

### ***3. Develop and implement a comprehensive plan for managing food allergies.***

To effectively manage food allergies and the risks associated with these conditions, many people inside and outside the school or ECE program must come together to develop a comprehensive plan, called the Food Allergy Management and Prevention Plan (FAMPP). This plan should include all strategies and actions needed to manage food allergies in the school or ECE program. It also should be compatible with the approach used to address other chronic conditions in each individual setting.<sup>14</sup>

The FAMPP should reinforce the efforts of each school or ECE program to create a safe learning environment for all children. It should address systemwide planning, implementation, and follow-up and include specific actions for each individual child with a food allergy. The FAMPP should:

- Meet the requirements of federal laws and regulations, such as Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) and the Richard B. Russell National School Lunch Act, if applicable. An explanation of how these federal laws could apply to students with food allergies is provided in Section 5. Among other things, these federal laws address individualized assessment of each child's needs and parental participation in the development of any plan or program designed to meet these dietary needs. An effective FAMPP also would need to meet the requirements of state and local laws and regulations and district policies.
- Reflect clear goals, purposes, and expectations for food allergy management that are consistent with the school's or ECE program's mission and policies.
- Be clear and easy to understand and implement.
- Be responsive to the needs of any child with food allergies by taking into account the different and unique needs of each child.
- Be adaptable and updated regularly on the basis of experiences, best practices, current research, and changes in district policy or state or county law.

The FAMPP should address the following five priorities:

1. Ensure the daily management of food allergies for individual children.
2. Prepare for food allergy emergencies.
3. Provide professional development on food allergies for staff members.
4. Educate children and family members about food allergies.
5. Create and maintain a healthy and safe educational environment.

The remainder of this section provides more detail and specific recommendations for each priority. This section concludes with a comprehensive Food Allergy Management and Prevention Plan (FAMPP) Checklist for use in schools and ECE programs. This checklist can help schools and ECE programs improve their ability to manage the risk food allergies and assess whether their plans address all five priorities.

## Priorities for Managing Food Allergies

### 1. *Ensure the daily management of food allergies for individual children.*

To protect the health and safety of an individual child with food allergies, school and ECE program staff must identify children with a history of food allergies and develop or obtain plans to manage their allergies.

#### **a. Identify children with food allergies.**

Schools and ECE programs usually have forms and procedures to identify children with chronic conditions, including food allergies, when they enroll or transfer to the school—or when the condition is not initially reported but becomes evident during the academic year. Examples include health condition forms or parent interviews.

Children or parents may report a food allergy on the required forms, but this information may not be accurate or complete. Schools and ECE program staff must work with parents to obtain, directly from the child's healthcare provider, the medical information necessary to develop plans for managing the individual care and emergency actions.

The USDA requires a doctor's statement that a child has a food allergy disability before food service staff in the Child Nutrition Program can make meal accommodations and provide a safe meal for a child with a food allergy.

#### **b. Develop a plan to manage and reduce the risk of food allergy reactions in individual children.**

Parents and doctors should provide information and recommendations to help schools and ECE programs develop written plans to manage food allergies for children on a daily basis. This information may be provided on health condition forms, medical orders, doctor's statement, or diet orders. There are a variety of names used to label written plans for individual children with food allergies. It is essential for children to have a short, easy to follow plan for emergency care. This is usually a food allergy Emergency Care Plan (ECP). Other names used for the ECP can include a "food allergy action plan," "emergency action plan," or in ECE programs, an "individual care plan". Schools or ECE programs may need to establish additional plans, such as a Section 504 plan or, if appropriate, an Individualized Education Program (IEP), or may establish a nursing assessment and outcome-type Individualized Health Plan (IHP).

The ECP is the basic form used to collect food allergy information and it should be completed for every child identified as having a food allergy.<sup>24,25,48,52-60</sup> (If an ECP form is used by the Child Nutrition Program staff to make meal accommodations, it should include the medical information required by the USDA and must be signed by the doctor). This form should be kept in each child's school health record, and it may include the following:

- A recent photo of the child.
- Information about the food allergen, including a confirmed written diagnosis from the child's doctor or allergist.
- Information about signs and symptoms of the child's possible reactions to known allergens.

