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

The following procedure implements Board 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, amended by P.A. 104-391, ~~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 allergen. Common allergens include animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat.

The footnotes should be removed before the material is used.

[1] **"Note:"** messages appear throughout this procedure to highlight legal issues and available customization options. This format is a departure from ~~the~~ **PRESS**'s ~~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 3 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.

Anaphylaxis Prevention, Response, and Management Program (Program) — The overall process that the Superintendent and other District-level administrators use to implement Board 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/school-health-conditions/media/pdfs/20_316712-A_FA_guide_508tag.pdf ~~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 also implement IHCPs. **Note:** If the District implements IHCPs, gathering information, identifying

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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.

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, amended by P.A. 104-391, ~~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 administrative procedure 4:170-AP1, *Comprehensive Safety and Security Plan, Part C, District Safety Coordinator and Safety Team; Responsibilities*) District 504 Coordinator (see Board policy 6:120, *Education of Children with Disabilities* and exhibit 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

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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 some districts do not have a nurse on staff.

Actor	Action
	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. 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 Medication(s)* [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*~~.~~

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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
	At least once every three years, recommend to the Superintendent any necessary policy changes that must be brought to the School Board for consideration. See Board policy 2:240, *Board Policy Development*. Recommend to the Superintendent any amendments to administrative procedures. **Note:** The Committee may want to utilize exhibit 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 5/10-22.21b. See Board policy 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 administrative procedure 4:170-AP1, *Comprehensive Safety and Security Plan*, paragraph F., **School Safety Drill Plan**). Adding this suggested drill is not required and exceeds the mandate contained in 105 ILCS 128/. If added, revise paragraph **E., Annual Safety Review** of administrative procedure 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(b-5)(2), added by P.A. 103-542~~, eff. 1-1-24 and operative 7-1-24~~). This training will also be incorporated into new school employee training. **Note:** State law requires the in-service training to be conducted within six months of employment and renewed at least once every five 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):

Actor	Action
	• A review of policies and building procedures • An overview of food allergies • Definitions of key terms, including *food allergy, major allergens, epinephrine, and anaphylaxis* • The difference between a potentially life-threatening food allergy and other food-related problems • Signs and symptoms of a food allergy reaction and anaphylaxis (see *ISBE Model*, p. 5) and information on common emergency medications • General strategies for reducing and preventing exposure to allergens (in food and non-food items) • Policies on bullying and harassment and how they apply to children with food allergies • The District's emergency plans, including who will be contacted in the case of an emergency, how staff will communicate during a medical emergency, and what essential information they will communicate 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 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 5/22-11027 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. In grades K-8, 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] In grades 9-12, provide instruction, study, and

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[5] Optional. Including food allergy awareness education in the curriculum for grades K-8 exceeds State law requirements; it is included in the *CDC Guidelines* as a best practice. *CDC Guidelines*, p. 38.

Actor	Action
	discussion on the dangers of allergies. See administrative procedure 6:60-AP1, *Comprehensive Health Education Program.* [6] 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.
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/legacy/files/2022-09/FAMEToolkit2022-section3-Admin.pdf, p. 14. Inform the school community of the opportunities to better understand food allergy management issues. Implement the Program in the building by meeting with the 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 administrative procedure 7:270-AP2, *Checklist for District Supply of*

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[6] 105 ILCS 5/27-245, added by P.A. 104-391~~105 ILCS 110/3, amended by P.A. 103-212, eff. 1-1-24~~.

Actor	Action
	Undesignated Medication(s). **Note:** Although 105 ILCS 5/22-30 permits any "personnel authorized" under a student's specific individual plan to administer an undesignated epinephrine injector, the *ISBE Model* makes no such distinction and requires all personnel administering epinephrine (whether prescribed to a student or undesignated) to a student to complete the training required of *trained personnel*. Annually notify parents/guardians in the student handbook(s) of Board policy 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 Board policy 7:285, *Anaphylaxis Prevention, Response, and Management Program*, at least once every three years, and consider changes recommended by the Committee. See Board policy 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 Food Allergy Health 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/Documents/Medical-Authority-Modified-Meal-Request-

Actor	Action
	Form.pdf~~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 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 exhibit 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.

Actor	Action
	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 exhibit 6:120-AP1, E1, *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

Actor	Action
	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 information from students' education records without the consent of a parent or eligible student, unless an exception applies. See Board 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.

