

# Managing Food Allergies in the School Setting:

Guidance for Parents



# FARE

**Food Allergy Research & Education**

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

## ***Managing Food Allergies in the School Setting: Guidance for Parents***

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## **Managing Food Allergies in the School Setting:**

### **Guidance for Parents**

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

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

#### ***Checklist for Parents***

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

## **1) Become Informed and Educated**

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

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

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

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

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

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

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

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

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

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

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

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

### Food Allergy & Anaphylaxis Emergency Care Plan

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

The form should include

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

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

### Epinephrine Auto-Injector

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

### Additional Medications

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

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<sup>1</sup> The Use of Epinephrine in the Treatment of Anaphylaxis. Position Statement from the American Academy of Allergy, Asthma & Immunology. Available online at: [www.aaaai.org/members/academy\\_statements/position\\_statements/ps26.asp](http://www.aaaai.org/members/academy_statements/position_statements/ps26.asp).

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

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

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

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

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

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

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

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

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

## **6) Consider School Meals**

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

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

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

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

### **10) Assist Your Child with Self-Management**

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

When appropriate, teach your child to

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



## Appendix 1: Selected Resources

### Food Allergy Research and Education (FARE)

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

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

#### CDC

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

#### Health Resources and Services Administration

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

#### U.S. Department of Agriculture

- Accommodating Children with Special Dietary Needs in the School Nutrition Programs:  
[www.fns.usda.gov/CND/Guidance/special dietary needs.pdf](http://www.fns.usda.gov/CND/Guidance/special%20dietary%20needs.pdf)

#### U.S. Department of Education

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

### Professional Organizations

#### American Academy of Allergy, Asthma & Immunology (AAAAI): [www.aaaai.org](http://www.aaaai.org)

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

#### American College of Allergy, Asthma & Immunology (ACAAI): [www.acaai.org](http://www.acaai.org)

#### National Association of School Nurses

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

## **Appendix 2: 10 Facts About Food Allergy**

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

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

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

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

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