- Information about the possible severity of reactions, including any history of prior anaphylaxis (even though anaphylaxis can occur even in children without a history of prior anaphylaxis).
- A treatment plan for responding to a food allergy reaction or emergency, including whether an epinephrine auto-injector should be used.
- Information about other conditions, such as asthma or exercise-induced anaphylaxis that might affect food allergy management.
- Contact information for parents and doctors, including alternate phone numbers for notification in case of emergency.

The ECP should be written by the child’s doctor and confirmed with the parents. In some cases, it can be written by a registered nurse, or school doctor, as long as the child’s doctor is consulted and the parents confirm the plan. The child’s doctor and parents should sign and date the ECP, and schools and ECE programs should not accept a child’s ECP without confirmation and signature from the child’s doctor. If a public elementary or secondary school maintains an ECP on an individual child, the ECP would be covered by FERPA as an “education record.” The ECP should specifically state who may have access to the information in the plan, and should ensure that any such access to this information is permissible under FERPA and any other applicable federal or state laws that protect the privacy or confidentiality of student information. (See Section 5 for more information about FERPA.) Section 6 lists state and organizational resources that include examples of ECPs and suggested processes that schools and ECE programs might use to develop their ECPs.

An IHP is a written document that outlines how children will receive health care services at school and is developed and used by a registered nurse. The IHP documents a specific student’s health needs and outlines specific health outcome expectations and plans for achieving these expectations. The use of an IHP is standard practice for schools with a full-time or part-time registered nurse and it is commonly used to document the progress of children with an identified chronic condition such as food allergies.<sup>39,47,52,61</sup> The IHP helps registered nurses manage the risk of food allergies, prevent allergic reactions, and coordinate care with other staff (such as food service staff) and health service providers outside the school. Federal law does not require the use of an IHP, but its contents can be useful to the nurse in addressing the requirements of federal laws related to school responsibilities for children with food allergies. Section 6 lists state and organizational resources that include examples of an IHP.

If a doctor determines that a child’s food allergy may result in anaphylaxis and if the child’s food allergy constitutes a disability under applicable federal disability laws, school staff can integrate information from the ECP, doctor’s statement, and IHP into a Section 504 plan or, if appropriate, into an IEP. (See Section 5 for more information on applicable federal laws.) Schools should still use an ECP with specific, easy-to-read information about how to respond to a food allergy reaction.

For children that are identified as having a food allergy disability and who attend a school or ECE program that participates in the U.S. Department of Agriculture’s (USDA’s) Child Nutrition Programs, a meal or food substitution or modification must be made when the diagnosis is supported by a doctors’ signed statement. Before Child Nutrition Program food service staff can provide a safe meal accommodation, parents must provide a statement from a licensed doctor that identifies:

- The child's disability (according to pertinent statutes).
- An explanation of why the disability restricts the child's diet.
- The major life activity affected by the disability.
- The food or foods to be omitted from the child's diet.
- The food or choice of foods that must be substituted.<sup>62</sup>

A child recognized by the Child Nutrition Program staff as having a food allergy disability does not have to have a Section 504 plan, ECP, IHP, or IEP in order for a meal accommodation to be provided. A statement signed by a licensed doctor addressing the points above is sufficient. However, the Child Nutrition Program-required doctor's statement can be integrated in any plan a school or ECE develops to meet a child's special dietary needs.

If a Section 504 plan or, if appropriate, an IEP, is developed in connection with the provision of services required under those laws to address the student's food allergy disability, information from the ECP is still useful and can be referenced in, or incorporated into, the Section 504 Plan or IEP. Note that a Section 504 plan or IEP is an education record subject to FERPA. For children not covered by Federal disability laws, schools can use the ECP and IHP to manage each child's food allergy. The IHP can include information about modifications and substitutions for meal and snack planning. An IHP or ECP developed for an individual student is also an education record subject to FERPA.

In ECE programs, every child with a food allergy should have an ECP or individual care plan, even if the child has a Section 504 plan or, if eligible for services under IDEA, has an IEP or, if appropriate, an individualized family service plan (IFSP). (See Section 5 for more information regarding these Federal laws.) Because most ECE programs do not have a registered nurse on staff to develop such a plan, the ECE program's health consultant, health manager, or administrator should review each child's health records and emergency information at enrollment and work with parents to obtain an ECP for each child diagnosed with a food allergy. The ECP should be updated at least once a year. Health consultants or managers can share information about any allergic reactions, changes in the child's health status, and exposure to allergens with parents and doctors (with the parents' permission). Working with parents and the child's healthcare provider is essential to make sure that children get the medical services and accommodations they need. Staff should consider referring children without access to health care to health services, when possible.

