SAFE AT SCHOOL AND READY TO LEARN:

A Comprehensive Policy Guide for Protecting Students with Life-threatening Food Allergies

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Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-threatening Food Allergies

NSBA

NATIONAL SCHOOL BOARDS ASSOCIATION

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Foreword

NSBA is proud to offer this policy guide to assist school board members and their districts across the nation. Children's health increasingly must be addressed by schools. As school boards strive to improve the academic success of students, they cannot lose sight of the health challenges some students face and the need to prevent and effectively respond to health emergencies in school. Learning, safety, and the well-being of students go hand-in-hand.

Among the most serious health challenges schools must be prepared to address are life-threatening chronic conditions, such as asthma, diabetes, and food allergies. While each chronic condition requires specific knowledge, preparation, training, and services for effective management, they share the need for a comprehensive and coordinated approach that is built on a foundation of partnership between schools, families, and healthcare providers. This guide focuses on the management of life-threatening food allergies in schools. However, many of the recommendations are applicable to other chronic health conditions.

The primary role of school boards is to enact written policies that direct and support clear, consistent, and effective practices, with the expectation that practices will evolve and be improved based on new information and experience. In 2010, the National School Boards Association (NSBA) Delegate Assembly voted to encourage local school boards to address food allergies in their policies and crisis response plans. NSBA recommends this guide to school boards as a tool for proactively developing and improving policies and practices that demonstrate their commitment to the success and well-being of all students.

Anne L. Bryant
Executive Director
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Preface

With the increase in life-threatening food allergy prevalence in children, school personnel are increasingly involved in managing this condition in their student populations. More states and districts are addressing this need by developing food allergy management policy or guidelines, supporting staff professional development and training, modifying lunch offerings and the cafeteria environment, and collecting student health information related to food allergy. In January 2011, the President signed the Food Safety and Modernization Act of 2010, which includes direction to the Secretary of Health and Human Services, in partnership with the Secretary of Education, to develop voluntary guidelines for schools on food allergy management within a year, but prohibits preempting state laws. In advance of that legislation, the Division of Adolescent and School Health at the Centers for Disease Control and Prevention (CDC) funded NSBA to develop this policy guidance document in an effort to provide national guidance to school leaders on the essential role of schools in protecting students with severe food allergies. This document reflects current food allergy-related scientific and medical knowledge; relevant laws and regulations; and effective policies and practices for meeting the needs of students with food allergies.

This policy guide addresses the elements that the Food Safety and Modernization Act of 2010 requires be included in the federal voluntary guidelines. It is designed to assist school leaders, especially school boards, in making sure that policies at the district and school level support the safety, well-being, and success of students with life-threatening food allergies. In most communities, it is the local school board that has the responsibility and authority to adopt policies that drive the allocation of resources to accomplish what is wanted, needed, or required for schools. This guide focuses on the rationale for policy; the essential partnership of schools, families, and healthcare providers in supporting individual student needs; the need for planning and training to respond to food allergy-related emergencies; the value of communication and education for all parents, students, and school personnel; and the importance of a coordinated, systemic approach that reflects best practice for chronic life-threatening conditions. It includes a checklist for schools to assess the extent to which this guide's components are included in food allergy policy and implemented in practice, as well as examples of state and local education policies.

This guide is one of a comprehensive package of resources on food allergies in schools supported by the CDC. With other food allergy resources, it is a part of a coordinated effort with CDC and other federal agencies, the National Association of School Nurses (NASN), the Food Allergy & Anaphylaxis Network (FAAN), parents, school administrators, and NSBA members to achieve cohesive guidance for schools. A coordinated effort speaks to the essential partnership of key entities—policymakers, educators, families, and health professionals—in striving to make sure that students with food allergies are safe at school and ready to learn.

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Introduction

It has been estimated that food allergy results in an average of 317,000 ambulatory-care visits per year among children under the age of 18 (Branum & Lukacs, 2009). Moreover, children are at the highest risk for anaphylaxis (Decker et al., 2008). In 2007, three million children were reported to have a food allergy (Bock, Muñoz-Furlong, & Sampson, 2007), and estimates suggest that one in 25 school-aged children have a food allergy (Sicherer, Mahr, & the Section on Allergy and Immunology, 2010). Addressing the needs of students with food allergy takes on greater urgency because children and young adults are at a greater risk of suffering a fatal reaction (Bock, Muñoz-Furlong, & Sampson, 2007). Data from 1997-2007 reveal an 18 percent increase in reported food allergy prevalence nationwide among young people . The presence of food allergy in children is also associated with higher rates of related chronic conditions, including asthma (Branum & Lukacs, 2008).

Since children spend significant time in the school setting, it is inevitable that emergencies arise in this environment. Studies show that approximately 16 to 18 percent of children with food allergies have had a reaction at school, and reactions also occur among others without a previously diagnosed food allergy (Sicherer, Mahr, & the Section on Allergy and Immunology, 2010). Practices that will eliminate or mitigate allergic reactions in school are essential. Schools must take steps to protect the safety of students and recognize and respond to emergencies when they occur, including through the use of effective emergency protocols (Sicherer, Furlong, DeSimone, & Sampson, 2001).

Facts and resources

Food allergy is a potentially serious immune response to eating or otherwise coming into contact with certain foods or food additives. A food allergy occurs when the immune system: 1) identifies a food protein as dangerous and creates antibodies against it; and 2) tries to protect the body against the danger by releasing substances, such as histamine, tryptase, and other mediators, into our blood when that food is eaten.

The reaction to a food allergy can be mild to life-threatening. Some of the symptoms or signs that might occur include: a tingling sensation in the mouth, swelling of the tongue and the throat, difficulty breathing, itchy skin, hives, drop in blood pressure, loss of consciousness, and such complications that can lead to death (Food Allergy & Anaphylaxis Network, [FAAN], n.d.).

Common allergens

Eight types of food are responsible for more than ninety percent of allergic reactions. These foods are: milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat. Non-food items, such as arts and craft materials, may contain trace amounts of these foods. There is no cure for food allergy, and strict avoidance is the only way to prevent a reaction. Other allergic reactions are known to occur from insect venom (e.g., bee stings), medications, and latex. An allergic reaction can occur within minutes or up to hours upon exposure.

To address the complexities of food allergy management in schools, it is imperative that students, parents/caregivers, and district school personnel work cooperatively to create a safe learning environment. All school personnel must be made aware and be well prepared to prevent, when possible, and respond, when necessary, to emergency medical situations in the school environment.

The legal context

A life-threatening food allergy can be considered a disability under federal laws such as Section 504 of the Rehabilitation Act of 1973 (Section 504), the Individuals with Disabilities Education Act (IDEA), the Americans with Disabilities Act (ADA), along with the Americans with Disabilities Act Amendments of 2008 (ADAA). If the governing laws are not followed, parents/caregivers can file a civil rights claim on behalf of the student.

Section 504 prohibits discrimination against qualified persons with disabilities in the programs or activities of any agency receiving federal financial assistance. Students with a life-threatening food allergy are generally considered eligible for protection under Section 504.

Anaphylaxis is a serious and possible life-threatening allergic reaction. It is rapid in onset and can be caused by food, insect stings, medications, or contact with latex. Food allergy is the leading cause of anaphylaxis outside of the hospital setting. Anaphylaxis is characterized by symptoms that affect multiple organ systems, of which changes in the cardiovascular and respiratory systems are among the most severe (e.g., drop in blood pressure, upper airway obstruction reducing ability to breathe). If left untreated, anaphylaxis can lead to death in a matter of minutes. Not all food allergic reactions result in anaphylaxis.

Because all public schools, and many private schools, receive federal financial assistance, Section 504 is the federal law most widely used in the context of students with life-threatening food allergy.

The determination of whether a particular student is eligible under Section 504 is made on a case-by-case basis by a licensed healthcare provider (e.g., primary care provider, allergist). Once determined to be a disability, the appropriate accommodations, substitutions, and services are documented in a 504 Plan by the school's Section 504 Coordinator and the student's food allergy management team at school, for instance. School personnel should be provided training in order to understand the importance of Section 504 and their obligation to ensure compliance with the law.

