

# **School Health Guidelines: Managing Food Allergies In School**



**Department of Student Services, Alternative Programs & Equity**

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**Alexandria City Public Schools  
School Health Guidelines  
Managing Food Allergies in School**

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These guidelines have been compiled primarily from the following:

- Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs prepared by the US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, and the Division of Population Health
- School Health Policy and Practice, 7th Edition, prepared by the American Academy of Pediatrics

Quotation marks and references have been omitted for easier readability.

# Alexandria City Public Schools School Health Guidelines Managing Food Allergies in School

## I. Introduction

Exposure to allergens may lead to an allergic reaction known as anaphylaxis, “a release of allergic mediators causing a severe systemic reaction, which may include widespread hives, wheezing, problems breathing and swallowing, a feeling of impending doom, low blood pressure, and unconsciousness” (American Academy of Pediatrics, 2016). In school-aged children, food is the most common allergen leading to allergic reactions. Since food allergies are becoming increasingly common (1 out of every 25 children in school), ACPS has developed guidance for the management of food allergies in the school.



The most common food allergens are milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat. If left untreated, anaphylaxis can lead to death, though the majority of food related allergic reactions are not anaphylactic and death is rare (AAP, 2016).

## II. Purpose

The purpose of this document is to provide guidelines for school staff, parents and students regarding food allergies and to assist building administrators in developing appropriate procedures to provide safe care for students with food allergies.

It is the expectation that specific building-based guidelines/actions will take into account the health needs and well-being of all children without discrimination or isolation of any child. Open and informative communication is vital for the creating and maintaining a safe environment for all students and their families. These guidelines also encourage age appropriate student education and self-advocacy and will take into account the developmental and educational level of students.

## III. Goals

The Alexandria City Public Schools (ACPS) overall goals for management of students with food allergies based on the American Academy of Pediatrics and the National Association of School Nurses.

## ACPS Goals for the Management of Food Allergies



**Safeguard the environment:** Banning certain foods from school is not recommended. It provides a false sense of security and is impossible to fully control what is brought into the school. It does not help the student learn to manage their own chronic allergic condition and removes a nutritional food staple that some students must rely on for health. Adopting a “No Sharing of Food” policy, using individually wrapped and labeled foods, and teaching students about food allergies is researched based, best practice.



**Complete advanced planning for students with food allergies:** Obtain from parents/guardians food allergy action plans with individualized health care provider’s orders received by the school nurse that guide treatment of the student at school, are communicated to the appropriate staff , and establish emergency action guidelines for school use in the event of an episode of anaphylaxis.



**Provide annual training:** Teachers, administrators and staff will be trained on recognition and treatment of anaphylaxis.



**Provide available epinephrine for student use:** Provide accessible storage of individual student epinephrine and provide epinephrine for use in the school for an undiagnosed case of anaphylaxis.

#### **IV. Guidance for Developing a School-based Food Allergy Management and Prevention Plan**

1. Ensure the daily management of food allergies for individual children.
  - a. Develop and use procedures to identify children with food allergies.
  - b. Develop a plan for managing and reducing risks of allergic reactions caused by food.
  - c. Develop and implement a plan to encourage students to manage their food allergy.
  
2. Prepare for food allergy related emergencies.
  - a. Develop and implement a procedure for handling anaphylaxis emergencies that provides clear instructions for all staff members.
  - b. Ensure epinephrine auto-injectors are easily accessible within the school both for identified and unidentified students.
  
3. Provide professional development on food allergies for school personnel.
  - a. Provide general training for all staff members.
  - b. Provide in-depth training for staff that has frequent contact with children with food allergies.
  
4. Educate children and family members about food allergies.
  - a. Teach all children about food allergies.
  - b. Teach parents and families about food allergies.
  
5. Create and maintain a healthy and safe educational environment.
  - a. Implement the practices for reducing the risk of exposure to food allergens.
  - b. Develop food-handling procedures to prevent food allergens from unintentionally contacting another food.
  - c. Make outside groups aware of food allergy policies and rules when they use school before or after hours.
  - d. Ensure staff is trained in recognition and treatment of anaphylaxis.
  - e. Create a positive school climate that reduces bullying and social isolation and promotes acceptance and understanding of children with food allergies.

## V. Practices for Reducing the Risk of Exposure to Food Allergens

	<b>Classroom</b>	<b>Cafeteria</b>	<b>Transportation</b>	<b>Field Trips and Activities</b>	<b>P.E. and Recess</b>
<b>School Policy and Environment</b>	<p>Avoid use of food in the curriculum. If food is required, notify parents of all students of the use of food in the curriculum.</p> <p>Avoid ordering food from restaurants because food allergens may be present, but unrecognized.</p> <p>Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train classroom staff to use them.</p>	<p>Instruct students and staff to avoid food sharing.</p> <p>Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train cafeteria staff and/or cafeteria hostesses to use them.</p>	<p>Train transportation staff to recognize anaphylaxis and use epinephrine auto-injectors if self-carried by a student.</p>	<p>Consider safety of children with food allergies when planning field trips and/or school activities.</p> <p>Do not exclude children or require parent attendance for students with food allergies.</p> <p>Inform school nurse of field trips and activities to ensure having rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.</p>	<p>Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.</p>
<b>Meals and Snacks</b>	<p>Use non-food incentives for prizes, gifts, and rewards.</p> <p>Help students with food allergies read labels of foods provided by others so they can avoid ingesting hidden food allergens</p> <p>Consider methods to prevent cross-contact of food allergens from lunches and snacks stored in the classroom.</p>	<p>Make reasonable meal accommodations after receiving a signed Food Allergy Action Plan from a health care provider.</p> <p>Create standard procedures for identifying students with known food allergies identified with a FAAP that meet FERPA</p>	<p>Avoid food on buses except by children with special needs like diabetes or prolonged trips.</p> <p>Encourage students to clean hands before and after handling or consuming food.</p>	<p>Identify special needs before field trips or activities.</p> <p>Package meals and snacks appropriately to prevent cross-contamination.</p> <p>Encourage children to wash hands before and after handling or consuming food.</p>	<p>Encourage children to wash hands before and after handling or consuming food.</p>

	<p>Support parents of children with food allergies who wish to provide safe snack items for their child in the event of unexpected circumstances.</p> <p>Encourage children to wash hands before and after handling or consuming food.</p> <p>Include information about children with special needs, including those with known food allergies, in instructions to substitute teachers.</p> <p>Clean all surfaces after food is used in the classroom.</p>	<p>requirements.</p> <p>Designate an allergen safe preparation area.</p> <p>If needed, will work to accommodate food labels, recipes, and ingredients when requested.</p> <p>Keep current contact information for vendors and suppliers so you can get food ingredient information.</p> <p>Be aware of food labels for potential food allergens.</p> <p>Wash all tables with soap and water.</p> <p>Encourage children, school staff, and volunteers to wash hands before and after handling or consuming food.</p>			
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## VI. Responsibilities for Implementation of a School-based Food Allergy Management and Prevention Plan



### **Important Notice:**

Area responsibilities include shared as well as individual responsibilities. Locate your role to read responsibilities important for you.