ECPs used by ECE programs should be signed and dated by the child's doctor and parents. The plan should specifically state who has access to the plan. The plan also should state which staff members are responsible for the care, transportation, and feeding of children with food allergies.<sup>12,50</sup> (See Section 5 for more information about applicable Federal laws.)

**c. Help students manage their own food allergies.**

Young children in ECE programs and early elementary grades in schools generally cannot manage their own food allergies. However, some students, especially adolescents, can take responsibility for managing their own food allergies, including carrying and using epinephrine when needed. When medication is required by students who have chronic health conditions, especially when medication may be lifesaving, it is best practice to encourage and assist students to become educated and competent in their own care.<sup>48,54,63,64</sup>

Students who can manage their own food allergies should have quick (within a few minutes) access to an epinephrine auto-injector, both at school and during school-related events.<sup>13</sup> Some schools allow students to carry prescribed epinephrine auto-injectors (e.g., in their pocket, backpack, or purse) at school. Some state laws, allow students to carry auto-injectors during activities on school property and during transportation to and from school or school-related events.<sup>63</sup> Federal law requires reasonable modifications of school policies when necessary to avoid disability discrimination, and in some cases, this may require allowing a student to carry an epinephrine auto-injector. School officials should check state and federal laws before setting their policies and practices. See Section 5 for more information about applicable Federal laws.

Before students are allowed to carry and use medication, school staff should assess students' knowledge, attitudes, behaviors, and skills to determine their ability to handle this responsibility.<sup>64</sup> This decision should be reassessed periodically, and the school nurse or another assigned staff member should randomly check to make sure students are carrying their epinephrine auto-injector. Some students with food allergies may choose to wear medical alert bracelets, which can aid emergency response.<sup>13</sup> School officials can encourage students to wear these bracelets, but they should not require them. Some students will not want to wear such jewelry because they fear being stigmatized.

School nurses and other school staff members should reinforce self-management skills for students with food allergies. These skills include reading labels, asking questions about foods in the school meal and snack programs, avoiding unlabeled or unknown foods, using epinephrine auto-injectors when needed, and recognizing and reporting an allergic reaction to an adult.

Even when students are able to manage their own food allergies, school staff need to know which students have allergies so they can have plans in place to monitor each student's condition and be able to respond in an emergency. Because some symptoms of anaphylaxis may continue after a dose of epinephrine is administered and because students might not always have their medication with them, schools should also keep a second epinephrine auto-injector (provided by parent or student) in a secure but rapidly accessible location.<sup>63,65,66</sup> (See the textbox on page 31 related to the justification for more than one dose of epinephrine.)

## **2. Prepare for food allergy emergencies.**

All schools and ECE programs should anticipate and prepare for food allergy emergencies in the same ways they approach emergency preparedness for other hazards. Comprehensive emergency planning includes prevention, preparedness, response, and recovery for any type of emergency. This "all-hazards" model is often used to plan for natural disasters, weather-related emergencies, and pandemic influenza. A school's all-hazards emergency plan also should address potential crises caused by violence or food allergy emergencies.<sup>67</sup> This plan should go beyond each child's ECP to include building-level planning, communication, training, and emergency response procedures.<sup>68</sup>

**a. Set up communication systems that are easy to use.**

Communication devices, such as intercoms, walkie-talkies, or cell phones, should be available at all times in case of an emergency. School and ECE program staff in classrooms, gymnasiums, cafeterias, playgrounds, and transportation vehicles should be able to communicate easily and quickly with the school nurse, school authorities, health consultants or managers, emergency responders and parents. Communication devices should be checked regularly to make sure they work.

**b. Make sure staff can get to epinephrine auto-injectors quickly and easily.**

Quick access to and immediate availability of epinephrine to respond to anaphylaxis emergencies is essential.<sup>13</sup> It is the parent's responsibility to provide at least one or two epinephrine auto-injectors for a child with food allergies if they are prescribed by a doctor. It is the school's or ECE program's responsibility to store epinephrine auto-injectors in a place that can be reached quickly and easily and to delegate and train staff to give epinephrine in response to allergic reactions.