IDEA requires that a free and appropriate public education be provided for individuals with disabilities that impact a student's ability to learn. Generally, a life-threatening food allergy alone is not considered a condition warranting protection under IDEA. However, some students may have both a life-threatening food allergy along with a condition that impacts learning, such as a hearing/visual impairment. For such students, IDEA coverage generally applies, as opposed to Section 504, and an Individual Education Plan (IEP) is developed for that particular child.

The ADA, along with the ADAA of 2008, generally extends the disability protections afforded by Section 504 to entities that do not receive federal funding, such as some private schools, some parochial or religious schools, and privately run child care facilities.

It is important to note that not all students with food allergy require a 504 Plan (or IEP). Appropriate accommodations might also be documented in an Individual Healthcare Plan (IHP or IHCP).

In instances of anaphylaxis, the first line of treatment is administration of the medication adrenaline (epinephrine) to relieve compromising allergic reactions, including respiratory distress. Epinephrine through use of an epinephrine auto-injectable device might need to be given at school. Calls to 911 should promptly occur in order to notify emergency medical services (EMS) that there is a student suspected of having an anaphylactic reaction.

A diet prescription form, completed by a licensed healthcare provider, needs to be included in the 504 Plan or the IHP to direct school nutrition staff to make appropriate accommodations and substitutions in schools that receive federal funding for National School Breakfast or Lunch Programs.

Elements of a comprehensive policy including procedures for the management of food allergies are outlined below.

COMPREHENSIVE POLICY GUIDANCE FOR THE MANAGEMENT OF LIFE-THREATENING FOOD ALLERGIES IN SCHOOLS

A comprehensive policy for the management of life-threatening food allergies in school and school-associated settings should be developed by school boards in partnership with school personnel (school administrators, 504 coordinators, licensed healthcare providers [e.g., registered nurse, physician], school health advisory council members, teachers, school nutrition staff, bus companies/drivers, after-school program personnel, etc.), students, families, and others particularly affected by, or involved in, the implementation of the policy. A comprehensive policy addresses all of the following essential components:

A. Identification of students with food allergies and provision of school health services
B. Individual written management plans
C. Medication protocols: storage, access, and administration
D. Healthy school environments: comprehensive and coordinated approach
E. Communication and confidentiality
F. Emergency response
G. Professional development and training for school personnel
H. Awareness education for students
I. Awareness education and resources for parents/caregivers
J. Monitoring and evaluation

A. Identification of students with food allergies and provision of school health services

Develop, implement, monitor, and periodically update a school health services plan that identifies students with food allergies in accordance with state and federal privacy/confidentiality laws.

- Systematically collect food allergy information on, and periodically monitor, students with life-threatening food allergies (strategies to obtain this information include outreach through school newsletters, K-12 registration, new or revised student health history forms, communication with local nursery schools and preschools, etc.).
- Establish and coordinate a process to acquire information from each identified student's licensed healthcare providers and parents.

- Document parental consent that authorizes specified school personnel to administer medication(s) in response to an allergic reaction, as detailed in a student's written individual management plan.
- Clearly define appropriate health services for students with food allergies, including medication administration, and train specified school personnel in the provision of these services.
- Assure permission to carry and self-administer prescribed medications are developmentally-appropriate, in accordance with state or local legislation regarding self-carrying of medication. Assure procedures are established and followed for immediate follow-up to any medication administration to facilitate easy access while maintaining safety and security.
- Maintain and update student health records consistent with privacy rights and confidentiality laws.
- Periodically review standard operating procedures to identify students, including those who receive homebound instructional services, and plan to meet their needs based on experience and feedback. Revise procedures as needed.

B. Individual written management plans

Terminology

Different terms are used for the individual written management plans in districts and in schools. An Individual Healthcare Plan (IHP or IHCP) is recommended by the National Association of School Nurses (NASN) for students whose healthcare needs might affect their ability to safely attend school and perform academically. Most states require registered nurses to provide plans of care as part of the nurse practice act. *A Glossary of Commonly Used Terms Related to Food Allergies* is provided at the back of this document.

When notified of a student's food allergy diagnosis, each district or school should develop and implement individual written management plans, including an individual healthcare plan and emergency care plan, to address the healthcare needs of the student. The plans should be developed in collaboration with the registered nurse or designee, student's parents, district or school nutrition staff, and other licensed healthcare providers, revised as needed according to the student's age and developmental level, and be consistent with state and federal laws regarding confidentiality.

- Develop and maintain an individual healthcare plan to address the student's medical needs and any special accommodations. As a nursing document, this plan responds to the day-to-day management of food

allergy and includes the student's personal identification information, allergens, signs and symptoms of an allergic reaction, how a student might alert others to his or her signs or symptoms, medication and treatment information, emergency contact information, instructions to activate emergency services, and other details necessary to effectively manage the student's food allergy at school.

- Develop and maintain an emergency care plan that is aligned with the individual healthcare plan and written in terms for use by non-licensed school personnel. Identify and coordinate a food allergy management team that includes, but is not limited to, the student, registered nurse or designee, parents, administrators, teachers, counselors, food service personnel, bus/transportation staff, and coaches. The emergency care plan is shared with the food allergy management team to assure a comprehensive approach. For more details about written management plans, see Section F.
- Designate an individual (e.g., registered nurse) who is responsible for establishing and monitoring successful implementation of the individual written management plans.
- Maintain allergy incident reports and follow-up for anaphylactic reactions, medication administration, and other medical procedures performed to be filed in the student's health record. Convene the food allergy management team subsequent to an incident and improve the individual healthcare plan and emergency care plan as needed.
- Develop medication storage policies, on a case-by-case basis, to support a student's right to self-carry and self-administer prescribed medication.

C. Medication protocols: storage, access, and administration

Medications should be managed to allow for quick access when needed and to protect the safety of students and the medications. The details for storage, access, and administration are outlined in state laws.

- Receive and retain written orders from the licensed healthcare provider and parent for students with life-threatening food allergies, including permissions for students to carry and self-administer their own life-saving medication at prescribed dose (i.e., epinephrine auto-injector), as developmentally appropriate. These students should keep the medicine on their person at all times.
- Identify authorized personnel to administer medications. Registered nurses are commonly identified as the authorized personnel to administer medications. Delegation of nursing tasks to competent unlicensed individuals may occur if determined appropriate by a registered nurse. Legal parameters for nursing delegation are established by state nurse practice acts, and delegation of nursing tasks is not permitted by some states (National Association of School Nurses (NASN), 2010). While bronchodilators and antihistamines might be used as treatment for mild food allergy reactions, their use in schools may delay therapy with epinephrine in cases of anaphylaxis. Plans should emphasize epinephrine as the primary treatment. Epinephrine is relatively safe, and its side effects, if administered unnecessarily, are mild and temporary (Young, Muñoz-Furlong, & Sicherer, 2009). In the absence of a registered nurse, delegated personnel are advised to administer epinephrine and follow emergency protocols for food allergy reactions. Should the epinephrine device be equipped to provide a second dose with use of the same needle, schools should only use this device for the first dose and use a new device to administer the second dose to reduce needle-stick injury risk (Sicherer, Mahr, & the Section on Allergy and Immunology, 2010) and exposure to bloodborne pathogens.
- Store emergency medications in a safe, appropriate, and secure, yet accessible location that will allow for rapid, life-saving administration by authorized personnel. Actual location of the medicines should be carefully considered and identified in a student's individual written management plan. All those involved with the

student's care should be notified where the medication is stored.

- Request that parents provide multiple (at least two) epinephrine auto-injectors for use during the school-day and during after-school/extra-curricular activities.
- Monitor medications for expiration dates and verify they are current.
- Refill/restock prescription after emergency medications are administered.
- Obtain a standing (non-patient specific) order for epinephrine from a physician to be administered in an anaphylactic emergency, if allowed by law, for students not previously diagnosed with food allergy.
- Include epinephrine auto-injectors ("rescue medications") as a routine part of all emergency first aid treatment kits (NASN, 2004).
- Document in the student's file any medication that is administered, whether medication is administered at school or during off-site school related activities (e.g. field trips), and notify a parent/caregiver when medication is administered to a student.

D. Healthy school environments: comprehensive and coordinated approach

Each and every environment within a school requires special attention to protect the safety of students with food allergies and prevent allergic reactions. Thus, it is important to develop a comprehensive and coordinated approach for the management of food allergies across the school system. Although there are commonalities across school environments, some of the specific needs are identified below.