### **A. PARENT/GUARDIAN**

1. Participate with the school's coordinated approach to managing food allergies.
  - a. Provide feedback, if needed, on the guidelines.
  - b. Ensure the daily management of food allergies for individual students. Notify the school nurse or the principal or his/her designee if the school nurse is unavailable of your child's allergies prior to the opening of school each year, during the enrollment process or as soon as possible after a diagnosis has been made.
  - c. Provide the school nurse with a Food Allergy Action Plan from your licensed health care provider with a list of food allergens, symptoms that may occur, medication orders, and emergency contact information before your child enters school.
  - d. Deliver/provide approved medications in proper containers to the school nurse on the first day your child enters school and maintain a non-expired supply in the School Clinic for the duration of the school year.
2. Educate family members about food allergies.
3. Educate your child in the self-management of his/her allergy as age appropriate, including:
  - a. Safe and unsafe foods;
  - b. Strategies for avoiding exposure to unsafe foods;
  - c. Symptoms of an allergic reaction;
  - d. How and when to tell an adult they are having an allergy-related problem, and
  - e. How to read food labels.
4. Create and maintain a healthy and safe school environment.
  - a. Consider purchasing a medical alert bracelet/necklace and encourage your child to wear it at all times.
  - b. Provide the school with safe snacks for your child and have this noted in the IHCP. Provide a nonperishable lunch to keep in school in case your child forgets lunch one day.



- c. Investigate field trip destinations for potential issues (exhibits, activities) that may pose a risk, and inform your child’s teacher if you have any concerns.
- d. Provide the school administration and nurse with updated emergency contact information including when any mobile/cell phone numbers are changed.



The most important thing you can do to prevent anaphylaxis from food allergies at school is training: Know how to recognize anaphylaxis and how to use auto-injection epinephrine.

## Myth vs. Fact

<b>Food Allergy Myth</b>	<b>Food Allergy Fact</b>
<p style="text-align: center;"><b>“Nut-Free schools are safest.”</b></p> <p style="text-align: center;"><a href="http://www.allergyhome.org" style="color: #4F81BD; text-decoration: underline;">www.allergyhome.org</a></p>	<p style="text-align: center;"><b>Comprehensive policies that include prevention and preparedness strategies that apply to all allergens are critical and cannot be replaced by attempts at specific allergen restriction.</b></p>

## B. SCHOOL ADMINISTRATORS

The school administrator can be a principal, assistant principal, dean and academic principal.

1. Lead the school's coordinated approach to managing food allergies.
  - a. Coordinate planning and implementation of a comprehensive Food Allergy Management and Prevention Plan (FAMPP) for your school with the school nurses.
  - b. Make sure staff understand the school's responsibilities under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act (IDEA), and the Richard B. Russell National School Lunch Act to students who are or may be eligible for services under those laws. Make sure they understand the need to comply with the Family Educational Rights and Privacy Act of 1974 (FERPA) and any other federal and state laws that protect the privacy of student information.
  - c. Communicate school division policies and the school's practices for managing food allergies to school staff, substitute teachers, classroom volunteers, and families.
  - d. Make sure staff implements school division policies for managing food allergies.
  - e. Help staff implement the school's FAMPP.
  - f. On a regular basis, review and evaluate your school's FAMPP and revise as needed.



Keep in mind the school administrator needs to take the lead to ensure proper care is given to students with food allergies in their schools.

2. Ensure the daily management of food allergies for individual students.
  - a. Make sure that mechanisms—such as health forms, registration forms, and parent interviews— are in place to identify students with food allergies.
  - b. Assist the school nurse as they work with the parents of children with food allergies and their doctor to develop a written Emergency Care Plan (ECP) (sometimes called a Food Allergy Action Plan). This plan is needed to manage and monitor students with food allergies on a daily basis, whether they are at school or at school-sponsored events. If a student has been determined to be eligible for services under Section 504 or, if appropriate, IDEA, make sure that all provisions of these federal laws are met.

- c. Share information about students with food allergies with all staff members who need to know, provided the exchange of information occurs in accordance with FERPA and any other federal and state laws that protect the confidentiality or privacy of student information. Make sure these staff members are aware of what actions are needed to manage each student's food allergy on a daily basis.



**Remember:** The School Nurse is your expert in the school on food allergies and is always ready to help.

- 3. Prepare for and respond to food allergy emergencies.
  - a. Make sure that responding to life-threatening food allergy reactions is part of the school's "all-hazards" approach to emergency planning.
  - b. Make sure that parents of students with food allergies provide epinephrine auto-injectors to use in food allergy emergencies, if their use is called for in a student's ECP.
  - c. Set up communication systems that are easy to use for staff that needs to respond to food allergy reactions and emergencies.
  - d. Make sure that staff that are designated and trained to administer epinephrine auto-injectors can get to them quickly and easily.
  - e. Prepare for food allergy reactions in students without a prior history of food allergies or anaphylaxis.
  - f. Make sure that staff plan for the needs of students with food allergies during class field trips and during other extracurricular activities.
  - g. Contact parents immediately after any suspected allergic reaction and after a child with a food allergy ingests or has contact with a food that may contain an allergen, even if an allergic reaction does not occur. If the child may need treatment, recommend that the parents notify the child's primary health care provider or allergist.
  - h. Document all responses to food allergy emergencies. Review data and information (e.g., when and where medication was used) from incident reports of food allergy emergencies and assess the effect on affected students. Provide input to modify your school division's emergency response policies and practices as needed.
- 4. Support professional development on food allergies for staff.
  - a. Make sure staff receives professional development and training on food allergies annually.
  - b. Coordinate training with the school nurses. Invite parents of students with food allergies to help develop the content for this training, if needed.
- 5. Educate students and family members about food allergies.

- a. Encourage the presentation of information about food allergies to raise awareness among students.
  - b. Communicate the school's responsibilities, expectations, and practices for managing food allergies to all parents through newsletters, announcements, and other methods.
6. Create and maintain a healthy and safe school environment.
- a. Increase awareness of food allergies throughout the school environment.
  - b. Emphasize and support practices that protect and promote the health of students with food allergies across the school environment, during before- and after-school activities, and during transportation of students.
  - c. Make sure that students with food allergies have an equal opportunity to participate in all school activities and events.
  - d. Reinforce the school's rules that prohibit discrimination and bullying as they relate to students with food allergies.