Studies have shown that quick access to epinephrine is critical to saving lives in episodes of anaphylaxis.<sup>24,25,37</sup> To ensure quick access to epinephrine, auto-injectors should be kept in a safe and secure place that trained staff members can get to quickly during school or ECE program hours.<sup>63,68-70</sup> At the same time, staff must also follow federal and state laws, including regulations, and local policies that may require medications to be locked in a secure place. For example, federal Head Start regulations require that all "grantee and delegate agencies establish and maintain written procedures regarding the administration, handling, and storage of medication for every child," including "labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers."<sup>51</sup> State regulations and local policies may similarly require locking medications in a secure location. School and ECE program staff should seek guidance from federal and state regulatory agencies and local policy makers when deciding how to store epinephrine auto-injectors.

These decisions also must take into account the needs of each student and the specific characteristics of the school district, the staff, and the school building. Decisions on where to store medication, such as in a central location (office or health room), in the classroom, or in several locations (on a large school campus) may vary among school districts and schools. These decisions should be based on state and local laws and regulations and school policies. They also must ensure the safety of children with food allergies. *The Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools* list some issues to consider, including the general safety standards for handling and storage of medication, developmental stage and competence of the student, size of the building, availability of a full-time school nurse in the building, availability of communication devices between teachers and paraprofessionals who are inside the building or on the playground and the school nurse, school nurse response time from the health office to the classroom, preferences and other responsibilities of the teacher, preferences of the parent, preferences of the student (as applicable), and movement of the student within the building.<sup>54</sup>

The location(s) of medications should be listed in the school's overall emergency plan and in each child's ECP (and IHP, Section 504 plan, or IEP, if appropriate). Schools and ECE programs should also identify which staff members will be responsible for reviewing expiration dates and replacing outdated epinephrine auto-injectors and for carrying medication during field trips and other school events.<sup>70</sup>

**c. Make sure that epinephrine is used when needed and someone immediately contacts emergency medical services.**

Delays in using epinephrine have resulted in near fatal and fatal food allergy reactions in schools and ECE programs.<sup>25,36,37</sup> In a food allergy emergency, trained staff should give epinephrine immediately. Early and appropriate administration of epinephrine can temporarily stop allergic reactions and provide the critical time needed to get medical help.

State laws, state nursing regulations, and local school board policies direct the medication administration in school and ECE programs. They often define which medications nonhealth professionals are allowed to administer in schools, including who may administer epinephrine by auto-injector. If nonhealth staff members are permitted to administer epinephrine, training should be required.<sup>39,71</sup>

When epinephrine is used, school or ECE program staff must call 911 or emergency medical services (EMS). EMS should be informed that the emergency is due to an allergic reaction, if epinephrine has been administered, when it was administered, and that an additional dose of epinephrine may be needed. The child should be transported quickly in an emergency vehicle to the nearest hospital emergency department for further medical treatment and observation.<sup>13</sup> Staff also should contact the child's parents to inform them of their child's food allergy emergency and tell them where the child is being transported. Because medical attention is needed urgently in this situation, staff must not wait for parents to come and pick up their children before calling EMS.

### **Justification for More Than One Dose of Epinephrine**

Schools and ECE programs should consider keeping multiple doses of epinephrine onsite so they can respond quickly to a food allergy emergency. Although some schools allow students to carry their own auto-injectors, a second auto-injector should be available at school in case a student does not have one at the time of the emergency. School and ECE program staff may also decide that having more than one auto-injector at different locations (especially for a large building or campus) will best meet a child's needs. In addition, some symptoms of anaphylaxis may continue after one dose of epinephrine, so a second dose may be needed at school if EMS does not arrive quickly.

Some state laws allow for the prescribing of stock supply of non-patient specific epinephrine auto-injectors for use in schools, which may allow schools or ECE programs to acquire the needed additional doses of epinephrine. When allowed by state law and local policy, schools and ECE programs that have a doctor or nurse onsite can stock their emergency medical kits with epinephrine auto-injectors to be used for anaphylaxis emergencies.<sup>63,65,66,72</sup>

In states where legislation does not exist or does not allow schools or ECE programs to stock epinephrine, staff will need to work with parents and their doctors to get additional epinephrine auto-injectors for students who need them.