Classroom

- Limit or reduce the presence of identified allergens in classrooms, or identify specific areas/desks that will be allergen safe, when a student with a food allergy is known to use the location, being careful not to compromise confidentiality.
- Limit or reduce the use of potential food allergens in classroom projects/activities, as academic rewards or incentives, and during classroom parties, celebrations, or special events. Elicit the support of classroom parents and school personnel.
- Allow only pre-packaged food items with complete ingredient lists in the classroom for projects, activities and celebrations, so that potential food allergens can be identified.
- Implement appropriate hand washing procedures (use of hand sanitizers is not effective in removing the residue of known allergens).

- Communicate rules and expectations about bullying related to food allergies, including appropriate conduct, consequences, and related disciplinary actions.
- Train classroom teachers and other staff in allergy awareness, basic prevention/risk reduction procedures, recognizing allergic reactions, reading product labels, identifying hidden allergens, and implementing emergency response procedures.
- Train classroom teachers and other staff in basic food handling and cleaning procedures to prevent cross contamination from hands, utensils, and surfaces when foods containing known allergens are prepared and/or served in the classroom.

Ingredient lists

Federal law requires the eight major food allergens to be declared on all packaged food labels, either 1) in the ingredient list; 2) in a parenthetical statement (e.g. *casein [milk]*); or in a separate statement after or near the ingredient list (e.g. *contains milk)*. However, federal law does not regulate the use of precautionary "may contain" statements. Individuals affected by food allergy are generally told to avoid products with "may contain" statements. What is more, manufacturers often change ingredients, so food labels must be read each time a packaged food item is used/consumed.

Cafeteria

- Enforce responsibilities of school nutrition staff and contracted food service staff to review menu items, identify potential allergens, and make appropriate accommodations (substitutions or modifications) as outlined in diet orders received by a licensed healthcare provider for meals served to students with life-threatening food allergies. Refer to the USDA guidelines outlined in *Accommodating children with special dietary needs in the school nutrition programs. Guidance for school food service staff.* (U.S. Department of Agriculture Food and Nutrition Service, 2001).
- Develop procedures to identify students with life-threatening food allergies (e.g., with parental consent, post a current student photograph behind the food service counter for the use of school nutrition staff only, being careful not to compromise confidentiality).
- Identify specific areas/tables that will be allergen safe, being aware of confidentiality concerns.
- Promote hand washing before and after breakfast, lunch, and snacks.
- Encourage and enforce no trading of food or sharing utensils (this would apply not just in the cafeteria, but anywhere that food is served or available, including by students at their lockers).
- Be vigilant of "food bullying." When disability harassment occurs, prompt and effective disciplinary action should be taken (U.S. Department of Education, 2000).
- Monitor and enforce strict cleaning and sanitation policies and procedures. Train staff to use commercial cleaning solutions on tabletops and develop food handling and preparation protocols to avoid cross-contamination.
- Assign staff trained in administration of epinephrine to food service areas to support rapid response to symptoms and close, consistent monitoring after injection.
- Provide ready access to epinephrine and functional two-way communication devices.
- Train school nutrition staff in allergy awareness basic prevention/risk reduction procedures including

preventing cross-contact during food preparation, recognizing an allergic reaction, reading product labels, identifying hidden allergens, implementing emergency response procedures, and how to deal with food allergy-related bullying. Training provisions should be built into contracts with food service management companies.

Buses

- Enforce no eating policies, with appropriate medical considerations and exceptions (i.e., for children with diabetes).
- Store epinephrine in a safe, appropriate, secure, yet accessible location that will allow for rapid, life-saving administration.
- Equip all school vehicles with functional two-way communication devices.
- Include bus drivers as members of the food allergy management team for any passengers with life-threatening food allergies.
- Train bus drivers in allergy awareness, basic prevention/risk reduction procedures, recognition of allergic reaction, storage of medication, implementation of bus emergency response procedures, and how to deal with food allergy-related bullying. Training provisions should be built into the transportation contract for out-sourced bus drivers.
- Require bus companies/personnel be trained on local EMS procedures.
- Assign seating as necessary to support safety of individual students.
- Consider assigning trained chaperones on bus routes for students with life-threatening allergies.

Extracurricular activities, before- and after-school activities, field trips, and community use of facilities

- Notify food allergy management team members as early as possible of scheduled field trips to allow time for necessary preparation (e.g., special meals, medication storage/transport, and contact with field trip facility personnel to review procedures).
- Delegate responsibilities for carrying necessary medications (epinephrine); provide a copy of the student's individual written management plan and contact information of parent/caregiver, the licensed healthcare provider (e.g., primary care provider, allergist), and the name and phone number of the nearest hospital(s).
- Provide access to functioning two-way communication devices, and be cognizant of limited cell phone reception.
- Discourage trading of food and sharing of utensils.
- Promote and monitor good hand washing practices.
- Restrict the use of foods that are known allergens in classrooms during after-school activities when that classroom will be used by a student with a known food allergy during the school day.
- Train before- and after-school coordinators in allergy awareness, basic prevention/risk reduction procedures, recognizing an allergic reaction, implementing emergency response procedures, and how to deal with food allergy-related bullying. Training and response provisions should be built into contracts for out-sourced programs.
- Train before- and after-school coordinators in basic food handling procedures to prevent cross contamination from hands, utensils, and surfaces when foods containing known allergens are prepared and/or served.

- Encourage and permit parents of students with food allergies opportunities to attend field trips/activities as added support. Notify parents of students with food allergies when extracurricular events will include the provision of meals or food off school property and encourage parents to provide safe food alternatives.
- Promote allergy policy awareness and compliance with outside community members and organizations who are authorized to use school facilities, including school grounds, or who are involved with school activities.

E. Communication and confidentiality

Policies and communication plans must comply with state and federal privacy and confidentiality laws and accommodate parent requests, as feasible (U.S. Department of Education, 2007). Communication plans should be developed with the intent to:

- Inform all personnel involved in the care of a student diagnosed with a life-threatening food allergy of the student's individual written management plan being aware of confidentiality concerns. Other students and parents should not have access to the plans for confidentiality reasons.
- Inform parents and students of their procedural/due process rights should they object to any of the food allergy policies and procedures implemented by the district/school.
- Establish ongoing communications between district/school administrators and bus drivers and transportation companies to ensure that transportation vehicles are an extension of a safe environment for students with food allergies.
- Establish ongoing communications between district/school administrators and school nutrition staff and food service management companies to ensure that kitchens and cafeterias are an extension of a safe environment for students with food allergies.
- Increase and enhance awareness of life-threatening food allergies. Consider strategies such as posting information on the school website, posting signs in conspicuous locations at school entrances, and within cafeterias. In addition, with parental approval, signage might be posted outside or in classrooms where a student with a food allergy will be present to underscore or remind staff, students, or other visitors that specified allergens are not permitted.
- Create, maintain, and implement communication channels between the registered nurse or designee and all members of the food allergy management team. Steps should be in place for immediate notification of the registered nurse or designee and the student's parents in the event of an anaphylactic reaction.

F. Emergency response

A school district's development of a comprehensive emergency management plan is essential to protect the safety of students, school personnel, and others. The U.S. Department of Education recommends that such protocols, developed in collaboration with community partners, focus on four phases of emergency management: prevention, mitigation, preparedness, response, and recovery. Managing a life-threatening allergic reaction should be included as part of an "all-hazards approach," which addresses a wide array of situations including health, fire, weather, terrorist, and other emergencies.

