

Managing Food Allergies in the School Setting:

Guidance for Parents



www.foodallergy.org

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Guidance for Parents

For some parents, sending a child with life-threatening food allergies off to school can feel like an overwhelming task. Successfully transitioning your child into school requires forming a *partnership* between *you* and a *team* of key individuals that includes the school nurse, teachers, administrators, cafeteria staff, maintenance staff, transportation staff, coaches, other parents, and your child's classmates. All of these individuals play a role in food allergy management. Food Allergy Research and Education (FARE) has created this guidance document to help *you* help *your child* join the millions of children with food allergy who attend school safely every day.

This guidance addresses the parents' roles in becoming proactive participants in a partnership to help manage food allergies in the school setting. The document, divided into 10 sections, focuses on a checklist of critical steps:

Checklist for Parents

- 1. ☐ *Become Informed and Educated***
- 2. ☐ *Prepare and Provide Information About Your Child's Food Allergy and Medication***
- 3. ☐ *Build a Team***
- 4. ☐ *Help Ensure Appropriate Storage and Administration of Epinephrine***
- 5. ☐ *Help Reduce Food Allergens in the Classroom(s)***
- 6. ☐ *Consider School Meals***
- 7. ☐ *Address Transportation Issues***
- 8. ☐ *Prepare for Field Trips and Extracurricular Activities***
- 9. ☐ *Prevent and Stop Bullying***
- 10. ☐ *Assist Your Child with Self-Management***

1) Become Informed and Educated

There are various topics you should know and understand before you approach your child's school.

First, be well versed on your child's food allergy.

As the parent of a child with food allergy, it is critical that you know the following:

- The foods he or she must avoid.
- The signs and symptoms of an allergic reaction.
- The ways your child might describe an allergic reaction.
- The role of epinephrine in treatment.
- The correct way to use an epinephrine auto-injectable device, if one has been prescribed.

The best way to learn this information is to talk with a board-certified allergist. You can easily locate an allergist near you through the American Academy of Allergy, Asthma & Immunology (AAAAI) website, www.aaaai.org.

Second, learn how schools generally manage students with food allergy.

Reading *Anaphylaxis in Schools and Other Child-Care Settings*, a position statement from AAAAI, is a helpful initial step. You also can review statewide food allergy management guidelines that have been published by a number of states, perhaps including yours. Appendix 1 cites these and other resources where you can find information to help you set reasonable expectations for managing your child's food allergies at school.

Third, find out as much as you can about your school's approach to food allergy management.

Because food allergy has become such an emerging health issue, especially among children, many schools have already adopted and implemented food allergy management strategies. A good starting point for the inquiry is a local food allergy support group, where you can connect with parents whose children attend schools in your local area. FARE recognizes more than 150 such groups across the United States. Support groups generally hold regular meetings, have a medical advisor (usually a local allergist), and are knowledgeable about area schools and their food allergy management policies. Support groups are also a great way to compare notes and share tips with other parents in your area.

Finally, understand that the individual needs of students with food allergy may differ according to age.

Some of the management strategies in this document may be more appropriate at the elementary school level as opposed to the high school level, when students become more independent. For example, students in high school may not need to sit at a designated table in the cafeteria, and may not need to be reminded about the potential danger of sharing or trading food.

2) Prepare and Provide Information About Your Child's Food Allergy and Medication

Food Allergy & Anaphylaxis Emergency Care Plan

Providing information about your child's food allergy and medications to the school is critical. With the help of your child's allergist (or other licensed health care provider), complete a one-page Food Allergy & Anaphylaxis Emergency Care Plan. Your child's school may have its own form, and it may have a slightly different name (i.e., Emergency Care Plan); if not, you can download one from the FARE website at www.foodallergy.org/document.doc?id=234.

The form should include

- A complete list of foods to which your child is allergic.
- The possible symptoms of your child's allergic reaction.
- The treatment that should be administered to your child, and under what circumstances.
- Contact information for emergency medical services (i.e., 911), your child's allergist, and you.
- A current picture of your child.
- The signature of your child's allergist (or other licensed health care provider).