**d. Identify the role of each staff member in an emergency.**

Any plan for managing food allergies should state specifically what each staff member should do in an emergency. This information should be simple and easy to follow, particularly when a staff member who is not a licensed health professional is delegated to administer epinephrine.<sup>24,68</sup> Ideally, a registered nurse or doctor would be available to assess a food allergy emergency and decide

if epinephrine is needed. When a nurse or doctor is not onsite, trained unlicensed assistive personnel or nonhealth professionals can recognize the signs and symptoms of an allergic reaction, have quick access to an epinephrine auto-injector, and administer epinephrine.<sup>70,71</sup> Examples of these staff members may include health aides and assistants, teachers, athletic coaches, food service staff, administrators, and parent or adult chaperones. A licensed health care professional such as a registered nurse, doctor, or allergist should train, evaluate, and supervise unlicensed assistive personnel or delegated nonhealth professionals. This training should teach staff how to recognize the signs and symptoms of a reaction, administer epinephrine, contact EMS, and understand state and local laws and regulations related to giving medication to students.

ECE programs that care for children with chronic conditions such as food allergies should seek the services of a trained health advocate or consultant to help staff develop emergency plans, write policies, and train staff. ECE programs are required to have a certified first aider present at all times.<sup>50</sup> All ECE program staff should get annual first aid training that teaches them how to recognize and respond to pediatric emergencies.<sup>49</sup> This training should include how to recognize the signs and symptoms of an allergic reaction and how to give epinephrine through an auto-injector.<sup>23</sup> ECE programs should keep records of all staff training.

**e. Prepare for food allergy reactions in children without a prior history of food allergies.**

Schools and ECE programs should be ready to respond to severe allergic reactions in children with no history of anaphylaxis or no previously diagnosed food allergies. At a minimum, schools and ECE programs should establish a protocol for contacting emergency services when an allergic reaction is suspected and follow this protocol immediately when a child exhibits signs of anaphylaxis. If allowed by state law, the school doctor or nurse may stock their emergency medical kits with epinephrine auto-injectors to be used for anaphylaxis emergencies. If the school or ECE program has a FAMPP, written protocol, and licensed or delegated trained staff, an epinephrine auto-injector may be used for anaphylaxis regardless of previous allergy history.

**f. Document the response to a food allergy emergency.**

Emergency response should include a protocol for documenting or recording each emergency incident and use of epinephrine.<sup>12,65,68</sup> Documentation should include the following:

- Time and location of the incident.
- Food allergen that triggered the reaction (if known).
- If epinephrine was used and the time it was used.
- Notification of parents and EMS.
- Staff members who responded to the emergency.

Section 6 lists state and organizational resources that include examples of epinephrine administration reports.

Corrective actions and lessons learned from an incident should be used to revise the child’s individual plan and the school’s or ECE program’s FAMPP, if needed. School and ECE program administrators also should review the emergency response with the child’s parents, the staff members involved in the response, local EMS responders, and the child.<sup>63,70</sup> See the Example Checklist for an example of steps to follow after a nonfatal food allergy emergency.

**Example Checklist:  
Steps to Take Within 24 Hours  
of a Nonfatal Food Allergy Reaction**

- Call parent or guardian to follow up on student condition.
- Review anaphylactic or allergic episode with parent or guardian and student.
  - Identify allergen and route of exposure—discuss signs and symptoms with parent or guardian.
  - Review actions taken.
  - Discuss positive and negative outcomes.
  - Discuss any needed revision to care plan based on experience or outcome.
- Discuss family role with parent or guardian to improve outcomes.
- Discuss school, ECE program, and home concerns to improve prevention, response, and student outcomes.
- Ask parent or guardian to replace epinephrine dose that was given, if needed.
- Ask parent or guardian to follow up with health care provider.

*Source: National Association of School Nurses, 2011.*

### **3. Provide professional development on food allergies for staff.**

Schools and ECE programs should provide training to all staff members to increase their knowledge about food allergies and how to respond to food allergy emergencies. This training should focus on how to reduce the risk of an allergic reaction, respond to allergic reactions, and support the social and academic development of children with food allergies.<sup>25,38,73</sup> Schools and ECE programs should coordinate training activities with a licensed health care professional, such as a school nurse, public health nurse, public health educator, or school or community doctor. Training can include use of existing materials that provide general information about food allergies, as well as information and resources to help staff meet the specific needs of individual children.<sup>23,24,39,49,54–60,73,74</sup> Administrators should allow enough time for proper training, and all training should be evaluated to make sure it is effective.