Each food allergy reaction has the potential to be life-threatening, and schools are at highest risk for accidental ingestion of a food allergen (Massachusetts Department of Education, 2002). A school should anticipate and plan for any emergency, including a food allergy reaction or other emergency related to a chronic health condition. An emergency response to address food allergy includes:

- Written individual healthcare plans and emergency care plans (as part of a school district's overall comprehensive emergency management plan) that outline emergency procedures for managing life-threatening allergic reactions. They include information about prevention, recognition of food allergy symptoms, and medication administration for any child with a history of allergic reaction. These plans also detail general procedures for students without a previously diagnosed allergy in an event of anaphylaxis. The registered nurse(s), food allergy management team, and other designated personnel follow procedures as directed. The plans should additionally include statements regarding the following:
    - Accessibility of epinephrine at all hours when the school is in session; a second dose of epinephrine to be available in the event of a biphasic anaphylactic reaction (in a biphasic allergic reaction, the symptoms go away, only to return up to four hours later).
    - All students who receive epinephrine at school must be immediately transported to a hospital, preferably by EMS, for evaluation by a licensed healthcare provider and further observation and care (American Academy of Allergy, Asthma, & Immunology (AAAAI) Board of Directors, 1998).
    - Schools should have standing orders for treatment as well as stock epinephrine (if supported by state nursing and pharmacy practice acts). Research shows that many cases of anaphylaxis occur among children without a previous diagnosis (Young, Muñoz-Furlong, & Sicherer, 2009).

- Roles and responsibilities of adults responding to a person having an allergic reaction, what to do and when to take action in a moment's notice where every second counts. Identify personnel who will:
    - Remain with the student and assess the emergency at hand.
    - Administer medication. It is important not to delay the administering of epinephrine in the case of anaphylaxis. In a nonmedical setting, it is advised that epinephrine be administered at the start of a reaction and before symptom onset if the ingested allergen is known to have previously induced anaphylaxis (AAAAI Board of Directors, 1998). A second dose of epinephrine might need to be administered at school to control symptoms; thus, two doses of epinephrine should ideally be available for the student (Young, Muñoz-Furlong, & Sicherer, 2009).
    - Activate an emergency response team (building-specific and system-wide) and contact 911 to notify EMS. Schools should request that EMS personnel be authorized to carry and administer epinephrine since it is not a universal practice. EMS often does not carry epinephrine, but epinephrine will be brought if Advanced Life Support is requested (New York State Department of Health, New York State Education Department, & New York Statewide School Health Services Center, 2008).
    - Retrieve the individual food allergy management plan from the student's record, if the affected student already has a food allergy diagnosis.
    - Contact the student's parent.
    - Notify the registered nurse or designee and school administration.
    - Meet EMS at school entrance and direct EMS to the site of the incident.
    - Accompany student to emergency care facility and assist the student with re-entry into school.
    - Manage crowd control and attend to student's classmates.
    - Document any food allergy incidents in the student's file and, as needed, identify and maintain information for possible insurance and liability purposes.
    - Review record of any event to provide feedback to staff and identify areas for improvement, including professional development and training, in responding to emergencies. Conduct periodic emergency response drills.
- Reference to the inclusion of responding to a life-threatening allergic reaction as part of an "all-hazards approach."

G. Professional development and training for school personnel

Professional development and training are needed in order for school personnel to be effective in supporting students with life-threatening food allergies and responding to an emergency. Importantly, the food allergy management team or designated individual should also regularly check for compliance with policies and procedures. Annual training regarding the following topics should be provided.

- District/school policies, procedures, and plans for managing students with chronic health conditions (including food allergy and promoting their safety through all-hazard response plans and no-bullying policies).
- Bullying prevention, including responsibility to address any harassment, hazing (e.g. forced consumption of the known allergen), or bullying and enforce consequences.
- Basic information such as signs, symptoms, and risks associated with food allergy and anaphylaxis.
- Awareness of food and non-food items (e.g., arts and crafts supplies) that might present risk.
- Strategies that reduce the risk of exposure to identified allergens throughout the school day, which might include classroom and curriculum modification strategies.
- Communication procedures for initiation of emergency protocols for all school personnel, including substitute teachers.
- Proper storage and administration of epinephrine auto-injectors (including injection technique), antihistamines, and other medications.
- Access to local EMS/911 and assurance that appropriate medication is brought to the scene, continued monitoring for side effects and unanticipated reactions to medications, and preparation for immediate transport of the student.
- Strategies to manage student privacy/confidentiality while maintaining an inclusive class environment, rather than one that might ostracize students with allergies.
- Basic food handling procedures, including hand washing, use of utensils, and cleaning and sanitizing surfaces to prevent cross contamination.
- Additional skill instruction and practice for those specifically assigned to administer epinephrine or who are likely to be present during an allergic reaction.

H. Awareness education for students

Food allergy awareness education should be a part of a district's health education curriculum. Consider incorporating lessons into family and consumer sciences, science, health, and/or physical education courses. Lessons on food allergies should emphasize:

- Support for classmates with chronic health conditions, such as food allergy, to maximize inclusion and minimize harassment, discrimination, isolation, and endangerment.
- Bullying prevention, including reporting any harassment, hazing (e.g., forced consumption of the known allergen), or bullying to appropriate school personnel. The school's response to bullying should be made clear at the outset, should be enforced, and should be both therapeutic and punitive.
- Knowledge of potential allergens and the signs, symptoms, and potential of a life-threatening reaction.
- Differences between life-threatening food allergy and a food intolerance.
- Actions needed to respond to emergency situations that might result from a life-threatening food allergy reaction.
- Developmentally-appropriate self-management of food allergy.
- Importance of following district health and wellness policies and relevant guidelines regarding hand washing, food-sharing, allergen-safe zones, and student conduct.

I. Awareness education and resources for parents/caregivers

To increase understanding of the special needs of students with food allergies, parent education should be provided by qualified personnel, such as the registered nurse or designee, or an appropriate local licensed healthcare provider. As feasible, in-person education is desirable, but written communications can also be effective. Parents of a food allergic student might provide useful information and support in addition to that provided by qualified personnel.

Parent/caregiver education and resources should foster:

- Trusting and collaborative relationships among district/school personnel, families, and community members, particularly licensed healthcare providers.
- Clear communication channels between parents/caregivers and the school system.
- Recognition and respect for the needs of both individuals and the larger student population.
- Parental/caregiver responsibility for educating their children about the seriousness of food allergies and how to be supportive of fellow students with food allergies.

- Realistic expectations and commitments about how food allergies can be managed in school settings.
- Knowledge of district/school policies, procedures, and plans for managing students with chronic health conditions (including food allergy and addressing their safety through all-hazard response plans and no-bullying policies).

Parent/caregiver education should be provided to all parents and should include:

- Signs, symptoms, and risks associated with food allergy and life-threatening reactions (anaphylaxis).
- District/school policies, procedures, and plans for managing students with food allergies.
- Parental responsibility to provide pertinent medical information/materials and medications for their child.
- Access to informational resources on food allergy from credible sources (see Resource section).
- Restrictions to reduce the presence of foods and non-food items (e.g., arts and craft materials) in classrooms that have a student who has a food allergy.

J. Monitoring and evaluation

Food allergy policy and practices should be reviewed and updated at least annually to:

- Collect and review data on when and where medication was used and the impact on the affected individual(s). Identify risks and modify policy or practices if needed.
- Incorporate lessons learned by food allergy management teams.
- Align with current science on food allergies.
- Comply with current state and federal legislation, recommendations, and/or guidelines.
- Verify that health records from the student's parents and licensed healthcare providers are current.
- Determine whether the appropriate people, including the food allergy management team, received allergy awareness training and are adequately informed, competent, and confident in performing assigned responsibilities in implementation of emergency response procedures.

Non-food allergens

Other allergens might be present in the school setting, such as insects, latex, fragrances, and arts and crafts materials. These also can be associated with anaphylaxis. Much of the guidance above can be adapted for the management of non-food allergens in order for districts and schools to develop broader, more comprehensive allergy management policies and practices that address managing multiple allergens in the school environment.

CONCLUSION

Providing a safe school environment for students with life-threatening food allergies is essential in maintaining a healthy learning environment. While all school personnel have a responsibility to manage food allergies in the school setting, the school board's adoption of policy and support of effective and appropriate practices is instrumental in efforts to reduce the impact of food allergic reactions and potentially life-threatening consequences. Given the increasing prevalence of food allergies among children, policymakers cannot afford to ignore the importance of policy actions and decisions that shape everyday school practices to safeguard students' health. By taking such steps, the school district will be closer to achieving academic success when all its students are healthy and ready to learn.

Developing and adopting a comprehensive approach to address food allergy and anaphylaxis might sound complex. By reviewing the essential components incrementally in the Food Allergy Policy Checklist included in this guide, policymakers and administrators can evaluate the extent to which each component is addressed and identify steps to improve policies and practices to prevent or reduce allergic reactions and anaphylaxis.