## Myth vs. Fact

### Food Allergy Myth

**“Food allergies to foods other than nuts are mild.”**



### Food Allergy Fact

**Practically any food can cause a reaction. Life threatening reactions can occur with milk, eggs, wheat, and others.**

[www.allergyhome.org](http://www.allergyhome.org)

## C. HEALTH SERVICES COORDINATOR

1. Participate in the school's coordinated approach to managing food allergies.
  - a. Help develop a school division's comprehensive approach to managing life-threatening food allergies that will support the FAMPP used in each school.
  - b. Provide leadership and obtain the resources needed to implement the division's comprehensive approach to managing food allergies.
  - c. Promote, disseminate, and communicate the food allergy policies and practices to all school staff, families, the school community, and the local medical community.
  - d. Know and educate others about federal and state laws, including regulations and policies relevant to the obligations of schools to students with food allergies and make sure policies and practices follow these laws.
  - e. Make sure the plans are review by the School Health Advisory Board.
  - f. Create other plans as needed.
  - g. Provide direct assistance to help schools develop procedures and plans for monitoring students with food allergies, including, if appropriate, through Section 504 plans, or IEPs.
  - h. Coordinate with other division staff, including the food service director, curriculum coordinator, and Chief of Student Services, Alternative Programs, and Equity director.
  - i. Make sure that food allergy policies and practices address competitive foods (foods and beverages sold outside of the federal reimbursable school meals program), such as those available in vending machines, in school stores, during class parties, at athletic events, and during after-school programs.
  - j. On a regular schedule, review and evaluate the school division's food allergy policies and practices and revise as needed.



The Health Services Coordinator will assist the school administrators to develop safe practices within the schools.

2. Ensure the daily management of food allergies for individual students.
  - a. Help the school team responsible for the FAMPP write this plan. If a student is eligible to receive services under Section 504 or, if appropriate, IDEA, make sure all provisions of these federal laws are met.
  - b. Create standard forms, such as health forms, school registration forms, and ECPs, for schools to use to identify students with food allergies and

- develop individual management plans for them. Establish protocols for tasks related to developing management plans, such as how to interview parents, get appropriate documentation from doctors, and coordinate meals with food service staff.
- c. Assist schools implement policies and procedures for managing student medications. These policies should include how epinephrine auto-injectors are stored and accessed, how their use is monitored, and the schedule for regularly inspecting auto-injector expiration dates. They should also include plans for supporting students who are permitted and capable of managing their own food allergies by carrying and using epinephrine auto-injectors.
  - d. Help schools link students with food allergies and their families to community health services and family support services when needed.
3. Prepare for food allergy emergencies.
    - a. Develop protocols for responding to food allergy emergencies that can guide practices at the building level.
    - b. Obtain or write non-patient-specific prescriptions and standing orders for epinephrine auto-injectors that can be used to respond to anaphylaxis emergencies.
    - c. Work directly with local emergency responders to confirm that they carry epinephrine auto-injectors for anaphylaxis emergencies.
    - d. Review school emergency response plans to make sure they include the actions needed to respond to food allergy emergencies.
    - e. Help schools conduct periodic emergency response drills and practice how to handle food allergy emergencies.
    - f. Help schools conduct debriefing meetings after a food allergy reaction or emergency.
    - g. Review data and information (e.g., when and where medication was administered) from incident reports of food allergy reactions and assess the effect of the incident on all students involved. Provide input to modify policies and practices as needed.
    - h. Collect school data to monitor and track food allergy emergencies across the division. Use these data to guide improvements in policies and practices.
  4. Support professional development on food allergies for staff.
    - a. Seek professional development opportunities to learn updated information about managing food allergies.
    - b. Educate division and school staff about food allergies so they are adequately trained, competent, and confident to perform assigned responsibilities to help students with food allergies and respond to an emergency.
    - c. Coordinate division training for school nurses and others who might lead school teams responsible for implementing FAMPPs to make sure they have the information they need to develop effective plans.

- d. Know and educate others about federal and state laws and policies relevant to the obligations of schools to students with food allergies and make sure division policies and practices follow these laws and policies.
  - e. Help school building leaders plan and provide food allergy training for staff, parents, and students.
  - f. Help train designated staff members on how to store, access, and administer epinephrine auto- injectors.
5. Educate students and family members about food allergies.
- a. Work collaboratively with the curriculum coordinator or health education coordinator at the division level to identify appropriate food allergy content for the division’s health education curriculum.
  - b. Help school administrators communicate the division’s policies and practices for managing food allergies to parents through newsletters, announcements, and other methods.
6. Create and maintain a healthy and safe school environment.
- a. Work collaboratively with division staff to enforce policies that promote healthy physical environments.
  - b. Work collaboratively with student support services staff at the division level to enforce policies that prohibit discrimination and bullying against all students, including those with food allergies.

## Myth vs. Fact

<b>Food Allergy Myth</b>	<b>Food Allergy Fact</b>
<p><b>“You will experience a severe allergic reaction if the food that you are allergic to touches your skin.”</b></p> <p><a href="http://www.allergyhome.org" style="color: blue; text-decoration: underline;">www.allergyhome.org</a></p>	<p><b>Healthy skin is a good barrier. Although local skin reactions do occur, isolated contact with intact skin is very unlikely to cause an anaphylactic reaction. More severe reactions can occur if the allergen then gets in the mouth, eyes or nose.</b></p>

## D. SCHOOL NUTRITION SERVICES DIRECTOR

1. Participate in the school system's coordinated approach to managing food allergies.
  - a. Help develop a school division's comprehensive approach to managing food allergies that will support the FAMPP used in each school.
  - b. Make sure that food allergy policies and practices address competitive foods, such as those available in vending machines, in school stores, fundraisers, during class parties, at athletic events, and during after-school programs.
  - c. Access and use resources and guidance from local health departments and the state agency that administers child nutrition programs.
  - d. Know and educate others about federal and state laws, including regulations, and policies on food allergies and the need to follow these laws and policies, including those regulations that pertain to the U.S. Department of Agriculture's (USDA's) Child Nutrition Program.
  - e. Provide consultative services for school-level procedures and plans for monitoring students with food allergies, including plans for accommodating the special nutritional needs of individual students when necessary.
  - f. On a regular schedule, review and evaluate the school division's food allergy policies and practices and revise as needed.