Actor	Action
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. 3. Monitor the person's airway and breathing. 4. If school nurse or other *trained personnel* are not at the scene, implement local emergency notification to activate the nurse or *trained personnel* 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.
Anyone implements item #1 of the first numbered list Nurse/DSP or other *Trained Personnel*	If the Nurse or *trained personnel* have a good faith belief that a person is having an anaphylactic reaction, and the District needs to use its undesignated (not student-specific) supply of epinephrine to respond (*ISBE Model*, p. 5-6): [7] 1. Call the Nurse or front office personnel and advise of the emergency situation so that trained personnel can be activated to respond with undesignated epinephrine dose(s). 2. Instruct someone to call 911 immediately.

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[7] Delete this entire row if the district does not maintain an undesignated supply of epinephrine.

Actor	Action
implements the remaining items	3. Implement the District's undesignated epinephrine standing protocol. See administrative procedure 7:270-AP2, *Checklist for District Supply of Undesignated Medication(s)*. 4. Select the appropriate dose according to the standing protocol and administer epinephrine. Note the time. **Act quickly. It is safer to give epinephrine than to delay treatment. This is a life-and-death decision.** 5. Stay with the person until EMS arrives. 6. Monitor the person's airway and breathing. 7. Reassure and attempt to calm the person, as needed. 8. Direct another staff member to call the parent/guardian, or emergency contact (if known). 9. If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine five to 15 minutes after the initial injection. Note the time. 10. Administer CPR, if needed. 11. EMS transports the individual to the emergency room. Document the individual's name, date, and time the epinephrine was administered on the epinephrine injector that was used and give to EMS to accompany individual to the emergency room. **Even if symptoms subside, EMS must still respond, and the individual must be evaluated in the emergency department or by the individual's health care provider. A delayed or secondary reaction may occur, which can be more severe than the first-phase symptoms.** Post-Event Actions 1. Document the incident and complete all reporting requirements. See administrative procedure 7:270-AP2, *Checklist for District Supply of Undesignated Medication(s)*. 2. Replace epinephrine stock medication, according to the District's standing protocol. Reorder epinephrine stock medication, as necessary.
Nurse/DSP	If a student has no AAEP and 504 Plan, provide the parent/guardian with the AAEP and *Allergy History* forms and refer them to the process outlined in the **Identification of Students with Allergies** phase above. After each allergy emergency, review how it was handled with the Building Principal, health aides/assistants (if applicable), parents/guardians, staff members involved in the response, and the student to identify ways to prevent future emergencies and improve emergency response. CDC Guidelines, p. 63. Assist students with allergies with transitioning back to school after an emergency. CDC Guidelines, p. 63.

Actor	Action
	Storage, Access, and Maintenance of Undesignated Supply of Epinephrine (105 ILCS 5/22-30(f); *ISBE Model*, p. 6-7) [8] 1. Store, access, and maintain the stock of undesignated epinephrine injectors as provided in the District's standing protocol. 2. Maintain the supply of undesignated epinephrine in accordance with the manufacturer's instructions. Epinephrine should be stored in a safe, unlocked, and accessible location in a dark place at room temperature (between 59-86 degrees F). Epinephrine should not be maintained in a locked cabinet or behind locked doors. Trained staff should be made aware of the storage location in each school. It should be protected from exposure to hot, cold, or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures. The expiration date of epinephrine solutions should be periodically checked; the drug should be replaced if it is approaching the expiration date. The contents should periodically be inspected through the clear window of the injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit. 3. Regularly (e.g., monthly) check stock epinephrine to ensure proper storage, expiration date, and medication stability. Maintain documentation when checks are conducted. Expired injectors or those with discolored solutions or solid particles should not be used. 4. Dispose of epinephrine injectors in a sharps container.

LEGAL REF: 105 ILCS 5/2-3.190, 5/10-22.21b, 5/10-22.39, and 5/22-30.
23 Ill.Admin.Code §1.540
Anaphylaxis Response Policy for Illinois Schools, published by the Ill. State Board of Education.

The footnotes should be removed before the material is used.

[8] Delete this section if the district does not maintain an undesignated supply of epinephrine.