In 2010, the National Diabetes Education Program updated their guidance to help students manage their diabetes in schools.<sup>16</sup> This updated guide outlines three levels of training that include basic training for all staff and specialized training for specific staff members. This approach provides a useful framework that has been adapted here to guide training on food allergy management in schools and ECE programs.

#### **a. Provide general training on food allergies for all staff.**

Any staff member who might interact with children with food allergies or be asked to help respond to a food allergy emergency should be trained. Examples include administrators, nutrition and food service staff (including contract staff), classroom and specialty teachers, athletic coaches, school counselors, bus drivers, custodial and maintenance staff, therapists, paraeducators, special education service providers, librarians and media specialists, security staff, substitute teachers, and volunteers such as playground monitors and field trip chaperones. General training content should include the following:

- School or ECE program policies and practices.
- An overview of food allergies.
- Definitions of key terms, including *food allergy*, *major allergens*, *epinephrine*, and *anaphylaxis*.
- The difference between potentially life-threatening food allergy and other food-related problems.
- Signs and symptoms of a food allergy reaction and anaphylaxis and information on common emergency medications.
- General strategies for reducing and preventing exposure to allergens (in food and nonfood items).
- Policies on bullying and harassment and how they apply to children with food allergies.
- The school's or ECE program's emergency plans, including who will be contacted in the case of an emergency, how staff will communicate during a medical emergency, and what essential information they will communicate.

**b. Provide in-depth training for staff who have frequent contact with children with food allergies.**

In addition to general food allergy training, in-depth training is needed for staff who are responsible for a specific child with food allergies during the day. Examples include specifically identified classroom and specialty teachers; paraeducators; athletic coaches; bus drivers; food service managers; other staff members who prepare, handle, or serve food; and all ECE program staff. This training should include the following:

- How to respond to a food allergy emergency.
- Information about federal laws that could apply, such as the ADA, Section 504, and FERPA. (See Section 5 for more information about applicable federal laws.) Information about any state laws, including regulations, or district policies that apply.
- How to administer epinephrine with an auto-injector (for those formally delegated to do so).
- How to help children treat their own food allergy episodes.
- Effects of food allergies on children's behavior and ability to learn.
- Importance of giving emotional support to children with food allergies and to other children who might witness a severe food allergy reaction (anaphylaxis).
- Common risk factors, triggers, and areas of exposure to food allergens in schools or ECE programs.
- Specific strategies for fully integrating children with food allergies into school and class activities while reducing the risk of exposure to allergens in classrooms, during meals, during nonacademic outings, on field trips, during official activities before and after school or ECE programs, and during events sponsored by schools or ECE programs that are held outside of regular hours. These strategies could address (but are not limited to) the following:
  - Special seating arrangements when age and circumstance appropriate (e.g., during meal times, birthday parties).
  - Plans for keeping foods with allergens separated from foods provided to children with food allergies.
  - Rules on how staff and students should wash their hands and clean surfaces to reduce the risk of exposure to food allergens.
  - The importance of not sharing food.
  - How to read food labels to identify food allergens.

**c. Provide specialized training for staff who are responsible for managing the health of children with food allergies on a daily basis.**

This training should be required for district nurses, school nurses, school doctors, and professionally qualified health coordinators or managers. In addition to the general and in-depth content described previously, this training should include information about how to:

- Create ECPs and review or develop other individual care plans as needed.
- Manage and store medication.
- Delegate and train unlicensed assistive personnel to administer epinephrine.
- Help children manage their own food allergies.
- Document the tasks performed as part of food allergy management.
- Evaluate emergency responses and staff members' ability to respond to food allergy emergencies.

Training should be conducted at least once a year, and should be reviewed after a food allergy reaction or anaphylaxis emergency for the purpose of improving prevention and response.

Schools and ECE programs should consult with parents of children with food allergies when they design staff training. These parents have knowledge and experience on how to manage their child's food allergies, as well as information from their child's doctor. Parents do not need to participate in the delivery of training sessions or attend staff training.

## **4. Educate children and family members about food allergies.**

### **a. Teach all children about food allergies.**

All children need to learn about food allergies, but teaching methods will differ on the basis of their age and the setting. For example, schools can provide food allergy education as part of the health education or other curriculum topic, such as family and consumer sciences, general science, physical education, and character education.<sup>41,45,67,69,75,76</sup> ECE programs can provide food allergy education with help from certified health education specialists.