FOOD ALLERGY POLICY CHECKLIST

The policy component checklist is designed to help users gauge areas that need attention and identify specific actions for improvement. This tool allows for a systematic approach to managing food allergies by tracking inclusion and implementation of the elements that make up a comprehensive policy on food allergies, whether already established or considered for development.

Check "Included" or "Not Included" to indicate whether or not the element is included in the policy. If the element is included in the policy, check "Implemented" or "Not Implemented" to indicate whether or not this policy element has been implemented in practice. It is optimal for these elements to be both included and implemented at the school district and school levels. There is space for notes where users can add comments about specific actions needed for improvement with respect to these elements.

Essential Component A

Identification of students with life-threatening food allergy and provision of school health services (see pages 5-6)
Develop, implement, monitor, and update a school health services plan for students with food allergies in accordance with privacy/confidentiality laws.

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Collect information on students with life-threatening food allergies.					
2. Coordinate a process to acquire current student information from healthcare providers and parents.					

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
3. Document and keep current parental consent for medication administration.					
4. Define appropriate health services for students with food allergies and train school personnel in the provision of services.					
5. Implement and follow procedures for self-administration of medication.					
6. Maintain and update student health records.					
7. Review standard operating procedures to identify students and revise as needed.					
Additional notes for planning improvements and actions:					

Essential Component B

Individual written management plans (see pages 6-7)

When notified of a student's food allergy diagnosis, each district or school should develop and implement individual written management plans, including an individual healthcare plan and emergency care plan, to address the healthcare needs of the student. The plans should be developed in collaboration with the registered nurse or designee, student's parents, district or school nutrition staff, and licensed healthcare providers, revised as needed according to the student's age and developmental level, and be consistent with state and federal laws regarding confidentiality.

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Develop and maintain an individual healthcare plan to include student's medical needs and accommodations.					
2. Develop and maintain an emergency care plan and identify and coordinate a food allergy management team to assure a comprehensive and coordinated approach to addressing student's needs.					
3. Designate an individual to establish and monitor plan implementation.					
4. Maintain incident reports and follow up.					
5. Develop medication storage policies, on a case-by-case basis, to support a student's rights to self-carry and self-administer prescribed medications.					
Additional notes for planning improvements and actions:					

Essential Component C

Medication protocols: storage, access, and administration (See pages 7-8)

Medications should be managed to allow for quick access when needed and to protect the safety of students and the medications. The details for storage, access, and administration are outlined in state laws.

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Maintain written medication orders for students, including permissions for students to carry and self-administer medications.					
2. Identify authorized personnel to administer medications.					
3. Store medications appropriately.					
4. Request multiple (at least two) epinephrine auto-injectors from parents.					
5. Monitor expiration dates on medications.					
6. Re-fill/re-stock medications as necessary.					
7. Obtain standing order for epinephrine for emergency use, as permitted by law.					
8. Include epinephrine auto-injectors in emergency first aid treatment kits.					
9. Document any medication that is administered and notify parent/caregiver when medication is administered.					
Additional notes for planning improvements and actions:					

Essential Component D

Healthy school environment: comprehensive and coordinated approach (See pages 8-11)

Each and every environment within a school requires special attention to protect the safety of students with food allergies and prevent allergic reactions. Thus it is important to develop a comprehensive and coordinated approach for the management of food allergies across the school system. Although there are commonalities across school environments, some of the specific environments are identified below.

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Classroom • Limit or reduce allergens in classrooms or identify specific areas/desks that will be allergen safe. • Limit or reduce the use of potential food allergens in classroom projects/ activities. • Allow only pre-packaged food items with complete ingredient lists. • Implement appropriate hand washing procedures. • Communicate rules and expectations about bullying related to food allergies. • Train classroom teachers and other staff on food allergies. • Train classroom teachers and other staff on food handling and cleaning procedures to prevent cross contamination.					

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
2. Cafeteria • Enforce responsibilities of school nutrition staff and contracted food service staff. • Develop procedures to identify students with life-threatening food allergies. • Identify specific areas/ tables that will be allergen safe. • Promote hand washing before and after meals. • Encourage and enforce no trading of food or sharing utensils. • Be vigilant of "food bullying." • Monitor and enforce strict cleaning and sanitation policies and procedures. • Assign staff trained in administration of epinephrine to food service areas. • Provide ready access to epinephrine and functional two-way communication devices. • Train school nutrition staff in allergy awareness.					

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
3. Buses • Enforce no eating policies. • Store epinephrine in a safe, appropriate, secure, yet accessible location. • Equip all school vehicles with functional two-way communication devices. • Include bus drivers as members of the food allergy management team. • Train bus drivers in allergy awareness. • Require bus companies/ personnel be trained on local EMS procedures. • Assign seating to support safety of students.					

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
4. Extracurricular activities, before- and after-school, field trips, and community use of school facilities • Notify food allergy management team members of scheduled field trips for necessary preparation. • Delegate responsibilities for carrying necessary medications (epinephrine); provide a copy of the student's individual written management plan and contact information of parent/ caregiver, the licensed healthcare provider, and the nearest hospital(s). • Provide access to functioning two-way communication devices. • Discourage trading of food and sharing of utensils. • Promote and monitor good hand washing practices. • Restrict the use of foods that are known allergens. • Train before- and after-school coordinators in allergy awareness. • Train before- and after-school coordinators in basic food handling procedures.					

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
• Communicate with and permit parents of students with food allergies opportunities to attend field trips/activities and include information on the provisions for food. • Promote allergy policy awareness and compliance with outside community members and organizations authorized to use school facilities.					
Additional notes for planning improvements and actions:					

Essential Component E

Communication and confidentiality (See page 11)

Policies and communication plans must comply with state and federal privacy and confidentiality laws and accommodate parent requests, as feasible (U.S. Department of Education, 2007). Communication plans should be developed with the intent to:

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Inform personnel of student's individual written management plan being aware of confidentiality concerns.					
2. Inform parents and students of their rights regarding food allergy policies and procedures.					
3. In contractual relationships, establish that buses and transportation companies are extensions of a safe environment for students with food allergies.					
4. In contractual relationships, establish that kitchens and cafeterias are extensions of a safe environment for students with food allergies.					
5. Increase awareness of life-threatening food allergies throughout the school environment.					
6. Create, maintain, and implement communication systems among school personnel and between school and student's parents in the event of a food allergy reaction.					
Additional notes for planning improvements and actions:					

Essential Component F

Emergency Response (See pages 12-13)

A school district's development of a comprehensive emergency management plan is essential to protect the safety of students, school personnel, and others. The U.S. Department of Education recommends that such protocols, developed in collaboration with community partners, focus on four phases of emergency management: prevention, mitigation, preparedness, response, and recovery. Managing a life-threatening allergic reaction should be included as part of an "all-hazards approach," which addresses a wide array of situations including health, fire, weather, terrorist, and other emergencies.

Each food allergy reaction has the potential to be life-threatening, and schools are at highest risk for accidental ingestion of a food allergen (Massachusetts Department of Education, 2002). A school should anticipate and plan for any emergency, including a food allergy reaction or other emergency related to a chronic health condition. An emergency response to address food allergy includes:

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Written individual healthcare and emergency care plans that outline emergency procedures for managing life-threatening allergic reactions.					
2. Roles and responsibilities of adults identified to respond to an allergic reaction.					
3. Responding to a life-threatening allergic reaction as part of an "all-hazards" approach.					
Additional notes for planning improvements and actions:					

Essential Component G

Professional development and training for school personnel (See page 14)

Professional development and training are needed for school personnel to be effective in supporting students with life-threatening food allergies and responding to an emergency. Annual training regarding the following topics should be provided.

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. District/school policies, procedures, and plans for managing students with chronic health conditions, including food allergy.					
2. Bullying prevention and responsibility to address any harassment, hazing, or bullying, and enforce consequences.					
3. Basic information associated with food allergy and anaphylaxis.					
4. Awareness of food and non-food items that are potential risks.					
5. Strategies to reduce exposure to identified allergens in the school environment.					
6. Communication procedures for initiating emergency protocols.					
7. Proper storage and administration of medications.					
8. Access to local EMS/911.					