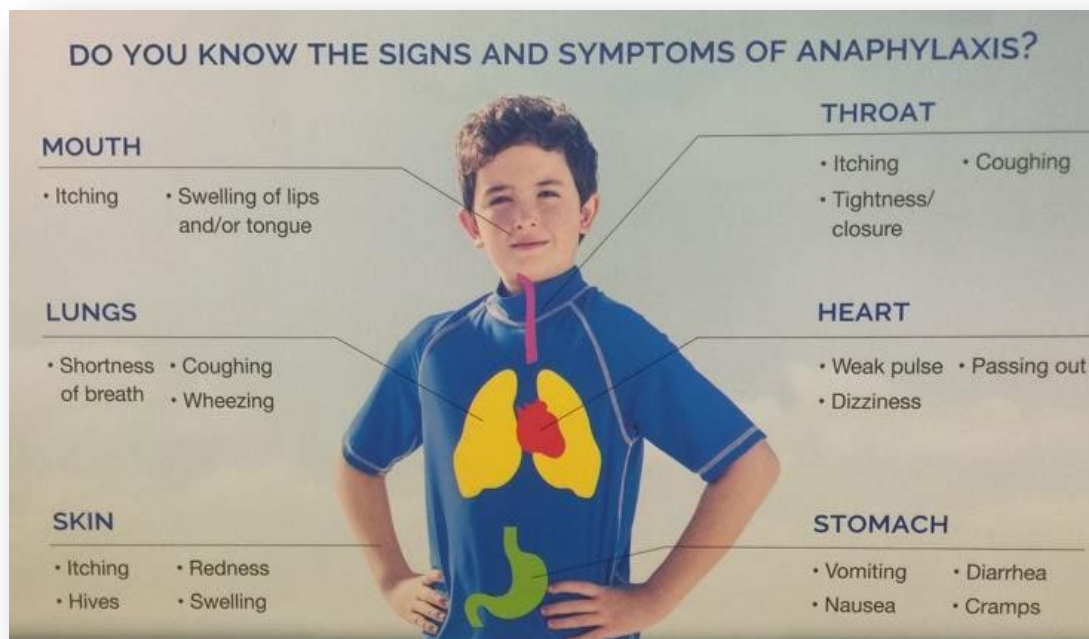
Further information specific to School Nutrition Professionals can be found at:

<https://www.cdc.gov/healthyschools/foodallergies/toolkit.htm>

2. Prepare for food allergy emergencies.
  - a. Help develop protocols for responding to food allergy emergencies that can guide practices in division schools.
  - b. Help the Health Services Coordinator communicate the appropriate ways to avoid exposure to food allergens and respond to food allergy emergencies to all staff members who are involved in managing a student's food allergy in the cafeteria.
  - c. Review data and information (e.g., when and where medication was administered) from incident reports on any food allergy reactions and assess the effect of the incident on affected students. Provide input to modify policies and practices as needed.
  - d. Support professional development on food allergies for staff.
  - e. Provide training opportunities for school food service staff to help them understand how to follow policies and procedures for preparing and serving safe meals and snacks for students with food allergies.



- f. Ensure that school food service staff participates in division training on food allergies.
3. Educate students and family members about food options.
  - a. Share information about options for food substitutions with the parents of students with food allergies. Schools are encouraged to make substitutions with foods that have already been bought, when possible.
  - b. Help school administrators communicate the policies and procedures used in food service programs to prevent food allergy reactions to parents through newsletters, announcements, and other methods.
4. Create and maintain a healthy and safe school environment.
  - a. Work collaboratively with division staff to help enforce policies that promote healthy physical environments.
  - b. Work collaboratively with school nurses, school administrators, school food service staff, and others to help enforce policies that prohibit discrimination and bullying against students with food allergies.
  - c. Provide guidance to school food service staff that helps them to meet the dietary needs of students with food allergies and protect their health during school meals, while guarding against practices that could result in alienation of or discrimination against these students.



Retrieved from <https://www.towerallergy.com/conditions/anaphylaxis/>

## **E. SCHOOL NURSE**

1. Participate in the school's coordinated approach to managing food allergies.
  - a. Take the lead in planning and implementing the school's FAMPP or help the school administrator with this task.
  - b. Support partnerships among school staff and the parents and doctors (e.g., pediatricians or allergists) of students with food allergies.
  - c. Consult the Virginia Nurse Practice Act and guidelines to guide the roles and responsibilities of school nurses.
2. Supervise the daily management of food allergies for individual students.
  - a. Make sure that students with food allergies are identified. Share information with other staff members as needed, provided the exchange of information occurs in accordance with FERPA and any other federal and state laws that protect the confidentiality or privacy of student information.
  - b. Obtain or develop an ECP for each student with a food allergy or food allergy disability. Get the medical information needed to care for children with food allergies when they are at school, such as medical records and emergency information. Communicate with parents and health care providers (with parental consent) about known food allergies, signs of allergic reactions, relevant use of medications, complicating conditions, and other relevant health information.
  - c. Use a team approach to develop an Individualized Healthcare Plan (IHP) for each student with a food allergy, and, if required by Federal law, a Section 504 plan, or an Individualized Education Program (IEP), if appropriate.
  - d. Monitor each student's ECP or other relevant plan on a regular basis and modify plans when needed.
  - e. Refer parents of children who do not have access to health care to services in the community.
  - f. For students who have permission to carry and use their own epinephrine auto-injectors regularly assess their ability to perform these tasks.
3. Prepare for and respond to food allergy emergencies.
  - a. Develop instructions for responding to an emergency if a school nurse is not immediately available. Add these instructions to the school's FAMPP.
  - b. File ECPs in a place where staff can get to them easily in an emergency. Distribute ECPs to staff on a need-to-know basis.
  - c. Make sure that the administration of an epinephrine auto-injector follows school policies and state mandate. Make sure that medications are kept in a secure place that staff can get to quickly and easily. Keep back-up epinephrine auto-injectors for students who carry their own. Regularly inspect the expiration date on all stored epinephrine auto-injectors.
  - d. Train and supervise designated staff members how to administer an epinephrine auto-injector and recognize the signs and symptoms of food allergy reactions and anaphylaxis.
  - e. Work with the Student Health Services Coordinator to get extra epinephrine auto-injectors or non-patient-specific prescriptions or standing