Ok as is
Share w/Trisha

Students

Administrative Procedure - Program for Managing Student Athlete Concussions and Head Injuries

State Law

1. The Youth Sports Concussion Safety Act (YSCSA) contains concussion safety directives for School Boards and certain identified staff members. 105 ILCS 5/22-80. A School District must implement 105 ILCS 5/22-80 if it offers interscholastic athletic activities or interscholastic athletics under the direction of a coach (volunteer or school employee), athletic director, or band leader. An *interscholastic athletic activity* "means any organized school-sponsored or school-sanctioned activity for students, generally outside of school instructional hours, under the direction of a coach, athletic director, or band leader, including, but not limited to, baseball, basketball, cheerleading, cross country, track, fencing, field hockey, football, golf, gymnastics, ice hockey, lacrosse, marching band, rugby, soccer, skating, softball, swimming and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, water polo, and wrestling. All interscholastic athletics are deemed to be interscholastic activities." 105 ILCS 5/22-80(b).
   A School District may need to implement its return-to-learn protocol for a student's return to the classroom after he or she is believed to have experienced a concussion, "whether or not the concussion took place while the student was participating in an interscholastic activity." 105 ILCS 5/22-80(d). For a comprehensive discussion of this Act, see the IASB publication, *Checklist for Youth Sports Concussion Safety Act*, at: www.iasb.com/iasb/media/documents/checklistconcussionsafetyact.pdf. Helpful guidance for implementing this law plus training modules are available from the Lurie Children's Hospital's *A Guide for Teachers and School Professionals*, also available using the above link.
2. 105 ILCS 25/1.15 requires: (a) all high school coaching personnel to complete online concussion awareness training, and (b) all student athletes to view the IHSA video about concussions.
3. 105 ILCS 25/1.20, requires the IHSA to require all member districts that have certified athletic trainers to have those trainers complete and submit a monthly report on student-athletes who have sustained a concussion during: (1) a school-sponsored activity overseen by the athletic trainer; or (2) a school-sponsored event of which the athletic director is made aware. **Concussion** - A complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns and which may or may not involve a loss of consciousness. 105 ILCS 5/22-80. See also: *Returning to School After a Concussion: A Fact Sheet for School Professionals*, www.cdc.gov/heads-up/media/pdfs/schools/tbi_returning_to_school-a.pdf~~www.cdc.gov/headsup/pdfs/schools/tbi_returning_to_school-a.pdf~~.
4. 20 ILCS 2310/2310-3~~2~~07 requires: (a) the Ill. Dept. of Public Health (IDPH), subject to appropriation, to develop, publish, and disseminate a brochure to educate the general public on the effects of concussions in children and discuss how to look for concussion warning signs in children, and (b) schools to distribute this brochure, free of charge, to any child or parent/guardian of a child who may have sustained a concussion, regardless of whether or not the concussion occurred while the child was participating in an interscholastic athletic activity, if available. The IDPH has adopted as its brochure the CDC's *Heads Up* campaign brochures which include concussion fact sheets for

athletes, parents, coaches, and school professionals, see https://dph.illinois.gov/topics-services/prevention-wellness/injury-violence-prevention/concussion.html.

Actor	Action
School Board	Adopt a Board policy on concussions. See Board policy 7:305, *Student Athlete Concussions and Head Injuries*. Approve members of the Concussion Oversight Team. 105 ILCS 5/22-80(d). Approve school-specific emergency action plan(s) for interscholastic athletic activities to address serious injuries and acute medical conditions that may cause a student's condition to deteriorate rapidly. 105 ILCS 5/22-80(i). Monitor the effectiveness of Board policy 7:305, *Student Athlete Concussions and Head Injuries*, by discussing with the Superintendent or designee the type of data the Board needs to monitor the policy, establishing a monitoring calendar, and reviewing the data provided by the Superintendent or designee.
Superintendent or designee	Identify individuals to serve on the Concussion Oversight Team; request Board approval. 105 ILCS 5/22-80(d). A physician, to the extent possible, must be on the Team. If the school employs an athletic trainer and/or nurse, he or she must be on the Team to the extent practicable. The Team must include, at a minimum, one person who is responsible for implementing and complying with the return-to-play and return-to-learn protocols adopted by the Team. Other licensed health care professionals may be appointed to serve on the Team. The Team may be composed of only one person who need not be a licensed healthcare professional, but may not be a coach. **Note**: As this is administrative/staff work rather than governance work, the best practice is to have the Concussion Oversight Team be an *administrative* committee, but consult the Board Attorney for guidance. If it is a Board committee, it must comply with the Open Meetings Act, 5 ILCS 120/1.02. For a discussion of the Open Meetings Act's treatment of committees, see the footnotes in ~~Board~~ sample policy 2:150, *Committees*. Require that all high school coaching personnel, including the head and assistant coaches, and athletic directors obtain an online concussion certification in accordance with 105 ILCS 25/1.15. Coaching personnel and athletic directors hired on or after 8-19-14 must be certified before their position's starting date. Require that the following individuals complete concussion training as specified in the YSCSA: coaches or assistant coaches (whether volunteer or a District employee) of interscholastic athletic activities; nurses, physicians, other licensed health professionals and non-