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
9. Strategies to manage individual student privacy/ confidentiality.					
10. Basic food handling procedures to reduce or eliminate exposure to allergens.					
11. Additional skill instruction and practice for those assigned to administer epinephrine or likely to be present during an allergic reaction.					
Additional notes for planning improvements and actions:					

Essential Component H

Awareness education for students (See page 15)

Food allergy awareness education should be a part of a district's health education curriculum. Consider incorporating lessons into family and consumer sciences, science, health, and/or physical education courses. Lessons on food allergies should emphasize:

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Support for classmates with chronic health conditions, such as food allergy.					
2. Bullying prevention, including reporting any harassment, hazing, or bullying to appropriate personnel, and consequences for bullying.					
3. Knowledge of potential allergens and signs, symptoms, and potential of a life-threatening reaction.					
4. Differences between life-threatening food allergy and food intolerance.					
5. Emergency response actions.					
6. Developmentally-appropriate self-management of food allergy.					
7. Importance of following health and wellness policies and guidelines such as hand washing, food sharing, allergenic safe zones, and student conduct.					
Additional notes for planning improvements and actions:					

Essential Component I

Awareness education and resources for parents/caregivers (See pages 15-16)

To increase understanding of the special needs of students with food allergies, parent education should be provided by qualified personnel, such as the registered nurse or designee, or an appropriate licensed healthcare provider. As feasible, in-person education is desirable, but written communications can also be effective. Parents of a food allergic student might provide useful information and support in addition to that provided by qualified personnel.

Parent/caregiver education and resources should foster:

- Trusting and collaborative relationships among district/school personnel, families, and community members, particularly licensed healthcare providers
- Clear communication channels between parents/caregivers and the school system
- Recognition and respect for the needs of both individuals and the larger student population
- Parental/caregiver responsibility for educating their children about the seriousness of food allergies and how to be supportive of fellow students with food allergies
- Realistic expectations and commitments about how food allergies can be managed in school settings
- Knowledge of district/school policies, procedures, and plans for managing students with chronic health conditions (including food allergy and promoting their safety through all-hazard response plans and no-bullying policies)

Parent/caregiver education should include:

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Basic information associated with food allergy and anaphylaxis.					
2. District/school policies and procedures for managing students with food allergies.					
3. Parental responsibility to provide information and medications for their child.					
4. Access to informational resources on food allergy from credible resources.					
5. Restrictions to reduce the presence of foods and non-food items in classrooms that have a student with a food allergy.					
Additional notes for planning improvements and actions:					

Essential Component J

Monitoring and Evaluation (See page 16)

Food allergy policy and practices should be reviewed and updated at least annually to:

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Collect and review data on when and where medication was used and the impact on the affected individual.					
2. Incorporate lessons learned by food allergy management teams.					
3. Align with current science on food allergies.					
4. Comply with current state and federal legislation, recommendations, and/or guidelines.					
5. Verify that health records submitted by parents and licensed healthcare providers are current.					
6. Determine whether the appropriate personnel received allergy awareness training and are adequately informed, competent, and confident in performing assigned responsibilities.					
Additional notes for planning improvements and actions:					

Other important details:

_____

_____

_____

_____

_____

_____

Checklist completed on _____

(date)

Names of team members completing checklist:

_____

_____

_____

_____

_____

Resources or additional assistance needed to improve food allergy policy and practice:

1. _____
2. _____
3. _____
4. _____
5. _____

Next Steps:

1. _____
2. _____
3. _____
4. _____
5. _____

GLOSSARY OF COMMONLY USED TERMS RELATED TO FOOD ALLERGIES

Americans with Disabilities Act (ADA)

A federal law that prevents discrimination on the basis of a disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications. Children with a food allergy have received protection under the ADA in locations such as child care centers, public schools, private schools, and activities run by state or local government. See also Section 504.

Anaphylaxis

A serious allergic reaction that is rapid in onset and might cause death. It can be caused not only by food, but also by insect stings, medications, arts and crafts materials, and latex. Food allergy is the leading cause of anaphylaxis outside of the hospital setting.

Delegation

The process by which a registered nurse trains and allows non-licensed personnel (e.g., health assistants, teachers, administrators, coaches, etc.) to provide standardized routine health services when the registered nurse is not immediately available during an emergency. As many schools across the U.S. do not have a full-time registered nurse, delegation takes on greater urgency. In the case of a child with food allergy, a delegate (non-licensed personnel who has received training to administer medication or perform another responsibility) must be available at the school to administer epinephrine if the registered nurse is not available. There is no requirement pertaining to the number of delegates that must be available, and it is generally understood that delegates must be willing participants. In other words, training/responsibility cannot be forced upon school personnel.

Epinephrine

The medication of choice for controlling a severe reaction. Epinephrine is also called adrenaline. It is available by prescription as a self-injectable device.

Family Educational Rights and Privacy Act (FERPA)

A federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA allows schools to disclose information from a student's education record, without consent in health and safety emergencies, under certain conditions which includes food allergic reaction or anaphylaxis. (34 CFR § 99.31).

Food allergic reaction

A food allergic reaction might begin with a tingling sensation, itching, or a metallic taste in the mouth. Other symptoms can include hives, a sensation of warmth, swelling of the mouth and throat area, coughing, vomiting, diarrhea, cramping, wheezing or other difficulty breathing, a drop in blood pressure, and loss of consciousness. A food allergic reaction might begin within minutes to two hours after exposure to the allergen, and life-threatening reactions might increase in severity over a period of several hours. Not all food allergic reactions result in anaphylaxis.

Food allergy

Occurs when the immune system: 1) identifies a food protein as dangerous and creates antibodies against it; and 2) protects against the danger by releasing substances, such as histamine, tryptase, and other mediators, into our blood when that food is eaten. The release of these substances results in the symptoms of a food allergy reaction.

Food bullying

Physically, verbally, or emotionally abusive behavior toward a person known to have a food allergy (e.g., smearing peanut butter on the face of a child who is allergic to peanuts). The bullying of children with food allergies takes on greater urgency due to the life-threatening nature of the condition.

Food intolerance

An adverse reaction to food that does not involve the immune system and is not life-threatening. Lactose intolerance due to trouble digesting milk sugar lactose is a common example. Symptoms might include abdominal cramps, bloating, and diarrhea.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

A federal law that was enacted to protect health insurance coverage of workers and their families when a covered person loses or changes employment. The Act also establishes national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers that address the security and privacy of health data.

Incidence

The percentage of a population newly affected with a particular disease or condition over a specified time period, often over the course of one year.

Individuals with Disabilities Education Act (IDEA)

A federal law that helps protect children whose disabilities affect their ability to learn. IDEA recognized 13 disability categories that establish a child's need for special education and related services (i.e., visual aids, hearing aids, etc.). Children with food allergy generally do not fall under IDEA; however, some children with food allergies also have a co-existing condition, such as a learning disability, covered under IDEA.

Individual written management plan

An Individual Healthcare Plan (IHP or IHCP) is recommended by the National Association of School Nurses (NASN) for students whose healthcare needs might affect their ability to safely attend school and perform academically. State nurse practice acts may require registered nurses to provide plans of care regardless of the setting. An individual healthcare plan is used to develop a separate emergency care plan (ECP) for use by other school personnel. The Food Allergy Action Plan (FAAP), developed by the Food Allergy & Anaphylaxis Network (www.foodallergy.org), can serve as an emergency care plan for addressing food allergies in schools.

Prevalence

The percentage of a population that is affected with a particular disease or condition at a given time.

Section 504

Part of the Rehabilitation Act of 1973, a federal law designed to protect the rights of individuals with disabilities, which includes persons with food allergies, in programs and activities that receive federal funds from the U.S. Department of Education (e.g., public schools). Some children with life-threatening food allergies (in the opinion of the child's licensed healthcare provider) meet the definition of *disability* under Section 504. See also Americans with Disabilities Act.

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APPENDIX

Excerpt from Liberty School District, Missouri (Example A)
Allergy Management Policy

Board Policy JHC

Liberty Public Schools is committed to providing a safe and nurturing environment for students.
The Liberty Board of Education understands the increasing prevalence of life threatening allergies among school populations. Recognizing that the risk of accidental exposure to allergens can be reduced in the school setting, Liberty Public Schools is committed to working in cooperation with parents, students, and physicians, to minimize risks and provide a safe educational environment for all students. The focus of allergy management shall be on prevention, education, awareness, communication and emergency response.