- orders for auto-injectors to keep at school for use by staff designated and trained to administer epinephrine in an anaphylaxis emergency.
- f. Assess whether students can reliably carry and use their own epinephrine auto-injectors and encourage self-directed care when appropriate.
  - g. Make sure that school emergency plans include procedures for responding to any student who experiences signs of anaphylaxis, whether the student has been identified as having a food allergy or not.
  - h. Make sure that staff plan for the needs of students with food allergies during class field trips and during other extracurricular activities.
  - i. Contact parents immediately after any suspected allergic reaction and after a child with a food allergy ingests or has contact with a food that may contain an allergen, even if an allergic reaction does not occur. If the child may need treatment, recommend that the parents notify the child's primary health care provider or allergist.
  - j. After each food allergy emergency, review how it was handled with the school administrator, staff members involved in the response, emergency medical services (EMS) responders, parents and the student to identify ways to prevent future emergencies and improve emergency response.
  - k. Help students with food allergies transition back to school after an emergency.
  - l. Talk with students who may have witnessed a life-threatening allergic reaction in a way that does not violate the privacy rights of the student with the food allergy.
4. Provide professional development on food allergies for staff.
    - a. Stay up-to-date on best practices for managing food allergies.
    - b. Educate teachers and other school staff about food allergies and the needs of specific students with food allergies in a manner consistent with FERPA, USDA, and any other federal and state laws that protect the privacy or confidentiality of student information.
  5. Advise staff to refer students to the school nurse when food allergy symptoms or side effects interfere with school activities so that medical and educational services can be properly coordinated.
  6. Provide food allergy education to students and parents.
    - a. Teach students with food allergies about food allergies and help them develop self-management skills.
    - b. Make sure that students who are able to manage their own food allergies know how to recognize the signs and symptoms of their own allergic reactions, are capable of using an epinephrine auto-injector, and know how to notify an adult who can respond to a food allergy reaction.
    - c. Help the school administrator communicate the school's policies and practices for preventing food allergy reactions to parents through newsletters, announcements, and other methods.
  7. Create and maintain a healthy and safe school environment.
    - a. Work with other school staff and parents to create a safe environment for students with food allergies. On a regular basis, assess the school environment, including the cafeteria and classrooms, to identify allergens

in the environment that could lead to allergic reactions. Work with appropriate staff to develop strategies to help children avoid identified allergens.

- b. Make sure that food allergy policies and practices address competitive foods, such as those available in vending machines, in school stores, fundraisers, during class parties, at athletic events, and during after-school programs.
- c. Work with school counselors and other school staff to provide emotional support to students with food allergies.
- d. Promote an environment that encourages students with food allergies to tell a staff member if they are bullied because of their allergy.

## Myth vs. Fact

Food Allergy Myth	Food Allergy Fact
<b>“The smell of peanut butter will cause an allergic reaction in someone with a peanut allergy.”</b>	<b>Smell of peanut butter is caused by pyrazines, which are not proteins. In most cases, it is the proteins that trigger allergic reactions.</b>
<a href="http://www.allergyhome.org">www.allergyhome.org</a>	

## **F. SCHOOL CLINIC PERSONNEL INCLUDING CLINIC ASSISTANTS AND HEALTH CLERKS**

1. Help with the daily management of food allergies for individual students.
  - a. Help the school nurse identify students with food allergies. Review the medical records and emergency information of all students.
  - b. Talk with the school nurse about any allergic reactions and changes in a student's health status.
2. Prepare for and respond to food allergy emergencies.
  - a. Get a copy of the ECP for every student with food allergies. Make sure the plan includes information about signs and symptoms of an allergic reaction, how to respond, and whether medications should be given.
  - b. File ECPs in a place where staff can get to them easily in an emergency.
  - c. Be ready to respond to a food allergy emergency if the school nurse is not immediately available.
  - d. Complete training on how to administer epinephrine, regularly review instructions, and practice this task. Make sure that medications are kept in a secure place that you or other designated staff members can get to quickly and easily.
  - e. After each food allergy emergency, participate in a review of how it was handled with the school administrator, school nurse, parents, and staff members involved in the response, EMS responders, and the student to identify ways to prevent future emergencies and improve emergency response.
3. Participate in professional development on food allergies.
  - a. Complete training to help you recognize and understand the following:
    - i. Signs and symptoms of allergic reactions and how they are communicated by students.
    - ii. How to read food labels and identify allergens.
    - iii. How to use an epinephrine auto-injector
    - iv. How to deal with emergencies in the school in ways that are consistent with a student's ECP.
    - v. Your role in implementing a student's ECP.
    - vi. When and how to call EMS and parents.
    - vii. How FERPA, USDA, and other federal and state laws that protect the privacy and confidentiality of student information apply to students with food allergies and food allergy disabilities.
    - viii. General strategies for reducing or preventing exposure to food allergens in the classroom.
    - ix. Policies on bullying and discrimination against all students, including those with food allergies.
4. Provide food allergy education to students and parents, as directed by school nurse.
5. Create and maintain a healthy and safe school environment.
  - a. Work with other school staff and parents to create a safe environment for students with food allergies.

- b. Promote an environment that encourages support for students with food allergies and promotes positive interactions between students.
- c. Report all cases of bullying against students, including those with food allergies, to the school administrator, school nurse, and/or school counselor.

## Myth vs. Fact

<b>Food Allergy Myth</b>	<b>Food Allergy Fact</b>
<p data-bbox="402 663 857 877"><b>“You need to call an ambulance because Epinephrine is dangerous.”</b></p> <p data-bbox="363 940 857 982"><a href="http://www.allergyhome.org">www.allergyhome.org</a></p>	<p data-bbox="987 663 1419 1094"><b>Calling 911 is important because it was a bad enough reaction to need Epinephrine and more treatment may be necessary.</b></p>

## **G. CLASSROOM TEACHERS**

This category includes classroom teachers, as well as physical education teachers, instructional specialists such as music or art teachers, paraprofessionals, student teachers, substitute teachers, and classroom aides.

1. Participate in the school's coordinated approach to managing food allergies.
  - a. Ask the school nurse or school administrator for information on current policies and practices for managing students with food allergies, including how to manage medications and respond to a food allergy reaction.
  - b. Help plan and implement the school's FAMPP.
2. Help with the daily management of food allergies for individual students.
  - a. Understand the essential actions that you need to take to help manage food allergies when students with food allergies are under your supervision, including when meals or snacks are served in the classroom, on field trips, or during extracurricular activities. Seek guidance and help from the school administrator or school nurse.
  - b. Be available and willing to help students who manage their own food allergies.
  - c. Work with parents and the school nurse and other appropriate school personnel to determine if any classroom modifications are needed to make sure that students with food allergies can participate fully in class activities.
  - d. With parental consent, share information and responsibilities with substitute teachers and other adults who regularly help in the classroom (e.g., paraprofessionals, volunteers, instructional specialists). (Depending on a school division's
  - e. Refer students with undiagnosed but suspected food allergies to the school nurse for follow-up.
  - f. If you suspect a severe food allergy reaction or anaphylaxis, take immediate action, consistent with your school's FAMPP or "all-hazards" emergency response protocol.
3. Prepare for and respond to food allergy emergencies.
  - a. Read and regularly review each student's ECP. Never hesitate to activate the plan in an emergency. If you are designated and trained according to state laws, including regulations, be ready to use an epinephrine auto-injector.
  - b. Keep copies of ECPs for your students in a secure place that you can get to easily in an emergency. With parental consent, share information from the ECP with substitute teachers and other adults who regularly help in the classroom to help them know how to respond to a food allergy emergency. (Depending on a school division's FERPA notice as to which individuals would constitute school officials with legitimate educational interests, FERPA may not require parental consent in these circumstances. FERPA also includes an emergency exception to the prior

- consent requirement if there is an articulable and significant threat to the health or safety of the student or others.)
- c. Support and help students who have permission to carry and use their own epinephrine in cases of an allergic reaction.
  - d. Immediately contact the school nurse and/or the school administrator for any suspected allergic reaction.
  - e. After each food allergy emergency, review how it was handled with the school administrator, school nurse, parents, other staff members involved in the response, EMS responders, and the student to identify ways to prevent future emergencies and improve emergency response.
  - f. Help students with food allergies transition back to school after an emergency.
  - g. Promote/access support for any student who may have witnessed an anaphylactic reaction.