Actor	Action
	licensed health care professionals who serve on the Concussion Oversight Team; athletic trainers; and game officials of interscholastic athletic activities. 105 ILCS 5/22-80(h), amended by P.A. 104-391. Individuals covered by this training mandate must initially have completed the training prior to serving on the Concussion Oversight Team and at least once every two years (or if not on the Team, at least once every two years). See the footnotes in policies 5:100, *Staff Development Program*, and 7:305, *Student Athlete Concussions and Head Injuries*. Identify the staff members who are responsible for student athletes, including Building Principals, and require that they comply with IHSA concussion protocols, policies, and by-laws, including its *Protocol for Implementation of NFHS Sports Playing Rules for Concussions*, at: www.ihsa.org/health-safety/healthcare-provider-information~~www.ihsa.org/documents/sportsmedicine/ihsa_protocols_for_nfhs_concussion_playing_rule.pdf~~. Along with the Building Principal(s), develop and maintain school-specific emergency action plan(s) for interscholastic athletic activities to address serious injuries and acute medical conditions that may cause a student's condition to deteriorate rapidly; present it/them to the Board for approval. 105 ILCS 5/22-80(i). Hold the staff members responsible for implementing this procedure.
Concussion Oversight Team	Establish each of the following based on peer-reviewed scientific evidence consistent with guidelines from the Centers for Disease Control and Prevention (CDC). 105 ILCS 5/22-80(d). See www.cdc.gov/headsup/index.html. 1. A *return-to-play protocol* governing a student's return to interscholastic athletic practice or competition following a force of impact believed to have caused a concussion. The Superintendent or designee (not a coach) must supervise an athletic trainer or other person responsible for compliance with the return-to-play protocol. 105 ILCS 5/22-80(g). The student's treating physician or an athletic trainer working under a physician's supervision must evaluate and find that it is safe for the student to return to play. The student's parent/guardian must sign a consent form that complies with statutory prerequisites. IHSA's website contains a form for this, *Post-concussion Consent Form (RTP/RTL)*, at: www.ihsa.org/health-safety/concussion-resources~~http://ihsa.org/Resources/Sports-Medicine/Concussion-Management/Concussion-Resources~~. It is an open question whether the return-to-play protocol is limited to when the concussion occurred during an

Actor	Action
	interscholastic athletic activity, because the statute does not state "whether or not the concussion took place while the student was participating in an interscholastic athletic activity." It makes sense, however, to apply the return-to-play protocol whenever a student suffers a concussion before allowing him or her to participate in an interscholastic athletic activity. 2. A return-to-learn protocol governing a student's return to the classroom following a force of impact believed to have caused a concussion. The Superintendent or designee (not a coach) must supervise the person responsible for compliance with the return-to-learn protocol. 105 ILCS 5/22-80(g). The return-to-learn protocol governs a student's return to the classroom after a concussion, whether or not the concussion took place while the student was participating in an interscholastic athletic activity. Guidance from Lurie Children's Hospital explains that recovery from a concussion must be an individualized process, because no two concussions are the same. See *Return to Learn after a Concussion: A Guide for Teachers and School Professionals*, Lurie Children's Hospital, at: www.luriechildrens.org/globalassets/media/pages/specialties--conditions/programs/concussion-program/documents/lurie-return-to-learn-guide-2017-updated.pdf. This Guide explains that a student's full recovery depends on both cognitive and physical rest. It suggests using a multidisciplinary team to facilitate a student's return to the classroom and provides examples of accommodations and interventions. It also stresses the importance of identifying a school staff member who will function as a case manager or concussion management leader, e.g., a school nurse, athletic trainer, or school counselor.
Building Principals or designees	Along with the Superintendent, develop and maintain school-specific *Eemergency Aaction Pplan(s) (EAP)* for interscholastic athletic activities to address serious injuries and acute medical conditions that may cause a student's condition to deteriorate rapidly; present the plan(s) to the Superintendent who will present it/them to the Board for approval. 105 ILCS 5/22-80(i). A template is available on the IHSA website under Emergency Action Plan (EAP) Resources, at: www.ihsa.org/health-safety/concussion-resourceshttp://ihsa.org/Resources/Sports-Medicine/Concussion-Management/Concussion-Resources. Ensure the EAP is distributed to all appropriate personnel and conspicuously posted at all venues utilized by the school. Id. at (4) & (5).