The goals for allergy management include:

1. To define a formal process for identifying, managing, and ensuring continuity of care for students with life-threatening allergies across all transitions (PreK-12). This process shall be outlined in detail in the district's administrative procedures manual.
2. To maintain the health and protect the safety of children who have life-threatening allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
3. To ensure that interventions and individual health care plans for students with life-threatening allergies are based on medically accurate information and evidence-based practices.

In accordance with applicable law, it is the policy of the district to provide all students, through necessary accommodations where required, the opportunity to participate in all school programs and activities. Accordingly, the superintendent shall direct executive directors, district building administrators and staff, to act affirmatively and work closely with parents to assure that the needs of children with documented allergies are taken into consideration in planning for district programs. The district health services coordinator shall ensure the district's management plan is reviewed and updated annually.

Last Revised: 5/2010

Waukee School District, Iowa (Example B)
Food Allergy Policy

Board Policy
Descriptor Code: 504.12: Life Threatening Allergies

Recognizing that students with life threatening allergies attend our school, the Waukee Community School District will maintain a system-wide emergency plan for addressing life threatening allergic reactions and maintain an Individual Emergency Medical Plan (IEMP) for any student(s) whose parents/guardians, and physicians have informed the principal of the school in writing that the student(s) has a potentially life threatening allergy. Further, the District will utilize procedures to minimize the chance of a child experiencing a life threatening allergic reaction.

Waukee Community Schools
Date Adopted: 5/8/2007
Last Revised: 7/10/2007

Administrative Regulation
Descriptor Code: 504.12-R (0): Life Threatening Allergies

Procedure for Implementing Life-Threatening Allergy Policy

The school principal, in consultation with the school nurse, will be responsible for notifying classroom teachers, classroom associates, and parents of students in classrooms where one or more students have a life-threatening allergy. (The allergy must be clearly documented by the primary care physician or a board certified allergist.) Notification will include an explanation of the severity of the health threat, a description of signs and symptoms to be aware of and a concise list of foods and materials to avoid. Parents, in consultation with their primary care provider/allergist, will provide the list of allergens to be avoided.

We are requesting that parents/student avoid including nuts and nut products in lunches and snacks in grades PreK-12.

NO HOMEMADE TREATS OR FOOD ITEMS, for students, will be brought into our schools either by parents or staff. All treats must be commercially prepared and packaged for distribution with intact ingredient labels. Treats may be distributed by the classroom teacher for special occasions, such as birthdays or holiday parties. Classrooms with students who have life threatening allergies may have more specific guidelines depending on the type(s) of allergy.

Food preparation will only be allowed in academic curriculum at the secondary level (grades 6-12) with the principal's and health care professional's pre-approval. An exception will be made for food preparation as related to the Individual Education Plan of individual student's goals served in special education in PreK-12 grades. Precautions will be taken for students with life threatening allergies.

In grades K-9, no type of food or candy item may be used as a part of a craft project or any school project related to the curriculum. This includes crafts or projects made at school or made at home and sent to school.

Only non-food manipulatives should be used in classrooms. Peanut butter jars should not be used for storage of manipulatives, even if the jars have been thoroughly washed.

Classroom pets are allowed provided that nut-free foods and bedding are used. Visiting pets are prohibited in our schools. An exception will be made for service animals and approved classroom curriculum units involving animals as a part of a lesson or lessons.

Whenever students travel on field trips for, a clear plan to activate Emergency Medical Services (911) should be reviewed by all teachers and chaperones. Field trips need to be chosen carefully; no child should be excluded from a field trip due to unavoidable allergen exposure. (NOTE: How to activate EMS should be included on the field trip forms.)

The District Transportation Supervisor will be notified of the student(s) who have life threatening allergies. It will be the Transportation Supervisors' responsibility to communicate this information to all regular drivers and substitute drivers.

Waukee Community Schools
Date Issued: 7/10/2007

Connecticut Association of Boards of Education

5141.25(a)

A revised sample policy for consideration.

Connecticut Association of School Boards of Education (Example C)
Students with Special Health Care Needs Accommodating Students with Special Dietary Needs (Food Allergy Management) Version I

The purpose of this policy is to establish a safe environment for students with food allergies and to support parents regarding food allergy management. In accordance with applicable law, it is the policy of the Board of Education to provide all students, through necessary accommodations where required, the opportunity to participate fully in all school programs and activities.

The Board recognizes the need to help the allergic child avoid foods to which the child is allergic and to establish emergency procedures to treat allergic reactions that may occur. In some cases, a student's disability may prevent him/her from eating meals prepared for the general school population.

Substitutions to the regular meal will be made for students who are unable to eat school meals because of their disabilities, when that need is certified in writing by a physician. Meal service shall be provided in the most integrated setting appropriate to the needs of the disabled student.

The nature of the student's disability, the reason the disability prevents the student from eating the regular school meals, including foods to be omitted from the student's diet, indication of the major life activity affected by the disability, the specific diet prescription along with the substitution(s) needed will be specifically described in a statement signed by a licensed physician. The district, in compliance with USDA Child Nutrition Division guidelines, will provide substitute meals to food-allergic students based upon the physician's signed statement.

An Individualized Health Care Plan (IHCP) and an Emergency Care Plan (ECP) shall be developed and implemented for students that are identified with food allergies. In addition, the Board recognizes that students with documented life-threatening food allergies may be considered disabled and eligible for coverage under The Disabilities Act and Public Law 93-112 and Section 504 of The Rehabilitation Act of 1973. A clearly-defined "504 Accommodation Plan" shall be developed and implemented for all such identified students if it has been properly demonstrated that the child's impairment is such that it substantially limits one or more major life activities, (i.e., the disability must significantly affect a major life function) and necessary accommodations must be made to ensure full participation of identified students in student activities. Such plan shall be signed by the appropriate staff, the parent/guardian of the student and the student's physician.

All schools are also responsible for developing and implementing guidelines for the care of food-allergic students. Such guidelines shall include, but not be limited to, staff development, strategies for identifying students at risk for life-threatening allergic reactions, means to manage the student's allergy including avoidance measures, designation of typical symptoms and dosing instructions for medications.

5141.25(b)

The District's plan for managing students with life-threatening food allergies shall be posted on the District's website (and/or on the website of each school within the District).

(*Note: In the absence of a district or individual school website, it is suggested that the plan for managing students with life-threatening allergies be included in the student/parent handbook of each school.)*

Version II

The focus of a Districtwide Food Allergy Management Plan shall be prevention, education, awareness, communication and emergency response. The management plan shall strike a balance between the health, social normalcy and safety needs of the individual student with life threatening food allergies and the education, health and safety needs of all students. The District Food Allergy Management Plan shall be the basis for the development of the procedural guidelines that will be implemented at the school level and provide for consistency across all schools within the district.

The goals for the Districtwide Plan include:

1. To maintain the health and protect the safety of children who have life-threatening food allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
2. To ensure that interventions and individual health care plans for students with life-threatening food allergies are based on medically accurate information and evidence-based practices.
3. To define a formal process for identifying, managing, and ensuring continuity of care for students with life-threatening food allergies across all transitions. (Pre-K-Grade 12)

It is the policy of the Board of Education to follow the guidelines developed and promulgated by the Connecticut Department of Public Health and Department of Education for students within the District with life-threatening food allergies. Such guidelines include (1) education and training for school personnel on the management of students with life-threatening food allergies, including training related to the administration of medication with a cartridge injector, (2) procedures for responding to life threatening allergic reactions to food, (3) a process for the development of individualized health care and food allergy action plans for every student with a life-threatening food allergy, and (4) protocols to prevent exposure to food allergens.

5141.25(c)
It is the Board's 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. It is the Board's belief that education and open and informative communication are vital for the creation of an environment with reduced risks for all students and their families. In order to assist children with life-threatening allergies to assume more individual responsibility for maintaining their safety as they grow, it is the policy of the Board that guidelines shift as children advance through the primary grades and through secondary school.

The District's plan for managing students with life-threatening food allergies shall be posted on the District's website (and/or on the website of each school within the District).

Note: In the absence of a district or individual school website, it is suggested that the plan for managing students with life-threatening allergies be included in the student/parent handbook of each school.)