For additional information for teachers see:  
[https://www.cdc.gov/healthyschools/foodallergies/pdf/teachers\\_508\\_tagged.pdf](https://www.cdc.gov/healthyschools/foodallergies/pdf/teachers_508_tagged.pdf)  
<https://www.foodallergy.org/cdc/toolkit>

4. Participate in professional development on food allergies.
  - a. Complete training to help you recognize and understand the following:
    - i. Signs and symptoms of food allergies and how they are manifested in and communicated by students.
  - b. How to read food labels and identify allergens.
  - c. How to use an epinephrine auto-injector (if designated and trained to do so).
  - d. How to respond to food allergy emergencies in ways that are consistent with a student's ECP, if appropriate, a Section 504 Plan, or IEP, if appropriate.
  - e. When and how to call EMS and parents.
  - f. Your role in implementing a student's ECP. ° FERPA, USDA, and other federal and state laws that protect the privacy or confidentiality of student information, and other legal rights of students with food allergies.
  - g. General strategies for reducing or preventing exposure to food allergens in the classroom, such as cleaning surfaces, using nonfood items for celebrations, getting rid of nonfood materials that contain food allergens (e.g., clay, paste), and preventing cross contact of allergens when meals or snacks are served in the classroom.
  - h. Policies that prohibit discrimination and bullying against all students, including those with food allergies.
5. Provide food allergy education to students and parents.



- a. Work with the Curriculum Design and Instructional Specialist for Health, PE, and Family Life Education (FLE) to plan lessons and activities to teach students how they can prevent allergic reactions.
  - b. Work with the school nurse to educate parents about the presence and needs of students with food allergies in the classroom. Raise awareness and educate the parents of children without food allergies about “food rules” for the classroom. Ask parents to help you keep certain foods out of the classroom during meals, celebrations, and other activities that might include food.
  - c. Ask the school nurse, school counselor and/or school psychologist for help or resources to teach students about policies that prohibit discrimination and bullying against all students, including those with food allergies.
  - d. Communicate policies on bullying and discrimination to all parents.
  - e. Create and maintain a healthy and safe school environment.
6. Promote a safe physical environment through the following actions:
- a. Create classroom rules and practices for dealing with food allergies. Tell parents about these rules and practices at the beginning of the school year.
  - b. Create ways for students with food allergies to participate in all class activities.
  - c. Avoid using known allergens in classroom activities, such as arts and crafts, counting, science projects, parties, holidays and celebrations, or cooking.
  - d. Enforce hand washing before and after eating, particularly for younger students.
  - e. Use nonfood items for rewards or incentives.
  - f. Encourage the use of allergen-safe foods or nonfood items for birthday parties or other celebrations in the classroom. Support parents of students with food allergies who wish to send allergen-safe snacks for their children.
  - g. Discourage trading or sharing of food with a student with a food allergy in the classroom, particularly for younger students.
  - h. Enforce food allergy prevention practices while supervising students in the cafeteria.
  - i. Manage food allergies on field trips through the following actions:
    - i. Invite the parents of students with food allergies to chaperone or go with their child on the field trip. Many parents may want to go, but they cannot be required to go.
    - ii. Work with school food service staff to plan meals and snacks.
    - iii. Make sure you include someone who is designated and trained to administer epinephrine, that you have quick access to an epinephrine auto-injector, and that you know where the nearest medical facilities are located. If a food allergy emergency occurs, activate the student’s ECP and notify the parents.

- iv. Make sure there are appropriate emergency protocols and mechanisms in place to respond to a food allergy emergency when away from the school.
- v. Make sure that communication devices are working so you can respond quickly during an emergency.
- j. Promote a positive school climate through the following actions:
  - i. Be a role model by respecting the needs of students with food allergies.
  - ii. Help students make decisions about and manage their own food allergies.
  - iii. Encourage supportive and positive interactions between students.
  - iv. Reinforce the school's rules against discrimination and bullying.
  - v. Report all acts of bullying or harassment of a student with a food allergy. Follow the reporting process.
  - vi. Refer to SST as needed for changes in performance or behavior.

## Myth vs. Fact

<b>Food Allergy Myth</b>	<b>Food Allergy Fact</b>
<p><b>“The cafeteria is the riskiest place in the school.”</b></p> <p><a href="http://www.allergyhome.org" style="color: blue; text-decoration: underline;">www.allergyhome.org</a></p>	<p><b>The classroom is the most common place for symptoms of allergic reactions to begin.</b></p>

## H. FACILITIES, MAINTENANCE, AND CUSTODIAL STAFF

1. Participate in the school's coordinated approach to managing food allergies.
  - a. Help plan and implement the school's FAMPP.
2. Help with the daily management of food allergies for individual students.
  - a. Be aware of students with food allergies and know how to respond to an allergic reaction if it occurs while the student is at school.
  - b. Help create a safe and healthy environment to prevent allergic reactions.
3. Prepare for and respond to food allergy emergencies.
  - a. Activate your school's emergency response practices if a student displays signs or symptoms of an allergic reaction.
  - b. Know and understand your school's communication protocols for an emergency.
  - c. Make sure communication devices are working.
  - d. After each food allergy emergency, participate in a review of how it was handled with the school administrator, school nurse, parents, and staff members involved in the response, EMS responders, and the student to identify ways to prevent future allergic reactions and improve emergency response.
4. Participate in professional development on food allergies.
  - a. Complete training to help you recognize and understand the following:
    1. Signs and symptoms of food allergies and how they are communicated by students.
    2. How to respond to emergencies at the school.
    3. Your role in supporting a child's ECP.
    4. Policies that prohibit discrimination and bullying against all students, including those with food allergies.
    5. Policies and standards for washing hands and cleaning surfaces to reduce food allergens on surfaces.
5. Create and maintain a healthy and safe environment.
  - a. Promote a safe and healthy physical environment through the following actions:
    - i. Enforce division food policies.
    - ii. Clean floors, surfaces, and food-handling areas with approved soap and water or all-purpose cleaning products.
  - b. Promote a positive school climate through the following actions:
  - c. Encourage supportive and positive interactions between students.
  - d. Reinforce the school's rules against discrimination and bullying.
  - e. Report all cases of bullying or harassment of students, including those with food allergies, to the school administrator.

