- Medic Alert identifications may be covered or taped but must not be removed for activities.
- Consider the presence of allergenic foods in classroom activities (*e.g.*, arts and crafts, and celebrations, or other projects). Modify class materials as needed.

## Appendix A

### Sample Food Allergy Letter

Dear Parents,

One of the children in my classroom has a life-threatening allergy to nuts. We need your help to provide the safest environment for this child.

Please help by following these procedures:

- Do not send any nuts or products containing nuts for consumption in classroom.
- Do not send containers that have contained nuts, such as washed out peanut butter jars for use in classroom.
- Do not send birthday treats or party snacks that contain peanuts, almonds, walnuts, or any other nuts.
- After your child eats peanut butter, please have your child thoroughly wash his/her hands before coming to school. It is important that peanut residue is not on a child's hands when they handle common school books and equipment.

Thank you for your help and cooperation. If you have any questions, please don't hesitate to contact me.

Sincerely,

---

Classroom Teacher

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Nurse

**Appendix B**  
**Sample Individual Health Care Plan**  
**(Anaphylaxis)**

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Teacher and room** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

*History of emergency care required (Document dates, age of child, allergen, symptoms, treatment) Attach all relevant medical documentation.*

**Prevention strategies**

**I. Required for all children who have an Epi pen at school (no 504 Plan)**

- \_\_\_\_\_ Encourage parent to consider use of Medic Alert Bracelet
- \_\_\_\_\_ Student acquaintance with health office
- \_\_\_\_\_ Staff training about allergies and Epi pen use
- \_\_\_\_\_ Classroom discussion about allergies
- \_\_\_\_\_ Parent permission to post/circulate student picture to building staff and bus driver
- \_\_\_\_\_ Emergency Action Plan (EAP) attached
- \_\_\_\_\_ Send meds on field trips, along with wet wipes

**II. Optional- requires 504 Plan**

- \_\_\_\_\_ Allergy free lunch table
- \_\_\_\_\_ Beginning of year parent letter
- \_\_\_\_\_ Parent provided safe snacks
- \_\_\_\_\_ Hand washing and use of wipes
- \_\_\_\_\_ Clean student desks after food events
- \_\_\_\_\_ Emergency Action Plan (EAP) attached
- \_\_\_\_\_ Appropriateness of carrying own epi-pen

Additional strategies:

Place photo here

**Appendix C**  
**Sample Emergency Action Plan**  
**(Anaphylaxis)**

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Teacher and room** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Mother cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Father cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Asthmatic (Higher risk for allergic reaction):** Yes \_\_\_\_\_ No \_\_\_\_\_

***Allergens and symptoms requiring emergency care:***

<b>Mouth:</b>	itching & swelling of lips, tongue, mouth
<b>Throat</b>	itching, tightness in throat, hoarseness, hacking cough
<b>Skin</b>	hives, itchy rash, swelling in face and extremities
<b>Gut</b>	nausea, abdominal cramps, vomiting, diarrhea
<b>Lung</b>	shortness of breath, repetitive coughing, wheezing
<b>Heart</b>	“thready pulse”, fainting

*The severity of symptoms can quickly change. All above symptoms can progress to a life-threatening situation.*

***Emergency Treatment***

*For a life threatening reaction:*

Administer EpiPen:

1. Pull off gray activation cap.
2. Immobilize the leg so the child does not jerk away when the EpiPen is injected. Assistance from another adult is highly recommended.
3. Hold black tip near outer thigh (always apply to thigh). Can be administered through clothing.
4. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen unit should then be removed and taken to the emergency room. Massage the injection area for 10 seconds.
5. Have someone call 911.
6. Remain with child until emergency medical professional arrives.

*For a minor reaction:*

See the Medication Authorization Form attached.

**After the reaction:**

1. Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
2. Save food eaten before the reaction, place in a plastic zipper bag (e.g. Ziploc bag) and freeze for analysis.
3. If food was provided by school cafeteria, review food labels with head cook.
4. Follow-up:
  - a) Review facts about the reaction with the student and parents and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations shall be age-appropriate.
  - b) Amend the IHCP and EAP as needed. Specify any changes to prevent another reaction.

**Individual Health Care Plan attached**

## Appendix D

### MEDICAL STATEMENT FOOD AT SCHOOL

**Name of student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of parent/guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**School:** \_\_\_\_\_

*The following needs to be completed by the child's physician*

Diagnosis (include description of the patient's medical or other special dietary needs that restrict the child's diet):

List food (s) that may be substituted:

Additional information:

Date

Signature of Child's Physician

Phone number: \_\_\_\_\_

## GLOSSARY

**Acute-** Symptoms that occur suddenly and have a short and fairly severe course

**Adrenaline-** Syn. for epinephrine

**Allergen-** A substance that can cause an allergic reaction. For some students, milk is an allergen.

**Allergic Reaction-** An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When an allergen is eaten, the food allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock) Each person with a food allergy reacts to the allergy differently. Each reaction by a food allergic student may differ in symptoms.