Actor	Action
	Ensure the EAP is reviewed annually by all athletic trainers, first responders (including, but not limited to, emergency medical dispatchers), coaches, school nurses, athletic directors and volunteers for interscholastic athletic activities. Id. at (6)~~, amended by P.A. 102-1006~~. Require coaches and assistant coaches, trainers, and other staff members who are responsible for student athletes to: 1. Review and abide by the IHSA protocols, polices, and by-laws regarding concussions and head injuries, at: www.ihsa.org/health-safety/stakeholder-responsibilities~~www.ihsa.org/Resources/Sports-Medicine/Concussion-Management/Stakeholder-Responibilities~~. 2. Provide information to student athletes and their parents/guardians each school year about concussions and otherwise perform all duties identified by law or described in this procedure. School districts must include information about concussions in the student athlete agreement, contract, code, or written instrument that a student athlete and his or her parent/guardian are required to sign before participating in a practice or interscholastic competition. IHSA drafted a sample *Concussion Information Sheet*, which is included within the *IHSA Sports Medicine Acknowledgement & Consent Form* at: www.ihsa.org/health-safety/concussion-resources~~http://ihsa.org/Resources/Sports-Medicine/Concussion-Management/Concussion-Resources~~. It has been incorporated into exhibit 7:300-E1, *Agreement to Participate*. 3. Distribute the IDPH concussion brochure, if available, to any student or the parent/guardian of a student who may have sustained a concussion, regardless of whether or not the concussion occurred while the student was participating in an interscholastic athletic activity. 20 ILCS 2310/2310-307. The IDPH has adopted as its brochure the CDC's *Heads Up* campaign brochures which include concussion fact sheets for athletes, parents, coaches, and school professionals, see https://dph.illinois.gov/topics-services/prevention-wellness/injury-violence-prevention/concussion.html. Maintain appropriate school student records for student athletes. Although a *concussion policy acknowledgment* is no longer required, an ISBE rule defines *health-related information* to include a *concussion policy acknowledgment*. 23 Ill.Admin.Code §375.10. The acknowledgment must be kept with the student's

Actor	Action
	school student records as a temporary record. 23 Ill.Admin.Code §375.40. All written information concerning an injury to a student athlete, including without limitation, a return-to-play clearance, must be kept with the student's school student records as a temporary record. 23 Ill.Admin.Code §§375.10 and 375.40. An ISBE rule defines *health-related information* to include "other health-related information that is relevant to school participation, e.g., nursing services plan, failed screenings, yearly sports physical exams, interim health histories for sports." 23 Ill.Admin.Code §375.10.
Each student participant in an interscholastic athletic activity and his or her parent/guardian	Each school year, sign a concussion information receipt form before participating in an interscholastic athletic activity. 105 ILCS 5/22-80(e). *Interscholastic athletic activity* is defined on the first page of this procedure. 105 ILCS 5/22-80(b). The form must be approved by IHSA. See www.ihsa.org/health-safety/concussion-resources~~http://ihsa.org/Resources/Sports-Medicine/Concussion-Management/Concussion-Resources~~, for ~~IHSA Concussion Protocols~~IHSA Concussion Protocols and IHSA ~~Sports Medicine Acknowledgement & Consent Form~~Sports Medicine Acknowledgement & Consent Form. Annually view IHSA's video about concussions (applicable to only high school student athletes). 105 ILCS 25/1.15(e). Become knowledgeable about the concussion symptoms and ask questions of any athletic staff member. Inform the coach or other supervisor about any trauma to the student's head and/or any symptoms of a concussion or confirmed concussion regardless of where and when it occurred. Follow the District's return-to-play and/or return-to-learn protocol(s), as applicable, whenever the student suffers a concussion.
Coaches or Assistant Coaches (whether volunteer or a District employee) of interscholastic athletic activities; Nurses and Physicians who serve on the Concussion Oversight Team; Athletic Trainers; and	Complete concussion training as specified in the YSCSA. 105 ILCS 5/22-80(h), amended by P.A. 104-391. Interscholastic athletic activity is defined on the first page of this procedure. 105 ILCS 5/22-80(b). Individuals covered by this training mandate must complete the training prior to serving on the Concussion Oversight Team and at least once every two years (or if not on the Team, at least once every two years). See the footnotes in Board -policy 5:100, *Staff Development Program*.