Besides the Food Allergy & Anaphylaxis Emergency Care Plan, the school may ask you to provide information such as allergy test results and any history of your child's allergic reactions. The school also may require you to complete additional medical forms not necessarily related to food allergy.

Epinephrine Auto-Injector

You also must provide the school with at least one epinephrine auto-injector, if prescribed. In fact, many parents provide at least two auto-injectors, in case a second dose is needed. Epinephrine auto-injectors should have a shelf life of 1 year, so be sure to check the expiration date on the auto-injector before giving it to the school. You may want to ensure that the expiration date is at least 12 months away, so that you will not need to replace the device during the school year.

Additional Medications

Depending on your child's circumstances, you may need to provide the school with additional medications such as antihistamine and/or asthma inhalers. Remember, however, that epinephrine is the first line of defense for treating a potentially life-threatening allergic reaction, and that all efforts should be directed toward its immediate use. Research clearly shows that food allergy fatalities are most commonly associated either with not using epinephrine or with delaying epinephrine treatment.^{1,2,3,4}

¹ The Use of Epinephrine in the Treatment of Anaphylaxis. Position Statement from the American Academy of Allergy, Asthma & Immunology. Available online at: www.aaaai.org/members/academy_statements/position_statements/ps26.asp.

² Bock SA, Muñoz-Furlong A, Sampson HA. Fatalities due to anaphylactic reactions to foods. *Journal of Allergy and Clinical Immunology* 2001;107:191-193.

³ Bock SA, Muñoz-Furlong A, Sampson HA. Further fatalities due to anaphylactic reactions to food: 2001 to 2006. *Journal of Allergy and Clinical Immunology* 2007;119:1016-1018.

⁴ Sampson HA, Mendelson L, Rosen JP. Fatal and near-fatal anaphylactic reactions to food in children and adolescents. *New England Journal of Medicine* 1992;327:380-384.

3) Build a Team

Managing food allergy at school involves a *team* of individuals, including the school nurse, teachers, administrators, cafeteria staff, maintenance staff, transportation staff, coaches, other parents, and your child's classmates.

In working with your team, recognize up front that some of the members might need additional time to learn about food allergy and the steps needed to avoid food allergens in the school setting. Actions that are second-nature to you, such as reading ingredient labels, may not be intuitive actions for others. Maintain an open dialogue with your team, characterized by calm, confident communication. Also, make yourself available to your team, and provide them with your contact information so they can call you with questions, suggestions, or concerns. Consider sharing with them a copy of the information sheet, "10 Facts About Food Allergy" (see Appendix 2).

Before the first day of school, try to meet with members of your team to

- Introduce yourself and share information about your child.
- Find out what they already know about food allergy.
- Provide information on the basics (if necessary), clear up any misconceptions, and discuss the role team members have in managing your child's food allergy.

Provide a copy of your child's Food Allergy & Anaphylaxis Emergency Care Plan to the team members who are most likely to come into contact with your child during the school day, and ask them to keep it in an easily accessible location.

Because of schedules, you may not be able to meet with all the school team members as a group. However, as soon as possible before the beginning of the school year (or prior to a school enrollment transfer), you should meet at least with your child's teacher(s), who will have the most contact with your child throughout the school day.

You also should meet with the school nurse or other administrator in order to discuss your child's Food Allergy & Anaphylaxis Emergency Care Plan, and to create an *additional* written management plan. More common types of plans include:

- A 504 Plan⁵, which applies to students who have a *disability* that affects their ability to participate fully, alongside their peers, in all regular facets of the school day. Children whose food allergy may result in severe, life-threatening reactions (in the opinion of the child's licensed health care provider) meet the definition of *disability* under Section 504.⁶ Each school should have a 504 Coordinator who can help you develop a 504 Plan.
- An Individualized Healthcare Plan (IHP), which is recommended by the National Association of School Nurses (NASN) for students whose health care needs may affect their ability to attend school safely and perform academically.⁷
- An Individual Education Program (IEP), based on the Individuals with Disabilities Education Act (IDEA). IDEA addresses services for children in need of special education (i.e., children with conditions that impact their educational performance, such as hearing, vision or speech impairments, behavioral

⁵ Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. s.794 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive federal funds from the U.S. Department of Education. Recipients of these funds include public school districts, along with other state and local educational agencies.