**Allergy Warning Label-** A bright colored label placed on the substitute teacher's folder in the classroom alerting the substitute to look for information in the folder regarding the food allergic student

**Anaphylactic Reaction-** Syn. for Anaphylaxis

**Anaphylaxis-** It is an immediate potentially life threatening allergic reaction. The most dangerous symptoms include breathing difficulties, and a drop in blood pressure or shock, which can be fatal. Asthmatic students are at an increased risk for anaphylaxis. Anaphylaxis often involves various areas of the body at once such as the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). The drug to immediately use to abate anaphylaxis is Epinephrine (contained in an EpiPen or EpiPen Jr.).

**Antihistamine-** A drug that stops histamine from being released in the body during an allergic reaction. Benadryl is an example of an antihistamine.

**Asthma-** A disease of the lungs in which there is widespread narrowing of airways. The airways become clogged with mucus. Students with asthma and food allergy appear to be at an increased risk for fatal anaphylaxis. Epinephrine is the first-line of defense for an anaphylactic reaction even with a child with asthma medicine.

**Chronic-Symptoms** that occur frequently or last a long time.

**Consumer Hotline (for foodstaff)-** Major food distributors toll-free numbers usually found on packaging. Can be used to check for additional information on ingredients in a food or the foods processing procedures. (e.g., cross-contamination)

**Cross Contamination-** When a pan, utensil, or food that is a known allergen comes in contact with a food that is allergen free it contaminates it. The allergen free food is now unsafe for a student allergic to the food it was contaminated with.

**Emergency Action Plan-** Part of the 504 Plan. It is a specific protocol which explains exactly what steps are taken if a child has an allergic reaction. It usually has the student's recent photograph on the plan.

**EpiPen-** By prescription only. It is a device that, once activated, will automatically inject one measured dose of epinephrine when jabbed into the thigh. It looks like a black magic marker. The EpiPen is contained in an orange cylindrical container as the medicine is light sensitive. Once out of the container, the EpiPen's gray cap is removed and it is activated and ready to use. It is firmly jabbed, with black tip, on the allergic student's outer thigh. After a 10 second hold, the EpiPen is removed and the area is massaged. If the needle is projecting from the thick black tip of the EpiPen, then the medicine has been injected. If no needle appears, then jab again. An EpiPen simply abates allergic symptoms for 15-20 minutes. Symptoms may reappear if prompt medical attention is not given to the allergic student. Always call for emergency personnel when epinephrine is given.

**EpiPen Jr.-** It operates the same as the EpiPen. It has the same medicine as in the EpiPen but at a lower dose for lighter weight children. Like the EpiPen, it delivers one dose only. The newer EpiPen Jr. has green packaging which distinguishes it from the yellow EpiPen. Always call for emergency personnel when epinephrine is given.

**Epinephrine-** The medicine contained in the EpiPen and EpiPen Jr. The drug of choice for anaphylaxis. It is the first medicine that should be used in the emergency management of a child having a potentially life-threatening allergic reaction. It is synonymous with adrenaline. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction. Always call for emergency personnel when epinephrine is given.

**FAAN-** Acronym for the Food Allergy and Anaphylaxis Network that has educational material on food allergies. Each school nurse has FAAN's School Food Allergy Program.

**504 Plan-** Refers to a section in the Rehabilitation Act of 1973 which prohibits discrimination against a qualified handicapped individual by any program that receives federal funds. It is a legal document. It confers rights upon the parents by establishing a

grievance procedure if the parents and school team do not agree on an issue in the Plan or if the Plan is violated. The parents are entitled to a due process hearing if the grievance cannot be eliminated through the school channels. There are administrative and federal court procedures. A 504 Plan encompasses the student's Emergency Action Plan and Individual Health Care Plan, and any other documents the parents and school deem relevant. More information on 504 Plans on the District web site at: <http://www.wilmette39.orgtspecialservices/504plans.htm>.

**Food Allergy-** An immune system response to a certain food. Upon ingestion, the body creates antibodies to that food. When the antibodies react with the food, histamine and other chemicals are released from cells. The release of those chemicals may cause hives, difficulty breathing, or other symptoms of an allergic reaction. See Allergic Reaction, above.

**Hand Wipes/Wipes-** Wet Ones brand only. Traditional diaper wipes do not have the proper chemical composition to remove allergens from the skin.

**Histamine-** A chemical released by the body during an allergic reaction. It causes the symptoms listed above in Allergic Reaction.

**Hives-** Itchy, red, mosquito-like bumps that may appear anywhere on the skin. Often a symptom of an allergic reaction.

**Individual Health Care Plan-** A detailed protocol developed between the school and the allergic student's parents, which includes but is not limited to precautions and emergency procedures for the food allergic student.

**Latex-** A synthetic rubber. It is an allergen for some people. It is commonly found in rubber gloves and balloons.

**Life Threatening Food Allergy-** Students with allergies have over-reactive immune systems. The immune system produces chemicals and histamine which cause the severe symptoms in the body (e.g., swelling, breathing difficulty or shock). See Allergic Reaction, above. Epinephrine found in the EpiPen is the recommended treatment.

**Medic Alert Bracelet/Necklace-** A necklace or bracelet worn by an allergic student that states the allergens and gives a telephone number for additional information.

**Periodic Anaphylaxis Drill-** Practice in procedures that would be carried out if there were an anaphylactic emergency. The drill may include but is not limited to: who helps the student, who retrieves the EpiPen or administers it, who calls 9-1-1, and who directs the paramedics to the child.