(cf. 5141 - Student Health Services)
(cf. 5141.21 - Administering Medication)
(cf. 5141.23 - Students with Special Health Care Needs)
(cf. 5141.3 - Health Assessments)
(cf. 5145.4 - Nondiscrimination)

Legal Reference: Connecticut General Statutes

10-15b Access of parent or guardian to student's records.

10-154a Professional communications between teacher or nurse and student.

10-207 Duties of medical advisors.

10-212a Administrations of medications in schools

10-212c Life threatening food allergies; Guidelines; district plans

10-212a (d) Administration of medications in schools by a paraprofessional.

10-220i Transportation of students carrying cartridge injectors

19a-900 Use of cartridge injectors by staff members of before or after school programs, day camp or day care facility.

52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection

5141.25(d)

Legal Reference: Connecticut General Statutes (continued)

The Regulations of Connecticut State Agencies section 10-212a through 10-212a-7, Administration of Medication by School Personnel.

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools, Connecticut State Department of Education (2006)

Federal Legislation

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)

Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. §12101 et seq.; 29C.F.R. §1630 et seq.

The Family Education Rights and Privacy Act of 1974 (FERPA)

Land v. Baptist Medical Center, 164F3d423 (8th Cir. 1999)

The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C. § 1400 et seq.); 34 C.F.R. § 300 et seq.

FCS Instruction783-2, Revision 2, Meal substitution for medical or other special dietary reasons.

P.A. 09-155 An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto-Injectors While at School

Policy adopted:
cps 1/99
rev. 3/06
rev. 1/07
rev. 7/09
rev 8/09

Sample policies are distributed for demonstration purposes only. Unless so noted, contents do not necessarily reflect official policies of the Connecticut Association of Boards of Education, Inc.

Excerpt from the State of Rhode Island (Example D)
Food Allergy Policy

Intent

[DISTRICT] is committed to the safety and health of all students and employees. In accordance with this and pursuant to Rhode Island General Laws §§16-21-31 and 16-21-32, the purpose of this policy is to:

Provide a safe and healthy learning environment for students with food allergies;
Reduce the likelihood of severe or potentially life-threatening allergic reactions;
Ensure a rapid and effective response in the case of a severe or potentially life-threatening allergic reaction; and
Protect the rights of food allergic students to participate in all school activities.

Rationale

The prevalence of food allergies may be increasing, affecting as many as 8% of children nationwide. Food allergies result in about 30,000 emergency room visits and claim about 150 lives every year, with children and young adults being at greatest risk for having a fatal reaction. Nearly every school has students who have this severe, sometimes life-threatening condition, some of them undiagnosed. Schools are considered high risk areas for students with food allergies, with most incidents of accidental exposure occurring in schools. While schools may not be able to totally prevent allergic reactions, they can dramatically reduce both the likelihood of such reactions occurring and the severity of consequences if they do occur. Effective prevention and treatment plans, proper procedures, well-trained staff and clear communication can save lives.

The level of sensitivity and the types and severity of reactions vary considerably among individuals with food allergies. Therefore the school's approach to preventing and treating food allergies must be tailored to those individual's needs. At the same time, an undiagnosed student may experience an allergic reaction to food for the first time while at school and any allergic reaction can turn life-threatening. Therefore the school's approach must also be comprehensive.

Individual Health Care Plans and Emergency Health Care Plans

In all schools in [DISTRICT], an Individual Health Care Plan and an Emergency Health Care Plan shall be developed for each student identified with any food allergy with potentially serious health consequences. The school nurse teacher will develop the IHCP and EHCP in collaboration with the student's health care provider, the parents/guardians of the student, and the student (if appropriate). This shall be done prior to entry into school or immediately thereafter for students previously diagnosed with an allergy; it should be done immediately at the diagnosis for students already enrolled who are newly diagnosed with an allergy. These plans should include both preventative measures to help avoid accidental exposure to allergens emergency measures in case of anaphylaxis.

Depending on the nature and extent of the student's allergy, the measures listed in the IHCP may include, but are not limited to: 1) Posting additional signs (e.g. in classroom entryways); 2) Prohibiting the sale of particular food items in the school; 3) Designating special tables in the cafeteria; 4) Prohibiting particular food items from certain classrooms and/or the cafeteria;

5) Completely prohibiting particular food items from the school or school grounds; 6) Educating school personnel, students, and families about food allergies; and/or 7) Implementing particular protocols around cleaning surfaces touched by food products, washing of hands after eating, etc.

These measures shall be taken in accordance with the [DISTRICT] health and wellness policy and food safety policy. Plans shall also be developed for each staff member with a serious allergy.

School Protocol

In all schools in [DISTRICT],4 the principal/school administrator, in coordination with the school nurse teacher, shall implement a protocol, consistent with this policy and with the IHCPs and EHCPs, providing food allergic students with protections while they are attending school or participating in school-sponsored activities. The protocols shall be reviewed and updated at least annually, as well as after any serious allergic reaction has occurred at school or at a school-sponsored activity.

Posting of Signs

In all schools in [DISTRICT],5 signs shall be posted in a conspicuous place at every point of entry and within the cafeteria facility, advising that there are students with allergies to peanuts/tree-nuts. The exact wording on the sign may vary, in accordance with the measures contained within students' IHCPs and the school protocol.

Staff Training

In all schools in [DISTRICT], the principal/school administrator shall identify school personnel who might be involved in managing an emergency in a school, including anaphylaxis. Training shall be provided for these personnel on the signs and symptoms of anaphylactic shock, proper epinephrine auto-injector administration, adverse reactions, accessing the "911" emergency medical system, and preparation for movement and transport of the student. At all times during normal school hours at on-site school-sponsored activities, at least one person other than the certified school nurse teacher must be trained and responsible for the administration of the epinephrine auto-injector, subject to Good Samaritan provisions. These personnel shall review emergency protocols on an annual basis.

If trained school personnel are not available, any willing person may administer the epinephrine auto-injector. Good Samaritan provisions apply.

Confidentiality

Pursuant to Section 504 of the Rehabilitation Act of 1973 (Section 504), the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the *Rules and Regulations for School Health Programs* (R16-21-SCHO), and other statutes and regulations, the confidentiality of students with food allergies shall be maintained, to the extent appropriate and as requested by the student's parents/caregivers.

Evaluation and Review

This policy shall be reviewed and updated on a regular basis, particularly after a serious allergic reaction has occurred at a school or at a school-sponsored activity.

Legal Reference

Rhode Island General Laws §§ 16-21-22, 16-21-26, 16-21-31, and 16-21-32
Rules and Regulations for School Health Programs (R16-21-SCHO)
Americans with Disabilities Act (ADA)
Individuals with Disabilities Education Improvement Act of 2004 (IDEA),
Section 504 of the Rehabilitation Act of 1973 (Section 504),
Family Educational Rights and Privacy Act (FERPA),
Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Effective Date

This policy shall go into effect on [DATE].
Last Revised: 2008

about NSBA...

The National School Boards Association is a not-for-profit organization representing State Associations of school boards and their more than 90,000 local school board members throughout the United States. Its mission is, working with and through our State Associations, to advocate for equity and excellence in public education through school board leadership. NSBA achieves that mission by representing the school board perspective in working with federal government agencies and national organizations that impact education, and provides vital information and services to State Associations of school boards throughout the nation.

NSBA advocates local school boards as the ultimate expression of grassroots democracy. NSBA supports the capacity of each school board, acting on behalf of and in close concert with the people of its community, to envision the future of education in its community, to establish a structure and environment that allow all students to reach their maximum potential, to provide accountability to the community on performance in the schools, and to serve as the key community advocate for children and youth and their public schools.

Founded in 1940, NSBA represents its State Association members and their more than 90,000 local school board members, virtually all of whom are elected. These local officials govern 13,809 local school districts serving the nation's 50 million public school students.

NSBA policy is determined by a 150-member Delegate Assembly of local school board members who represent their State Associations of school boards. The 25-member Board of Directors translates this policy into action. Programs and services are administered by the NSBA executive director and a 100-person staff. NSBA's office is located in metropolitan Washington, D.C.

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Working with and through our State Associations, NSBA Advocates for Equity and Excellence in Public Education through School Board Leadership