⁶ Accommodating Children with Special Dietary Needs in the School Nutrition Programs. United States Department of Agriculture Food and Nutrition Service, Fall 2001. Available online at: www.fns.usda.gov/CND/Guidance/special_dietary_needs.pdf.

⁷ NASN Position Statement on Individualized Healthcare Plans, available online at www.nasn.org/Default.aspx?tabid=226.

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conditions, or autism). Children with food allergy *alone* generally do not qualify for an IEP; however, a child with food allergy *also* may have a co-existing condition that may warrant protection under IDEA. In this case, the food allergy and the co-existing condition are generally addressed through one IEP.

4) Help Ensure Appropriate Storage and Administration of Epinephrine

Knowing a) where your child's prescribed epinephrine is located, b) who has access to it, and c) who will administer the medication in the event of an emergency is critical to supporting your child's health and well-being at school.

When determining the *location* of the epinephrine, consider the following:

- Depending on their age and maturity level, many children *carry* their epinephrine (in a waist pack or in a book bag). This practice is generally allowed by state law and/or local school board policy and is based on parental and physician consent. Even in the event that the child *does* carry his or her prescribed epinephrine, a responsible adult should always be available in case an emergency arises.
- Local school policy may require that prescribed epinephrine be kept under lock and key. If so, discuss who has access to epinephrine and how conveniently it can be accessed in an emergency or after normal school hours.
- Local policy may allow epinephrine to be kept in the classroom (in a container mounted to a wall, out of the reach of the other students, or in the teacher's desk), or passed from teacher to teacher as your child changes locations during the school day.

Make sure that the epinephrine you provide the school has not expired, and is clearly labeled with your child's name and classroom information.

Epinephrine is generally administered by the school nurse. However, because a school nurse may not be available during an allergic reaction, other school personnel (often called *delegates*) can be trained to administer the medication. This process of *delegation* is generally determined by local school board policy and by the judgment of the school nurse.⁸ Training of delegates is done by a school nurse, a district nurse, or other licensed health care provider.

Whenever epinephrine is administered, the following procedures should be followed:

- Emergency medical services (i.e., 911) must be contacted immediately, and the responding emergency personnel must be authorized to carry and administer epinephrine. In many locations, only certain types of emergency personnel are allowed access to epinephrine. Check with your local ambulance provider(s) to learn about their policies.
- In the event that your child self-administers epinephrine, he or she must notify an adult staff member as quickly as possible, and the adult should call emergency medical services (i.e., 911) immediately. Children should never self-administer epinephrine when *alone*, although this circumstance might be beyond the child's control.
- Your child should be transported to a hospital and observed for 4 hours. In some allergic reactions, the symptoms go away, only to return 2 to 3 hours later. This is called a *biphasic reaction* and may be more severe than the first-phase symptoms.

If your child has an allergic reaction at school, discuss the event with appropriate school personnel. Review how the reaction occurred and how it could have been prevented. In addition, note the successes and challenges that were evident in the response to the emergency.

⁸ Delegation. Position Statement from the National Association of School Nurses. Available online at: www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/21/Delegation-Revised-2010

5) Help Reduce Food Allergens in the Classroom(s)

Speak with your child's teacher(s) about the role of food in the classroom. Determine whether strategies can be implemented to help avoid exposure to food allergens and the risk of your child having an allergic reaction. Such strategies may include