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Game Officials of interscholastic athletic activities	Complete IHSA's online concussion certification program (required only of high school coaching personnel including, without limitation, athletic directors). 105 ILCS 25/1.15. Learn concussion symptoms and danger signs. See IHSA Sports Medicine Acknowledgement and Consent form at: www.ihsa.org/health-safety/concussion-resources ~~http://ihsa.org/documents/sportsMedicine/current/Sports%20Medicine%20Consent%20and%20Acknowledgement.pdf~~ and www.cdc.gov/heads-up/training/index.html#cdc_generic_section_3-general-concussion-info~~www.cdc.gov/headsup/youthsports/officials.html~~.
Coaches and Assistant Coaches of interscholastic athletic activities Athletic Trainers Other staff members who are responsible for student athletes	Each school year, have student athletes and their parents/guardians, or another person with legal authority to make medical decisions for the student, sign a form "that acknowledges receiving and reading written information that explains concussion prevention, symptoms, treatment, and oversight and that includes guidelines for safely resuming participation in an athletic activity following a concussion." The form must be approved by IHSA. 105 ILCS 5/22-80(e). Each school year, inform student athletes and their parents/guardians about concussions and head injuries by: 1. Giving them a copy of the IHSA's *Concussion Information Sheet* at the time they sign Board exhibit 7:300-E1, *Agreement to Participate*, or other agreement, contract, code, or written instrument that a student athlete and his or her parent/guardian are required to sign before the student is allowed to participate in a practice or interscholastic competition. *The Concussion Information Sheet*, is included within the ***IHSA Sports Medicine Acknowledgement & Consent Form at***: www.ihsa.org/health-safety/concussion-resources~~www.ihsa.org/Resources/DownloadCenter.aspx~~. 2. Using educational material provided by IHSA to educate student athletes and parents/guardians about the nature and risk of concussions and head injuries, including the risks inherent in continuing to play after a concussion or head injury. See www.ihsa.org/health-safety/concussion-resources~~www.ihsa.org/Resources/Sports-Medicine/Concussion-Management/Concussion-Resources~~. The CDC offers free printed educational materials on concussions that can be ordered or downloaded and distributed to parents, students, and coaches. See www.cdc.gov/headsup/index.html. Each school year, participate in the review of the EAP, as directed by the Building Principal or designee.

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Actor	Action
	Remove a student from an interscholastic athletic practice or competition immediately if any of the following individuals believes that the student sustained a concussion during the practice and/or competition: a coach, a physician, a game official, an athletic trainer, the student's parent/guardian, the student, or any other person deemed appropriate under the return-to-play protocol. 105 ILCS 5/22-80(f). Comply with the IHSA concussion management guidelines, including its *Protocol for Implementation of NFHS Sports Playing Rules for Concussion*, which includes its *Return to Play (RTP) Policy*, at: www.ihsa.org/health-safety/healthcare-provider-information~~www.ihsa.org/documents/sportsmedicine/ihsa_protocols_for_nfhs_concussion_playing_rule.pdf~~. These guidelines, in summary, require that: 1. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (e.g., loss of consciousness, headache, dizziness, confusion, or balance problems) in a practice or game shall be removed from participation or competition at that time. 2. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer. 3. If not cleared to return to that contest, a student athlete may not return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois, advanced practice registered nurse, physician assistant or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois, and has completed the return-to-play protocol in compliance with the YSCSA, 105 ILCS 5/22-80(g). Inform the student athlete's parent/guardian about a possible concussion and give the parent/guardian a fact sheet on concussion, at: www.ihsa.org/health-safety/concussion-resources~~www.ihsa.org/Resources/Sports-Medicine/Concussion-Management/Concussion-Resources~~. Allow a student who was removed from interscholastic athletic practice or competition to return only after all statutory prerequisites are completed, including without limitation, completing the return-to-play and return-to-learn protocols developed by the Concussion Oversight Team. An athletic team coach or assistant coach may not authorize a student's return-to-play or return-to-learn. 105 ILCS 5/22-80(g).

Actor	Action
	Most students with a concussion will not need a formal 504 plan or individualized education program; contact the Board Attorney whenever one is requested or the student's symptoms are prolonged.
Athletic trainers [*high school only*]	Complete a monthly report on student-athletes who have sustained a concussion during: (1) a school-sponsored activity overseen by the athletic trainer; or (2) a school-sponsored event of which the athletic director is made aware. Do not identify student names in the monthly report. 105 ILCS 25/1.20. Submit this monthly report to the interscholastic athletic organization to which the school belongs.