Food allergy education should be appropriate for the developmental level and culture of the children in a particular school or ECE program. It should focus on increasing awareness and understanding of food allergies and building support and acceptance of people with food allergies.<sup>59,76</sup>

At a minimum, all children should be able to:

- Identify signs and symptoms of anaphylaxis.
- Know and understand why it is wrong to tease or bully others, including people with food allergies.
- Know and understand the importance of finding a staff member who can help respond to suspected food allergy emergencies.
- Understand rules on hand washing, food sharing, allergen-safe zones, and personal conduct.

Food allergy awareness is reinforced when staff members model behaviors and attitudes that comply with rules that reduce exposure to food allergens.<sup>48</sup>

**b. Teach all parents and families about food allergies.**

A successful FAMPP needs support and participation from parents of children with food allergies and from parents of children without food allergies. All parents should get information to increase their awareness and understanding of food allergies, the policies and practices that protect children with food allergies, the roles of all staff members in protecting children with food allergies, and the measures parents of children with and without food allergies can take to help ensure this protection.<sup>45,76</sup> School and ECE program administrators, working with school or district nurses or health consultants or managers, should educate families on food allergy policies and practices. Classroom teachers should provide information to all parents about what is being done to prevent food allergy reactions in the classroom. Food service staff should provide information to families about federal regulations of the U.S. Department of Agriculture's Food and Nutrition Service and practices that protect children, and manage food allergies during meals served under USDA meal programs. District and school policies and protocols to prevent bullying, respond to food allergy emergencies, and create a safe environment for all children should be shared with all families.

Schools and ECE programs can share information in many ways, including through letters or e-mails to parents; updates on school Web sites; and announcements at parent-teacher association meetings, school nights, health fairs, and community events.

## ***5. Create and maintain a healthy and safe educational environment.***

Schools, ECE programs, and communities have a shared responsibility to promote a safe physical environment that protects children with food allergies and climate that supports their positive psychological and social development.<sup>77,78</sup>

**a. Create an environment that is as safe as possible from exposure to food allergens.**

Schools and ECE programs can create a safer learning environment by reducing children's exposure to potential allergens.<sup>24,39,54–59,74</sup> When a child has a documented food allergy, staff should take active steps to reduce the risk of exposure in all common areas, such as classrooms and cafeterias.<sup>12</sup>

Some schools or ECE programs have considered banning or have banned specific food across the entire school or ECE program setting in an attempt to eliminate exposing a child with a food allergy to that food. But, such an option cannot guarantee a totally safe environment because there is no reasonable or fail-safe way to prevent an allergen from inadvertently entering into a building. Even with such a ban in place, a school or ECE program still has a responsibility to properly plan for children with any life-threatening food allergies, to educate all school personnel accordingly, and ensure that school staff are trained and prepared to prevent and respond to a food allergy emergency.

Schools or ECE programs may choose other alternatives to banning allergens including the designation of allergen-safe zones, such as an individual classroom or eating area in the cafeteria, or designation of food-free zones, such as a library, classroom, or buses.<sup>45</sup>

Table 1 (page 41–43) presents recommended practices for classrooms, cafeteria and food service areas, school events, transportation, physical education, and recess. The accommodations provided for a child with food allergies can be documented in the child's IHP, Section 504 plan, or IEP, if appropriate.

**b. Develop food-handling policies and procedures to prevent food allergens from unintentionally contacting another food.**

State and local health regulations, generally based on the FDA Model Food Code,<sup>79</sup> provide school districts, schools, and ECE programs with requirements governing the cleaning and sanitizing of surfaces and other practices that can protect against the unintentional transfer of residue or trace amount of an allergic food into another food. Some practices to reduce this cross-contact include the following:

- Clean and sanitize with soap and water or all-purpose cleaning agents and sanitizers that meet state and local food safety regulations, all surfaces that come into contact with food in kitchens, classrooms, and other locations where food is prepared or eaten. Cleaning with water alone will not remove food allergens.
- Clean and sanitize food preparation equipment, such as food slicers, and utensils before and after use to prevent cross-contact.
- Clean and sanitize trays and baking sheets after each use. Oils can seep through wax paper or other liners and cause cross-contact.
- Prepare food separately for children with food allergies. Strategies should include preparing items without allergens first, using a separate work space and equipment, and labeling and storing items before preparing other foods.
- Train all staff who prepare, handle, or serve food how to read labels to identify food allergens. Make sure that staff members are knowledgeable about current labeling laws. Because food labels often change, they should be read every time the food is purchased. Ingredient lists posted on Web sites are not reliable. The manufacturer of the food should be contacted if clarification is needed.
- Use appropriate hand-washing procedures that emphasize the use of soap and water. Hand sanitizers are not effective in removing food allergens.