- Having a “no food sharing” or “no food trading” rule.
- Encouraging hand washing after food handling and eating. Liquid soap, bar soap, and sanitizing wipes effectively clean hands of potential allergens, but antibacterial sanitizing gels do not.⁹
- Washing surfaces after food is eaten or used. Commercial wipes and spray cleaners are most effective at removing peanut protein from tables and other surfaces.⁹
- Using nonfood items for classroom projects, academic rewards, and classroom celebrations.
- Encouraging packaged food items with ingredient labels, as opposed to home-baked goods.
- Avoiding modeling clay, paper mâché, crayons, soaps, and other materials that may contain allergens.
- Keeping “safe snacks” in the classroom for unplanned events, along with safe, nonperishable meals in case lunch is compromised or in the event of a shelter-in-place emergency or evacuation to another location.
- Providing the classroom teacher with safe snacks for the *entire* class so that your child can eat what everyone else does.
- Having students store their lunches in a specific location.
- Allowing you to become a “classroom parent” so that you can have advance notice of planned activities that might involve food. Some classroom parents are chosen over the summer by the local PTA. If you cannot be a classroom parent, ask to be invited to class events such as field trips so that you can help the teacher monitor your child's exposure to food allergens.
- Making sure that a copy of your child's Food Allergy & Anaphylaxis Emergency Care Plan is available for substitute teachers.

In order to raise awareness of food allergy and help reduce allergens in the classroom, some schools send a letter home to classroom parents, informing them that there is a child in the class with food allergy. Such a letter can help promote parental support of the food allergy management team in its work.

You also may want to ask the school administration to designate your child's classroom as one that is *not* used for outside activities and events (during nonschool hours) that involve food. Taking this precaution will help reduce contamination of desks and other surfaces with food allergens when school is not in session.

⁹ Perry TT, Conover-Walker MK, Pomés A, Chapman MD, Wood RA. Distribution of peanut allergen in the environment. *Journal of Allergy and Clinical Immunology* 2004;113:973-6.

6) Consider School Meals

Some parents prefer that their child eat only food prepared at home, while others prefer to take advantage of federal school meal programs.

According to guidelines set forth by the U.S. Department of Agriculture (USDA), the federal agency overseeing the School Breakfast Program and the National School Lunch Program, schools must offer safe substitute meals to students with life-threatening food allergies. In order to do so, however, the school needs written instructions from the child's licensed health care provider, as well as the identification of appropriate substitutions. The USDA provides sample forms in its *Accommodating Students with Special Dietary Needs in the School Nutrition Programs* (see Appendix 1). The instructions and forms can be integrated into the team's approach to managing your child's food allergies at school.

Talk with the school's food service director, preferably before the start of the school year, to find out how the school cafeteria manages students with life-threatening food allergies, and whether the approach is appropriate for your child. Common approaches include

- Posting menus in advance to allow parents to identify potentially unsafe meal offerings.
- Training food service personnel on food allergy issues such as avoiding cross-contact during food preparation and serving, and reading food labels.
- Posting pictures of children with food allergies behind the counter or register.
- Using seating arrangements to minimize exposure to food allergens, while ensuring that children with food allergy do not sit alone.
- Encouraging hand washing after eating and food handling.
- Washing surfaces after food is eaten or served.

7) Address Transportation Issues

Many schools have procedures for managing food allergies on school transportation vehicles. If so, find out what these procedures are, and determine whether they are appropriate for your child. Keep in mind that children ride transportation vehicles not only to and from school but also during field trips and for after-school activities.

Common school bus/van procedures include

- A “no food” policy (unless medically necessary).
- Special seating arrangements.
- Equipping the bus driver with a cell phone or emergency radio device.
- Allowing children or an accompanying adult to carry their prescribed epinephrine on the bus.
- Training drivers to recognize the symptoms of a potentially life-threatening allergic reaction, and to respond appropriately.

At many schools, parents drive groups of children by private automobile. In such cases, the policies and procedures for school bus/van transportation should apply.

8) Prepare for Field Trips and Extracurricular Activities

Your child's food allergy should not prevent him or her from attending field trips and participating in extracurricular activities.

Ask that you be given advance notice about these events, so that you can address any food allergy concerns.