## **I. BUS DRIVERS AND SCHOOL TRANSPORTATION STAFF**

1. Participate in the school's coordinated approach to managing food allergies.
  - a. Review information on current policies and practices for managing students with food allergies, including how to manage medications and respond to a food allergy reaction.
  - b. Support school's FAMPPs.
2. Help with the daily management of food allergies for individual students.
  - a. Be aware of students with food allergies and know how to respond to an allergic reaction if it occurs while the student is being transported to or from school.
  - b. Enforce division food policies for all students riding a school bus.
3. Prepare for and respond to food allergy emergencies.
  - a. Read and regularly review the ECP for any student riding to and from school on a bus. Never hesitate to activate the plan in an emergency. If you are the person designated and trained according to state laws, including regulations, be ready to use an epinephrine auto-injector if needed.
  - b. Know procedures for communicating an emergency during the transporting of children to and from school. Make sure that other adults on the bus are aware of emergency communication protocol.
  - c. Make sure communication devices are working so you can reach school officials, EMS, and others during a food allergy emergency.
  - d. Call 911 or EMS to ask for emergency transportation of any student exhibiting signs of anaphylaxis. Notify the school administrator of your actions and the need for someone to contact the student's parents.
  - e. After any food allergy emergency that occurs while a student is being transported to or from school, participate in a review of how it was handled with the school administrator, school nurse, parents, staff members involved in the response, EMS responders, and the student to identify ways to prevent future allergic reactions and improve emergency response.
4. Participate in professional development on food allergies.
  - a. Complete training to help you recognize and understand the following:
    - i. Signs and symptoms of food allergies and how they are communicated by students.
    - ii. How to respond to a food allergy emergency while transporting children to and from school. How to use an epinephrine auto-injector (if designated and trained to do so).
    - iii. How to deal with emergencies in a way that is consistent with a student's ECP or transportation emergency protocol.
    - iv. Your role in implementing a child's ECP.
    - v. FERPA, USDA, and other federal and state laws that protect the privacy or confidentiality of student information and other legal rights of students with food allergies.

- b. Policies that prohibit discrimination and bullying against all students, including those with food allergies.
- 5. Create a healthy and safe environment.
  - a. Enforce division food policies for all students riding a school bus.
  - b. Encourage supportive and positive interactions between students.
  - c. Reinforce the school's rules against discrimination and bullying.
  - d. Report all cases of bullying or harassment of students, including those with food allergies, to the school administrator.

## Myth vs. Fact

### Food Allergy Myth

**“All anaphylactic reactions have skin symptoms.”**

[www.allergyhome.org](http://www.allergyhome.org)

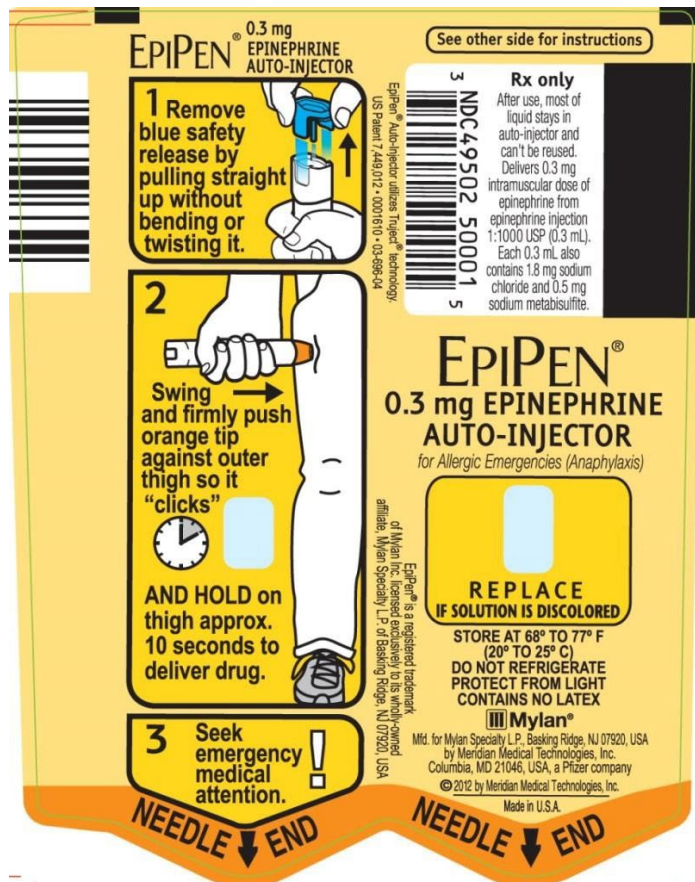
### Food Allergy Fact

**10 to 20% of anaphylactic reactions have NO skin symptoms.**



## J. STUDENT RESPONSIBILITIES

1. Create and maintain a healthy and safe school environment.
  - a. Do not trade or share food with others.
  - b. Practice good hygiene habits and wash hands before and after eating.
  - c. Do not eat anything with unknown ingredients or known to contain any allergen.
2. Prepare for and respond to food allergy emergencies.
  - a. Be proficient in the self-management of food allergies including: avoidance of unsafe foods, recognize symptoms of allergic reactions, and knowledge of proper use of medications to treat an allergic reaction. The student should assume more responsibility for their food allergies as they grow older and is more developmentally ready.
  - b. Be knowledgeable of your FAAP.
3. Promptly notify an adult immediately if they eat something they believe may contain the food to which they are allergic, and/or if they believe they are having any symptoms of an allergic reaction.
4. Self-carry and self-administer epinephrine by auto-injector, if appropriate.



### When storing EpiPen®, follow these recommendations:

- Always store EpiPen® in the carrier tube with the safety release on until you need to use it.
- Keep EpiPen® at room temperature. Do not refrigerate.
- EpiPen® can be exposed to temperatures between 15° to 30°C.
- Do not keep EpiPen® in a vehicle during extremely hot or cold weather.
- Protect EpiPen® from light.
- Regularly check the viewing window on your EpiPen® Auto-Injector and replace it if the solution is brown, discolored, or cloudy.