Nutrition and food service staff in schools and ECE programs are required to follow local food safety and sanitation laws and be trained in practices that prevent food, surface-to-food, and food-to-food contamination that also serve to help prevent cross-contact of food allergens. Meals and snacks may be served in locations other than cafeterias, handled by staff members other than the food service staff, or provided outside of a USDA Child Nutrition Program. When developing policies and procedures for food handling, consider all possible situations where food might be prepared or served, any staff members who might be involved, and the state and local food safety regulations that might be appropriate to help prevent the transfer of food allergens in these situations.

In ECE programs, additional precautions are recommended to reduce the risk of food allergy reactions, especially among children with a history of anaphylaxis. Many of these recommendations are consistent with common practices for managing any child in an ECE program.

- Make sure that all staff members can read product labels and identify food allergens.
- Recommend, but do not require, that children with known food allergies wear a medical alert bracelet.

- Promote good hand-washing practices before and after eating.
- Supervise children closely during mealtimes. Consider assigned seating for meals, especially in situations with family-style dining. Emphasize that children not share food.
- Put children’s names on cups, plates, and utensils to avoid confusion and cross-contact.
- Designate food storage areas for foods brought from home.<sup>6, 45, 77</sup>

**c. Make outside groups aware of food allergy policies and rules when they use school or ECE program facilities before or after hours.**

Local agencies, community groups, and community members who use school or ECE program facilities before or after operating hours should be aware of and comply with policies on food, cleaning, and sanitation procedures. If food is allowed in the building, consider banning food from specific classrooms or areas that children with food allergies use often. School and ECE program staff should be notified when outside groups are using their facilities.

**d. Create a positive psychosocial climate.**

Schools and ECE programs should foster a climate that promotes positive psychological and social development; that actively promotes safety, respect, and acceptance of differences; and fosters positive interpersonal relationships between staff members and children and between the children themselves. The psychosocial climate is influenced by clear and consistent disciplinary policies, meaningful opportunities for participation, and supportive behaviors by staff members and parents.<sup>78</sup>

Children with food allergies need an environment where they feel secure and can interact with caring people they trust. Bullying, teasing, and harassment can lead to psychological distress for children with food allergies which could lead to a more severe reaction when the allergen is present.<sup>22, 43, 44</sup> A positive psychosocial climate—coupled with food allergy education and awareness for all children, families, and staff members—can help remove feelings of anxiety and alienation among children with food allergies.<sup>43, 44</sup>

To create a positive psychosocial climate, staff members, children, and parents must all work together. School nurses, school counselors, or mental health consultants can provide leadership and guidance to set best practices and strategies for a positive psychosocial climate. Staff members should promote and reinforce expectations for a positive and supportive climate by making sure the needs of children with food allergies are addressed. For example, they can avoid using language and activities that isolate children with food allergies and encourage everyone’s help in keeping the classroom safe from food allergens. Children can help develop classroom rules, rewards, and activities.

All children and staff members share responsibility for preventing bullying and social isolation of children with food allergies. School and ECE program staff should recognize that acceptance by peers is one of the most important influences on a child’s emotional and social development.<sup>78</sup> Among adolescents, food allergy education and awareness can be an effective strategy to improve social interactions, reduce peer pressure, and decrease risk-taking behaviors that expose them to food allergens.<sup>22</sup> Children should be expected to treat others with respect and to be good citizens, not passive bystanders, when they are aware of bullying or peers who seem troubled. Children should understand the positive or negative consequences associated with their actions. Rules and policies against bullying behavior should be developed in partnership with staff members, families, and children. They should be posted in buildings; published in school handbooks; and discussed with staff members, children, and families. All children and staff members should be encouraged to report bullying and harassment of any child with food allergies.<sup>80, 81</sup>

## **Conclusion**

Schools and ECE programs are responsible for the health and safety of children with food allergies. The strategies presented in these guidelines can help schools and ECE programs take a comprehensive approach to managing food allergies. Through the collective efforts of school and ECE program staff members, parents, and health care providers, children with food allergies can be assured a safe place to thrive, learn, and succeed.