Issues to consider include the following:

- Who will be responsible for carrying your child's Food Allergy & Anaphylaxis Emergency Care Plan and medications?
- Who will be responsible for recognizing the symptoms of an allergic reaction, administering medications, and calling emergency medical services (i.e., 911) if necessary?
- Will your child be able to bring his or her own food?
- If your child is to receive a special meal, such as a sack lunch *not* supplied by the child, who will ensure that the meal given to your child is safe for him or her?
- Will the children eat at a restaurant or other type of food service establishment? If so, special arrangements may be necessary.
- What type of transportation will be involved (bus, van, private automobile)?

9) Prevent and Stop Bullying

Any child can be bullied at school, often with devastating results. The bullying of children with food allergies takes on greater urgency because of the life-threatening nature of the condition. Children with food allergies have had severe allergic reactions after being harassed with an actual food allergen (i.e., smearing peanut butter on the face of a child who is allergic to peanuts).

Schools should have strong, proactive anti-bullying prevention programs that include a system whereby all students learn how to recognize and report bullying related to life-threatening food allergy.

The school's response to reported bullying should be made clear at the outset, should be fully implemented as planned, and should be both therapeutic and punitive.

Always be on the lookout for signs that your child might be experiencing bullying or teasing because of his or her food allergy. Potential signs of bullying or teasing include depression, social anxiety, resistance to going to school, and poor academic performance.

A helpful educational awareness resource is FARE's Public Service Announcement called "It's Not a Joke". The PSA along with some other helpful resources can be found in Appendix 1.

If you suspect that your child is being bullied, contact the teacher or the principal. The U.S. Department of Health and Human Services has further resources on bullying, which are listed in Appendix 1.

10) Assist Your Child with Self-Management

For children with food allergies, prevention of allergic reactions involves making good choices, advocating for themselves, and recognizing potentially dangerous situations. As your child grows older and matures developmentally, learning how to manage his or her food allergy is vitally important in individual and collective efforts to avoid life threatening food allergens. Your role in your child's learning process is essential.

When appropriate, teach your child to

- Carry his or her prescribed epinephrine *at all times*. Remember: prompt administration of epinephrine is key to surviving a potentially life-threatening reaction.
- Know where his or her prescribed epinephrine is located at school (if he or she is not old enough or permitted to carry it) and which school personnel can access the medication.
- Raise awareness of food allergy among others (classmates, friends, etc.).
- Avoid eating any food whose ingredients are unknown, such as home-baked goods.
- Avoid sharing or trading food with classmates.
- Wash hands regularly to help prevent exposure to food allergens.
- Read food labels to identify potential food allergens.
- Learn how to recognize the symptoms of a reaction and to tell an adult immediately if he or she suspects an allergic reaction.
- Wear medical identification jewelry that can help convey food allergy information to emergency medical personnel.
- Report bullying or teasing so that appropriate action can be taken.

Appendix 1: Selected Resources

Food Allergy Research and Education (FARE)

- Food Allergy & Anaphylaxis Emergency Care Plan: www.foodallergy.org/document.doc?id=234
- Managing Food Allergies in the School Setting (video):
<http://www.youtube.com/watch?v=zvM8EaQpckw>
- Food allergy resources for kids: www.foodallergy.org/resources/kids
- Food allergy resources for teens: www.foodallergy.org/resources/teens
- “It’s Not a Joke” Anti-bullying PSA and resources: <http://www.foodallergy.org/its-not-a-joke#.UmlM6vmsiM4>
- Links to statewide guidelines for managing food allergy in schools:
www.foodallergy.org/laws-and-regulations/statewide-guidelines-for-schools?