## APPENDIX A

### Suggestions for Food Allergy Management and Prevention Plan

Below are some suggestions for considering a Food Allergy Management and Prevention Plan. Remember to document all training, including who was trained, material covered, and date. Hold review classes on a regular basis.

#### **If an apparent allergic reaction occurs:**

- Where should the student go – to the main office? The Health Center (clinic)?
- Who should accompany the child – another student? The teacher? If so, who will stay with the other students?
- What should be done if the student is in the lunch room, classroom, or gym?
- Whose responsibility is it to call the nurse?
- If the nurse is not present, who is next in line for action?
- Where is each student's Individualized Health Care Plan filed?
- Where are medications kept?
- Who will train substitute teachers or cafeteria aides?

#### **Field trips:**

- How will field trips be handled?
- Who will be responsible for carrying and administering the medication?
- What steps can be taken to minimize risks?

#### **After-School Activities:**

- Who is in charge if a reaction occurs after school?
- Where will medication be kept?
- Who should the after school staff member (e.g., coach) report a reaction to?
- What steps should be taken during a reaction?

#### **If epinephrine is administered:**

- ***Any allergic reaction treated with epinephrine requires immediate follow-up in and emergency care facility, even if symptoms appear to have gone away.***
- Who will call an ambulance to transport the student to the hospital?
- Who will call the parents and/or doctor (after calling the ambulance)?
- Who is responsible for calling the emergency medical system?
- Will the person call from the nurse's office, the main office, cafeteria, or elsewhere?
- Where will the student be expected to wait after the call is made?
- What trained staff person is assigned to stay with the student at all-time once medication has been administered?

Source: [www.foodallergy.org](http://www.foodallergy.org)

Food Allergy Research & Education, Inc.  
7925 Jones Branch Dr., Suite 1100, McLean, VA 22102  
Phone: (800) 929-4040 | Fax: (703) 691-2713

## Appendix B

### Food Allergy and Anaphylaxis Emergency Care Plan

Current recommended Food Allergy Action Plans can be found at:

[https://acps.blackboard.com/bbcswebdav/pid-1338327-dt-content-rid-5325245\\_4/institution/Student%20Services/School%20Nurse%20Content/emergency-care-plan.pdf](https://acps.blackboard.com/bbcswebdav/pid-1338327-dt-content-rid-5325245_4/institution/Student%20Services/School%20Nurse%20Content/emergency-care-plan.pdf)

Or

<http://www.foodallergy.org/file/emergency-care-plan.pdf>



The **yellow** EpiPen contains a single dose appropriate for people who weigh more than 66 pounds.  
The **green** EpiPen Jr. contains a smaller amount appropriate for children who weigh 33 to 66 pounds.  
The average 9 year old boy (third grade) weighs 66 pounds, therefore use the yellow EpiPen.



Auto-Injector	Epinephrine Concentration	Patient Weight
EpiPen® Auto-Injector	0.3 mg (0.3 mL, 1:1000)	≥30 kg (≥66 pounds)
EpiPen Jr® Auto-Injector	0.15 mg (0.3 mL, 1:2000)	15-30 kg (33-66 pounds)



**Appendix C**  
**Standing Orders**

**AUTO-INJECTOR EPINEPHRINE ADMINISTRATION FOR ANAPHYLAXIS**

**In the event of an anaphylactic reaction in an individual in the school setting, epinephrine will be administered by the school nurse or trained unlicensed school personnel. This Standing Order is for the use of auto-injector epinephrine in such situations.**

*In case of students with a history of anaphylaxis or other severe allergic reactions, epinephrine should be administered according to specific individualized prescriptive orders documented in their individualized health care plans. If no such orders exist or are not readily available, the Standing Orders given in this document should be used.*

**DEFINITION: Anaphylaxis** is a severe allergic reaction which can be life threatening and occur within minutes after a triggering event or up to hours later.

**CAUSES:** Extreme sensitivity to one or more of the following:

Medications	Exercised induced	Foods	Latex
Idiopathic (unknown)	Insect sting	Others	Asthma triggers

**PHYSICAL FINDINGS:** Common symptoms associated with anaphylaxis:

- Difficulty breathing, wheezing
- Hives, generalized flushing, itching, or redness of the skin
- Swelling of the throat, lips, tongue, and/or throat; tightness/change of voice; difficulty swallowing
- Tingling sensations, itching, or metallic taste in the mouth
- Feeling of apprehension, agitation

**STANDING ORDER:**

1. Based on symptoms, determine that an anaphylactic reaction appears to be occurring. Act quickly. It is safer to give epinephrine than to delay treatment. **Anaphylaxis is a life-threatening reaction.**
2. **(If you are alone and are able to provide epinephrine,** call out or yell for help as you immediately go get the epinephrine. Do not take extra time seeking others until you have provided the epinephrine.)
3. **(If you are alone and do not know how to provide epinephrine,** call out or yell for help. If someone is available to help you, have them get the personnel trained to provide epinephrine and the epinephrine while you dial 911 and follow the dispatcher's instructions. Advise 911 operator that anaphylaxis is suspected and epinephrine is available. Your goal is to get someone (EMS or trained personnel to provide epinephrine and care so soon as possible.)
4. Select appropriate epinephrine auto-injector to administer, based on weight.

Dosage	0.15 mg Epinephrine auto-injector IM, if less than 66 pounds 0.30 mg Epinephrine auto-injector IM, if 66 pounds or greater
Frequency	If symptoms continue, a second dose should be administered 5 – 15 minutes after the first dose

5. Inject epinephrine via auto-injector: Pull off safety release cap. Swing and jab firmly into upper outer thigh (through clothing if necessary). **Hold in place for \*5 or 10 seconds to deliver medication and then remove.** *\*Note: Check manufacturer instructions for time of delivery of medication.* Massage area for 10 more seconds. Note all time.
6. Call or have a bystander call 911 immediately or activate the Emergency Medical System (EMS). Advise 911 operator that anaphylaxis is suspected and epinephrine has been given.
7. Keep the individual either lying down or seated. If they lose consciousness, check if they are breathing and have a pulse. If not, begin CPR until the individual regains a pulse and is breathing or until EMS arrives and takes over.
8. Call the School Nurse/Front Office school personnel and advise of the situation.
9. Repeat the dose after 5-15 minutes, if symptoms persist or return.
10. Stay with the individual until EMS arrives, continuing to follow the directions in 7 above.
11. Provide EMS with Epinephrine auto injector labeled with name, date, and time of administration to transport to the ER with the student.

FOLLOW UP (to be done the same day as the event):

1. Assure parents/guardians have been notified.
2. Complete required documentation of accident.
3. Order replacement epinephrine auto injectors.

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Physician/Licensed Prescriber Signature

Date

---

Printed Name

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Effective School Year

## Appendix D

### Food Allergy References

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