Centers for Disease Control and Prevention (CDC) and Other Federal Agencies

CDC

- CDC Databrief—Food Allergy Among U.S. Children: www.cdc.gov/nchs/data/databriefs/db10.htm
- CDC/Division of Adolescent and School Health: Food Allergies
www.cdc.gov/healthyyouth/foodallergies/index.htm

Health Resources and Services Administration

- Take a Stand! Lend a Hand! Stop Bullying Now! (games and cartoon webisodes):
www.stopbullying.gov/kids/webisodes/

U.S. Department of Agriculture

- Accommodating Children with Special Dietary Needs in the School Nutrition Programs:
www.fns.usda.gov/CND/Guidance/special_dietary_needs.pdf

U.S. Department of Education

- Dear Colleague Letter on Disability Harassment:
www2.ed.gov/about/offices/list/ocr/docs/disabharassltr.html

Professional Organizations

American Academy of Allergy, Asthma & Immunology (AAAAI): www.aaaai.org

- Anaphylaxis in Schools and Other Child-Care Settings. Position Statement:
www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/Anaphylaxis-in-schools-1998.pdf
- The Use of Epinephrine in the Treatment of Anaphylaxis. Position Statement:
www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/Epinephrine-in-treating-anaphylaxis-2002.pdf

American College of Allergy, Asthma & Immunology (ACAAI): www.acaai.org

National Association of School Nurses

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- Individualized Healthcare Plans. Position Statement:
www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsArticleView/tabid/462/smId/824/ArticleID/32/Default.aspx
- Delegation. Position Statement:
www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleID/21/Delegation-Revised-2010

Appendix 2: 10 Facts About Food Allergy

- 1) There is no cure for food allergy. Strict avoidance of the offending allergen is the only way to prevent a reaction.
- 2) A food allergy occurs when the immune system mistakenly attacks a food protein. Ingestion of the offending food can trigger the sudden release of chemicals, including histamine, resulting in symptoms of an allergic reaction. The symptoms can be mild (rashes, hives, itching, and/or swelling) or severe (trouble breathing, wheezing, and/or loss of consciousness). A food allergy can be life-threatening.
- 3) The severity of a person's allergic reactions to food cannot be predicted from previous reactions. Someone whose reactions have been mild in the past might react more severely during a next episode.
- 4) Anaphylaxis is a serious allergic reaction that is rapid in onset and can result in death. It is most often caused by allergic reactions to food, insect stings, medications, and latex. Food allergy is the leading cause of anaphylaxis outside of the hospital setting.
- 5) Early administration of epinephrine (adrenaline) is crucial to successfully treating anaphylactic reactions. Epinephrine is available by prescription as an auto-injectable device.
- 6) Food intolerance, unlike a food allergy, does not involve the immune system and is not life-threatening. Lactose intolerance, in which individuals have trouble digesting milk sugar lactose, is a common example. Symptoms of food intolerance can include abdominal cramps, bloating, and diarrhea.
- 7) Four out of every 100 children have a food allergy, and studies show that the prevalence is increasing among children.^{10,11,12} The reasons for the apparent increase in food allergy are not clearly understood by scientists.
- 8) Although an individual can be allergic to any food, eight foods account for 90% of all food-allergic reactions in the United States: milk, eggs, peanuts, tree nuts (almonds, Brazil nuts, cashews, hazelnuts, macadamia nuts, pecans, pistachios, and walnuts), wheat, soy, fish, and shellfish.
- 9) Children typically outgrow allergies to milk, egg, wheat, and soy. However, peanut, tree nut, fish, and shellfish allergies are usually lifelong.
- 10) Casual exposure to peanut butter (such as through skin contact and inhalation) is unlikely to cause anaphylaxis.¹³ However, allergic reactions can occur from airborne exposure to dust or cooking fumes.

¹⁰ Branum AM, Lukacs S. Food Allergy Among U.S. Children: Trends in Prevalence and Hospitalizations. National Center for Health Statistics Data Brief, No. 10, October, 2008.

¹¹ Sicherer SH, Muñoz-Furlong A, Godbold JH, and Sampson HA. US prevalence of self-reported peanut, tree nut, and sesame allergy: 11-year follow-up. *Journal of Allergy and Clinical Immunology* 2010;125:1322-6.

¹² Branum, AM, Lukacs, SL. Food Allergy Among Children in the United States. *Pediatrics* 2009;124:1549-55.

¹³ Simonte SJ, Ma S, Mofidi S, Sicherer SH. Relevance of casual contact with peanut butter in children with peanut allergy. *Journal of Allergy and Clinical Immunology* 2003;112:180-2.